



RFP #811
PROFESSIONAL, TECHNICAL AND EXPERT SERVICES

Clark County Washington

RELEASE DATE: WEDNESDAY, SEPTEMBER 22, 2021
DUE DATE: WEDNESDAY, NOVEMBER 3, 2021 by 1:30 pm

Request for Proposal for:

**SOFTWARE and IMPLEMENTATION SERVICES for an ELECTRONIC
HEALTH RECORDS (EHR) SOLUTION**

SUBMIT:

One (1) Original Hard Copy
One (1) Electronic Copy on Thumb Drive

of the Proposal by shipping method of your choice or hand deliver to:

Clark County
Office of Purchasing
P.O. Box 5000
1300 Franklin Street, 6th Floor, Suite 650
Vancouver, Washington 98660
564-397-2323

Office Hours: 8:00 am – 3:00 pm, Monday – Friday, except Legal Holidays.

Proposals shall not be submitted via electronic submission.

*****Proposals must be date and time stamped by Purchasing staff before 1:30 pm on due date.***

*****DO NOT PUT IN ANY DROP BOX LOCATED IN THE BUILDING*****

*****Hand Delivery Requires Entrance to the building using the North Door on the First Floor.***

*****Anyone entering the building must wear a face mask, if not fully vaccinated*****

**Refer Questions to Project Manager and Consulting partner,
BerryDunn:**

Jazette Johnson, Program Manager, Public Health
Jazette.Johnson@clark.wa.gov
564-397-7367

Ryan Doil, Senior Manager, BerryDunn
rdoil@berrydunn.com

General Terms and Conditions

ADMINISTRATIVE REQUIREMENTS - Contractors shall comply with all management and administrative requirements established by Washington Administrative Code (WAC), the Revised Code of the State of Washington (RCW), and any subsequent amendments or modifications, as applicable to providers licensed in the State of Washington.

ALL proposals submitted become the property of Clark County. It is understood and agreed that the prospective Proposer claims no proprietary rights to the ideas and written materials contained in or attached to the proposal submitted. Clark County has the right to reject or accept proprietary information.

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

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

CONFIDENTIALITY - Proposer shall comply with all applicable state and federal laws governing the confidentiality of information.

CONFLICT OF INTEREST - All proposals submitted must contain a statement disclosing or denying any interest, financial or otherwise, that any employee or official of Clark County or the appropriate Advisory Board may have in the proposing agency or proposed project.

CONSORTIUM OF AGENCIES - Any consortium of companies or agencies submitting a proposal must certify that each company or agency of the consortium can meet the requirements set forth in the RFP.

COST OF PROPOSAL & AWARD - The contract award will not be final until Clark County and the prospective contractor have executed a contractual agreement. The contractual agreement consists of the following parts: (a) the basic provisions and general terms and conditions, (b) the special terms and conditions, (c) the project description and goals (Statement of Work), and (d) the budget and payment terms. Clark County is not responsible for any costs incurred prior to the effective date of the contract. Clark County reserves the right to make an award without further negotiation of the proposal submitted. Therefore, the proposal should be submitted in final form from a budgetary, technical, and programmatic standpoint.

DISPUTES - Clark County encourages the use of informal resolution to address complaints or disputes arising over any actions in implementing the provisions of this RFP. Written complaints should be addressed to Clark County – Purchasing, P.O. Box 5000, Vancouver, Washington 98666-5000.

DIVERSITY IN EMPLOYMENT AND CONTRACTING REQUIREMENTS - It is the policy of Clark County to require equal opportunity in employment and services subject to eligibility standards that may be required for a specific program. Clark County is an equal opportunity employer and is committed to providing equal opportunity in employment and in access to the provision of all county services. Clark County's Equal Employment Opportunity Plan is available at <http://www.clark.wa.gov/hr/documents.html>. This commitment applies regardless of race, color, religion, creed, sex, marital status, national origin, disability, age, veteran status, on-the-job injury, or sexual orientation. Employment decisions are made without consideration of these or any other factors that are prohibited by law. In compliance with department of Labor Regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended, no qualified handicapped individual shall be discriminated against in admission or access to any program or activity. The prospective contractor must agree to provide equal opportunity in the administration of the contract, and its subcontracts or other agreements.

ENVIRONMENTALLY RESPONSIBLE PURCHASING PROGRAM - Clark County has implemented an Environmentally Responsible Purchasing Policy with a goal to reduce negative impacts on human health and the environment. Negative environmental impacts include, but are not limited to, greenhouse gases, air pollution emissions, water contamination, waste from the manufacturing process and waste in packaging. This policy also seeks to increase: 1) water and energy efficiency; 2) renewable energy sources; 3) use of products with recycled content; 4) product durability; 5) use of products that can be recycled, reused, or composted at the end of its life cycle. Product

criteria have been established on the Green Purchasing List <https://clark.wa.gov/sites/default/files/dept/files/general-services/Purchasing/ERP%20Policy.pdf>

INDEPENDENT PRICE DETERMINATION - The prospective contractor guarantees that, in connection with this proposal, the prices and/or cost data have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition. This does not preclude or impede the formation of a consortium of companies and/or agencies for purposes of engaging in jointly sponsored proposals.

INTERLOCAL AGREEMENT - Clark County has made this RFP subject to Washington State statute RCW 39.34. Therefore, the proposer may, at the proposer's option, extend identical prices and services to other public agencies wishing to participate in this RFP. Each public agency wishing to utilize this RFP will issue a purchase order (or contract) binding only their agency. Each contract is between the proposer and the individual agency with no liability to Clark County.

LIMITATION - This RFP does not commit Clark County to award a contract, to pay any costs incurred in the preparation of a response to this RFP, or to procure or contract for services or supplies.

LATE PROPOSALS - A proposal received after the date and time indicated above will not be accepted. No exceptions will be made.

ORAL PRESENTATIONS - An oral presentation may be required of those prospective contractors whose proposals are under consideration. Prospective contractors may be informed that an oral presentation is desired and will be notified of the date, time and location the oral presentation is to be conducted.

OTHER AUDIT/MONITORING REQUIREMENTS - In addition, auditing or monitoring for the following purposes will be conducted at the discretion of Clark County: Fund accountability; Contract compliance; and Program performance.

PRICE WARRANT - The proposer shall warrant that the costs quoted for services in response to the RFP are not in excess of those which would be charged any other individual or entity for the same services performed by the prospective contractor, in a similar socioeconomic, geographical region.

PROTESTS - Must be submitted to the Purchasing Department.

PUBLIC SAFETY - May require limiting access to public work sites, public facilities, and public offices, sometimes without advance notice. The successful Proposer's employees and agents shall carry sufficient identification to show by whom they are employed and display it upon request to security personnel. County project managers have discretion to require the successful Proposer's employees and agents to be escorted to and from any public office, facility or work site if national or local security appears to require it.

REJECTION OF PROPOSALS - Clark County reserves the right to accept or reject any or all proposals received as a result of this RFP, to negotiate with any or all prospective contractors on modifications to proposals, to waive formalities, to postpone award, or to cancel in part or in its entirety this RFP if it is in the best interest of Clark County to do so.

SUBCONTRACTING - No activities or services included as a part of this proposal may be subcontracted to another organization, firm, or individual without the approval of Clark County. Such intent to subcontract shall be clearly identified in the proposal. It is understood that the contractor is held responsible for the satisfactory accomplishment of the service or activities included in a subcontract.

VERBAL PROPOSALS - Verbal proposals will not be considered in making the award of any contract as a result of this RFP.

WORKERS COMPENSATION INSURANCE - The contractor shall comply with R.C.W. Title 51- with minimum coverage limits of \$500,000 for each accident, or provide evidence that State law does not require such coverage.

FOR ALTERNATIVE FORMATS
Clark County ADA Office: V: 564-397-2322
ADA@clark.wa.gov

Request for Proposals

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Part I Proposal Requirements

Section IA General Information

1. Introduction

Clark County Public Health (CCPH) is soliciting Proposals from Proposers capable of satisfying the needs for providing software solutions and professional services to implement a new software systems environment to address the CCPH's needs related to Electronic Health Records (EHR) management.

The overall goal of this project is to take advantage of the newest technology and harness efficiencies by reviewing business processes or implementing technology to enhance existing business processes performed by the CCPH. CCPH is planning to replace its current software systems environment with a new system or combination of software systems, and to adopt systems functionality to support core processes. In doing so, CCPH seeks gain future efficiencies, including those addressed through this RFP and the Requirements in Attachment E.

Proposers shall respond to all sections to be considered.

Clark County has made this Request for Proposal subject to Washington State statute RCW 39.34. Therefore, the proposer may, at the proposers' option, extend identical prices and services to other public agencies wishing to participate in this RFP. Each public agency wishing to utilize this proposal will issue a purchase order (or contract) binding only their agency. Each contract is between the proposer and the individual agency with no liability to Clark County.

2. Background

Clark County is one of the fastest growing regions in Washington state and the Portland, Oregon, metropolitan region. Today, more than 500,000 people live in Clark County.

Clark County Public Health (CCPH) protects community health by improving access to healthy foods, clean water, health care, and neighborhoods that are safe for walking and biking. We control disease outbreaks through vaccination efforts, early detection, and swift response. We work to ensure every child gets a healthy start. To promote a healthier environment, we reduce environmental waste and contamination. As a reliable local source for public health information, services, data and policy, CCPH partners with organizations and people throughout the region to achieve our vision of active, healthy families and people of all ages, abilities and cultures living, playing and working in thriving communities.

Preventing and controlling communicable diseases are core public health functions that protect our community and reduce the potential for illness and death among people of all ages. To do this, the CCPH Infectious Disease program works closely with healthcare and community partners to conduct surveillance and investigate notifiable conditions, investigate communicable disease outbreaks, and recommend control measures to mitigate further spread.

Clark County Healthy Families Unit strives to support families in our community, providing vital information to help individuals make the best decisions for their families. We offer three programs that focus specifically on supporting pregnant women and families with children 0-18 years old: Children and Youth with Special Health Care Needs, Nurse-Family Partnership, and First Steps Maternity Support Services and Infant Case Management.

The CCPH Sexually Transmitted Disease Prevention & Control program partners with Cascade AIDS Project (CAP) to provide STD testing and treatment, and HIV screening and prevention services. They also manage the Syringe Services Program which includes Hepatitis C testing and Hepatitis A/B vaccination. Additionally, the program conducts Overdose Prevention and Response training to teach people from all backgrounds how to prevent, recognize, and respond to an opioid overdose.

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CCPH currently utilizes Insight, an aging electronic medical record and billing system approaching its end of life. Insight currently serves the Infectious Disease, Tuberculosis, Sexually Transmitted Disease/HIV Prevention, Nurse Family Partnership, First Steps Maternity Support Services and Infant Case Management, and Children and Youth with Special Health Care Needs programs. Additional systems in use by CCPH to support related business processes include:

- i. Workday: CCPH's Financial, Human Resources and Planning System.
- ii. Goal Mama: Mobile goal-setting platform that is intended to support improved health and life outcomes for moms and their babies via the Nurse Family Partnership.
- iii. Public Health Issue Management System – (PHIMS): WA State internet reporting system for collecting, managing and reporting Notifiable Conditions, disease outbreaks and disease investigations. CCPH collects information and conducts local investigations into the causes, spread and containment of certain chronic and contagious diseases.
- iv. WDRS (Washington Disease Reporting System), Washington State's electronic disease surveillance system for public health to receive, enter, manage, process, track, and analyze disease related data for Tuberculosis, Blood Lead, Hepatitis (B, C and D), and other general communicable diseases.
- v. Emocha: Video platform for Directly Observed Treatment (DOT) used by TB program to enhance patient adherence with treatment.
- vi. Washington State Immunization Information System (WAIS): Statewide immunization registry that tracks immunization records for people of all ages over their lifetime.
- vii. CHIF (Child Health Intake Form), a state-wide, web-based data collection system for children and youth with special healthcare needs.
- viii. NFP National Service Office data (FLO): Web-based data collection system used by the Nurse Family Partnership.
- ix. Office Applications: Adobe, MS Word, Excel, Outlook, Teams, SQL, Crystal, Konica printing and scanning, RightFax, DYMO label printing, and DocuSign.
- x. Zoom: Application used for conducting Telehealth visits.
- xi. Google Maps: Application used for directions and to support scheduling of staff visits.

3. Scope of Project

CCPH is seeking to procure and implement a comprehensive, integrated electronic health records system that will support:

1. Provides access to a single, comprehensive patient record to gain a more accurate and complete understanding of a patient's history, health, and supports to improve care delivery.
2. Provides integration between all modules, including drill-down capabilities into individual records across modules and programs.
3. Has the capability to seamlessly integrate billing data with Workday.

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4. Provides efficient and effective processes and technologies to support service delivery and perform key clinical and administrative functions, such as development of care plans and generation of bills.
5. Can electronically import information from outside entities such as labs and state HIE's with validation rules.
6. Has automated electronic workflow processes including approval routing and electronic signature.
7. Provides clinical decision support tools, standard and customizable alerts, task lists, and work queue tracking.
8. Supports mobile data capture for home/community visits.
9. Provides a modernized, integrated EMR solution that is efficient to maintain and operate and remains in compliance with all state and federal IT requirements.
10. Is user friendly, intuitive, with a minimal number of "clicks" to navigate within the record.
11. Has adequate functionality to support program documentation needs including: standardized assessments, care and treatment plans, problem lists, inventory management, medication history, management and administration, referrals and consent, and lab results management.
12. Has robust auditing capabilities.
13. Supports user-friendly, real-time reporting, querying, and dashboard functionality to support improved data analytics.
14. Will enhance data collection, performance monitoring within and across programs, and continuous quality improvement.

CCPH is interested in implementing commercially available software that can provide a proven, integrated, and fully developed electronic health records system.

Deployment Models

CCPH is open to considering subscription and vendor-hosted deployment models and has structured the RFP to allow for the evaluation of the deployment model as but one factor in the overall procurement process. CCPH wishes to evaluate the greatest range of marketplace offerings feasible through this process. CCPH will not, however, be considering County/CCPH hosted deployment options.

CCPH recognizes there are many factors contributing to a comparison of cost Proposals for these deployment methods including the potential for reduced hardware and support costs in hosted/SaaS models, a particular Proposer's approach to managing upgrades, and technical staffing needs. CCPH has a preference toward a Software as a Service (SaaS) deployment model, but in light of the breadth of functionality and available solutions in the marketplace to address those functional areas CCPH will consider all deployment models. CCPH will consider, in no particular order, the following deployment models:

- Software as a Service (SaaS or subscription-based models)
- Proposer hosted (hosted and managed by the Proposer, perpetual licenses)

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Cost sheets have been provided under **Attachment G – Cost Worksheets** for pricing each of the deployment models.

This solicitation is not a bid process nor will it follow a lowest-priced responsive Proposal process, but will be based on most advantageous Proposal(s) utilizing the [Evaluation Criteria](#) listed in the RFP, including the review of life cycle costs (i.e. recurring costs, hardware, third-party licenses, etc.).

In developing proposals, Proposer's shall clearly define the proposed deployment model including the licensing model as well as any perceived benefits of the proposed model. In the event two or more products are proposed under the same proposal (e.g. through a partnership or offered by the same company) the Proposer shall clearly indicate in both the technical proposal (**Attachment D Tab 2**) and cost proposal (**Attachment F**) the deployment model for each proposed software product.

CCPH does not have a preference as to a specific hosting location, but does have a requirement that the hosting being within the contiguous United States and any remote access or data processing during the implementation or thereafter be from within the contiguous United States. CCPH does prefer both support and vendor staff accessing data also be located within the United States. Vendors are requested to specify the hosting location in proposal responses, specifically as part of Tab 9 to proposal responses (please see **Attachment D** for further instruction).

Scope of Functional Areas and Anticipated Number of Users

The List of Functional and Technical Requirements contained in **Attachment E – Functional and Technical Requirements** contains the detailed functionality CCPH requires within each functional area in a future systems environment, as well as general and technical system requirements, and interface scope.

The following user counts by module contained in the table below are estimates and are provided for planning purposes only. The number of users represents the **anticipated future number of users of a new system**. This information is provided as Named Users and Concurrent Users to accommodate differences in how interested vendors may license their software, and to allow equitable understanding among proposing vendors of the scope of anticipated future users of a new system.

- **Named Users:** This category of users includes those a dedicated license assigned per CCPH user/staff member.
- **Concurrent Users:** This category of users includes unnamed license seats – in other words, how many people are expected to be accessing the system/module at the same time. This is in contrast to named users who have dedicated licenses tied to a unique login/user ID.

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Functional Area	Named Users	Concurrent Users
Clinical Documentation and Workflow	30	25
Immunization Management	10	5
Lab Results Management	15	10
Medication and Order Management	15	10
Scheduling and Demographics	30	20
Medical Records	50	50
Reporting	50	50
Billing	15	5
It is anticipated that some users will use multiple modules, causing overlap in each functional area. The counts in the rows above are broken down by functional area to allow Respondents to formulate responses based on each. It is anticipated that in total, there will be 50 named users in a future systems environment – across all functional areas.		

4. Project Funding

The County is committed to fully funding the one-time and recurring annual costs for the acquisition of the software (whether a licensed model or a subscription model is selected as a result of this process). The County does not have an established budget in place for this project but intends to use the proposals received through this process to inform the budget development for the project. A final budget will be programmed based on the results of this RFP and final contract negotiations.

The County is sensitive to the total costs and has listed cost as one of the several evaluation criteria in the RFP; however, this is not an opportunity to identify the lowest priced solution. This RFP opportunity is being presented as a best value solicitation, and not a lowest priced bid, opportunity.

Clark County, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. §§ 2000d to 2000d-4) and the Regulations, hereby notifies all bidders that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.

El Condado de Clark, de acuerdo con las disposiciones del Título VI de la Ley de Derechos Civiles de 1964 (78 Stat. 252, 42 U.S.C. §§ 2000d a 2000d-4) y el Reglamento, por la presente notifica a todos los postores que se asegurará afirmativamente de que cualquier contrato celebrado de conformidad con este anuncio, las empresas comerciales desfavorecidas tendrán la oportunidad plena y justa de presentar ofertas en respuesta a esta invitación y no serán discriminadas por motivos de raza, color u origen nacional en consideración a un laudo.

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5. Timeline for Selection

The following dates are the **intended** timeline:

Proposals Due	November 3, 2021
Proposal Review/Evaluation Period	November 4 - 30, 2021
Pre-demonstration Meetings and Reference Checks	December 1 – 31, 2021
Demonstrations/Interviews	January 3 – 14, 2022
Selection Committee Recommendation	January 21, 2022
Contract Negotiation/Execution	January 24 – February 28, 2022
Contract Intended to Begin	March 1, 2022

6. Employment Verification

Effective November 1, 2010, to be considered **responsive** to any formal Clark County Bid/RFP or Small Works Quote, all vendors shall submit before, include with their response or within **48 hours** after submittal, a recent copy of their E-Verify MOU or proof of pending enrollment. The awarded contractor shall be responsible to provide Clark County with the same E-Verify enrollment documentation for each sub-contractor (\$25,000 or more) within thirty days after the sub-contractor starts work. Contractors and sub-contractors shall provide a report(s) showing status of new employee's hired after the date of the MOU. The status report shall be directed to the county department project manager at the end of the contract, or annually, whichever comes first. E-Verify information and enrollment is available at the Department of Homeland Security web page: www.dhs.gov/E-Verify

How to submit the MOU in advance of the submittal date:

1. Hand deliver to 1300 Franklin St, Suite 650, Vancouver, WA 98660, or;
2. E-mail: koni.odell@clark.wa.gov or priscilla.ricci@clark.wa.gov

Note : Sole Proprietors shall submit a letter stating exempt.

Section IB

Work Requirements

1. Required Services

The proposer selected in response to this RFP shall provide the software and professional services as so necessary to successfully: assess current business processes and workflows, define areas of alignment to the proposed software solution as well as gaps and define action plans to better align any processes and gaps to out-of-the box software functionality within a reasonable tolerance, train CCPH staff on the use/configuration/maintenance/security/etc., of the proposed software solution, assist with the configuration of the software solution, develop defined integrations with other software systems, assist with testing of the proposed software solution including resolution of defects and configuration errors, support the overall implementation process with those tasks and deliverables as is commonplace to the implementation of an enterprise software solution including but not limited to; project management, project governance, organizational change management, communication strategies, and preparation of the CCPH for live production use of the proposed software solution. The manner in which proposers approach each of these tasks, and the degree to which the division of labor falls upon the vendor or CCPH, will be at the discretion of the proposing vendors based upon the successful and recommended methodology that has been employed on similarly situated public health departments within the municipal sector.

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The following information establishes the expectation of the minimum level of project management documentation to be provided by Proposers as a part of, but not exclusively, the resulting implementation services offered. As part of the implementation scope, following signing of a contract, the selected Proposer shall develop and provide CCPH with the following items:

- Project Management Plan: a detailed Implementation Project Plan that, at a minimum, includes the following:
 - Objectives
 - Deliverables and Milestones
 - Project Schedule
 - Resource Management Processes
 - Scope Management Processes
 - Schedule Management Processes
 - Risk Management Processes
 - Quality Management Approach
 - Communication Management Approach
 - Organizational Change Management Approach
 - Status Reporting
- Training Plan
- System Interface Plan
- Testing and Quality Assurance Plan
- Pre- and Post-Implementation Support Plan
- System Documentation
- Risk Register

Additional documentation about each Plan may be found in Section VIII of Tab 3, in **Attachment D – Proposal Response Forms** of this RFP.

All of Proposer's personnel providing goods and services under the resulting contract shall possess the necessary skills, experience, and knowledge, to perform their assigned duties. In the event assigned personnel are providing non-conforming or unsuitable services, CCPH shall notify the vendor and provide the opportunity to rectify the deficiency. If unable to cure the nonconforming services, the vendor shall remove from the project and replace the vendor personnel that CCPH deems unsuitable for the project with a resource possessing the necessary skills, experience, and knowledge, to perform their assigned duties in a satisfactory manner.

CCPH shall be entitled to any and all upgraded versions of the software covered in the contract that becomes available from the selected proposer. Such upgrades shall be provided at no cost to CCPH so long as a valid maintenance and support agreement, or if applicable software as a service licensing agreement, is in place.

The selected proposer may be required to meet with the CCPH Project Manager not less than once per quarter to conduct a performance review of the vendor on the project. These meetings will be either in person at CCPH offices, or via teleconference or web-conference. This performance review will include a review of the pricing, delivery performance, customer service, and improving operational efficiencies

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2. County Performed Work

CCPH intends to have functional and technical resources available during Project implementation, though it is noted that CCPH does not anticipate dedicating staff full-time to the implementation in addition to managing their core job responsibilities. This applies to both CCPH functional resources as well as technical resources from Clark County.

Staffing and resource requirements are a consideration for CCPH in terms of both the implementation process as well as supporting the software once in an operations mode. Interested proposers are encouraged to submit questions to CCPH to solicit such additional information as is necessary to adequately estimate the resource commitments that would be expected of CCPH during implementation, and post go-live for ongoing support of the system(s). Additional resource planning will be performed based upon the selected Proposer(s).

Proposers shall clearly indicate in the proposal responses the estimated level of CCPH resource involvement in the implementation process, in order to allow CCPH to perform adequate planning. CCPH will utilize the response to Respondents' Resource Hour Estimates in **Attachment D, Tab 3** – Project Approach and Implementation Methodology, of Proposals as an input into the staffing plan CCPH develops, and requests that Proposers clearly articulate estimated staffing considerations in their responses.
3. Deliverables & Schedule

CCPH acknowledges that each Proposer will bring forward for consideration its own unique approach and methodology to the implementation process, and as such specific deliverables are not being prescribed as a requirement, beyond the requirement for weekly status update meetings to be delivered through the project duration including written agendas provided at minimum twenty-four (24) hours in advance of scheduled meetings.

Any and all deliverables must be submitted to CCPH for review and approval or rejection. It will be CCPH's sole determination as to whether any tasks have been successfully completed and are acceptable.

Signed acceptance is required from CCPH prior to approval of an invoice for payment. If a deliverable is not accepted, CCPH will provide the reason, in writing, within ten (10) business days, or as otherwise mutually agreed-upon, of receipt of the deliverable. If the deliverable is of such complexity that additional time is required, CCPH will so notify the Vendor within the ten (10) business day period and include an estimated date by which Vendor can expect a response.

Proposers shall provide potential phase start and target go-live dates in proposal responses per **Attachment D, Tab 5**. These dates should be estimates based on anticipated resource requirements and dependencies between functional areas. These dates are subject to negotiation. During the implementation process following contract signing, in the event implementation project schedule delays occur at no fault of CCPH and at the sole fault of the implementing vendor, CCPH shall not be held responsible for any additional costs associated with such delays and any tasks assigned to CCPH shall similarly be extended equal to the delays caused by the vendor.
4. Place of Performance

Contract performance may take place onsite at CCPH's facility, or remotely, or through a blended approach of onsite and remote delivery, subject to then-current prevailing public health guidance and agreement between the parties. At the time of release of this RFP, CCPH anticipates the majority of the initial work will be performed remotely unless otherwise justified by the proposer.

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5. Period of Performance A contract awarded as a result of this RFP will be for five (5) years and is intended to begin on March 1, 2022 and end February 28, 2027.
- Clark County reserves the right to extend the contract resulting from this RFP for a period of fifteen (15) additional years, in three (3) year increments, with the same terms and conditions, by service of a written notice of its intention to do so prior to the contract termination date.
6. Prevailing Wage (When Applicable) As of July 1, 2019, it is required that contractors meet the new requirements for Prevailing Wage and public works requirements, per RCW 39.04.350. Bidder shall be either exempt, by having a valid Washington business license for three years or more and completed three or more public works projects or received and completed training on prevailing wage and public works requirements.
- Pursuant to State of Washington RCW 39.12, all payment for salaries and wages shall conform to State of Washington Department of Labor and Industries as prevailing wage rates. For this project select the Clark County rates that apply on the bid opening date from either of these sites:
- <http://www.wsdot.wa.gov/Design/ProjectDev/WageRates/default.htm>
- <http://www.lni.wa.gov/TradesLicensing/PrevWage/WageRates>
- Before payment is made by the Local Agency of any sums due under this contract, the Local Agency must receive from the Contractor and each Subcontractor a copy of "Statement of Intent to Pay Prevailing Wages" (Form L & I Number 700-29) approved by the Washington State Department of Labor and Industries.
- A fee of \$45.00 per each "Statement of Intent to Pay Prevailing Wages" and "Affidavit of Wages Paid" is required to accompany each form submitted to this Department of Labor and Industries. The Contractor is responsible for payment of these fees and shall make all applications directly to the Department of Labor and Industries. These fees shall be incidental to all the bid items of this contract.
7. Debarred/Suspended Federally or Washington State debarred or suspended suppliers may not participate in this Request for Proposal.
- All proposer's must fill out, sign and submit the "Certification Regarding Debarment, Suspension, and Other Responsibility Matter" form with their proposal to be eligible to participate.
8. Public Disclosure This procurement is subject to the Washington Public Records Act (the "Act"), chapter 42.56 RCW. Once in the County's possession, all of the RFP Submittals shall be considered public records and available for public records inspection and copying, unless exempt under the Act.
- If a Respondent or Proposer considers any portion of an RFP Submittal to be protected under the law, whether in electronic or hard copy form, the Respondent or Proposer shall clearly identify each such portion with the word "PROPRIETARY". The County will notify the Respondent or Proposer in writing of the request and allow the Respondent or Proposer ten (10) days to obtain a court order enjoining release of the record(s). If the Respondent or Proposer does not take such action within the ten (10) day period, the County will release the portions of the RFP Submittal deemed subject to disclosure. All Respondents and Proposers who provide RFP Submittals for this procurement accept the procedures described above and agree that the County shall not be responsible or liable in any way for any losses that the party may incur from the disclosure of records to a third party who requests them.

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9. Insurance/Bond

A. Commercial General Liability (CGL) Insurance written under ISO Form CG0001 or its latest equivalent with minimum limits of \$1,000,000 per occurrence and in the aggregate for each one year policy period. Personal and Advertising Injury \$1,000,000 and General Aggregate \$1,000,000. This policy will renew annually. This coverage may be any combination of primary, umbrella or excess liability coverage affording total liability limits of not less than \$1,000,000 per occurrence and in the aggregate. However, if other policies are added they must be a follow-form policy in language, renewal date, and have no more exclusions than the underlying coverage. Products and Completed Operations coverage shall be provided for a period of three years following Substantial Completion of the Work. The deductible will not be more than \$50,000 unless prior arrangements are made with Clark County on a case by case basis; the criterion is the Contractor's liquidity and ability to pay from its own resources regardless of coverage status due to cancellation, reservation of rights, or other no-coverage-enforce reason. Coverage shall not contain any endorsement(s) excluding nor limiting Product/Completed Operations, Contractual Liability or Cross Liability. Clark County shall be listed as additional insured.

B. Automobile

If the Proposer or its employees use motor vehicles in conducting activities under this Contract, liability insurance covering bodily injury and property damage shall be provided by the Proposer through a commercial automobile insurance policy. The policy shall cover all owned and non-owned vehicles. Such insurance shall have minimum limits of \$500,000 per occurrence, combined single limit for bodily injury liability and property damage liability with a \$1,000,000 annual aggregate limit. If the Proposer does not use motor vehicles in conducting activities under this Contract, then written confirmation to that effect on Proposer letterhead shall be submitted by the Proposer. Clark County shall be listed as additional insured.

C. Professional / Cyber Liability (aka Errors and Omissions)

The Proposer shall obtain, at Proposer's expense, and keep in force during the term of this contract Professional Liability insurance policy to protect against legal liability arising out of contract activity. Such insurance shall provide a minimum of \$1,000,000 per occurrence. The deductible will not be more than \$25,000 unless prior arrangements are made with Clark County on a case by case basis; the criterion is the Proposer's liquidity and ability to pay from its own resources. It should be an "Occurrence Form" policy. If the policy is "Claims Made", then Extended Reporting Period Coverage (Tail coverage) shall be purchased for three (3) years after the end of the contract.

D. Umbrella Liability Coverage

Umbrella Coverage in the amount of \$1,000,000 shall be provided and will apply over all liability policies without exception, including Commercial General Liability and Automobile Liability.

E. Waiver of Subrogation

All insurance coverage maintained or procured pursuant to this agreement shall be endorsed to waive subrogation against County, its elected or appointed officers, agents, officials, employees and volunteers or shall specifically allow Contractor or others providing insurance evidence in compliance with these specifications to waive their right of recovery prior to a loss. Contractor hereby waives its own right of recovery against County and shall require similar written express waivers and insurance clauses from each of its subcontractors.

F. Pollution and Asbestos Liability

If hazardous material is encountered during any construction, the Project Manager must be notified immediately, and if any work is done to remove it, any Proposer performing work shall obtain and keep in effect during the term of the contract, Pollution Liability Insurance, including Asbestos Liability covering bodily injury, property damage, environmental damage, including any related clean-up costs. Combined single limit should be a minimum of \$1,000,000.00.

G. Proof of Insurance

Proof of Insurance shall be provided prior to the starting of the contract performance. Proof will be on an ACORD Certificate(s) of Liability Insurance, which the Proposer shall provide to Clark County. Each certificate will show the coverage, deductible and policy period. Policies

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shall be endorsed to state that coverage will not be suspended, voided, canceled or reduced without a 30-day written notice by mail. It is the Proposer's responsibility to provide evidence of continuing coverage during the overlap periods of the policy and the contract.

H. Worker's Compensation

As required by the industrial insurance laws of the State of Washington.

All policies must have a Best's Rating of A-VII or better.

10. Plan Holders List

All proposers are required to be listed on the plan holders list.

- ✓ Prior to submission of proposal, please confirm your organization is on the Plan Holders List below:

To view the Plan Holders List, please click on the link below or copy and paste into your browser. Clark County RFP site: <https://clark.wa.gov/internal-services/purchasing-overview>

- If your organization is NOT listed, submit Attachment B - Letter of Interest to ensure your inclusion.
- Proposals received by Clark County by proposers not included on the Plan Holders List may be considered non-responsive.

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Part II Proposal Preparation and Submittal

Section IIA

Pre-Submittal Meeting / Clarification

1. Pre-Submittal Meeting

A non-mandatory Pre-Submittal Meeting will be held on Friday, October 1, 2021 at 11:00 am Pacific Time. The meeting will be held by Microsoft Teams using both telephone and video.

Telephone: 1-213-262-7043 | Conference ID 316 877 795#.

Video: [Click here to join the meeting](#)

The format of the Pre-Submittal Meeting will be an overview of the RFP, its contents, the RFP Schedule of Events, and additional topics. Following the overview, Vendors will be able to ask questions related to the RFP or the overall process. CCPH will attempt to answer all questions at that time, but answers provided shall not be binding. Following the Pre-Submittal Meeting, CCPH will post online the material questions asked and their respective answers and as necessary, an addendum.

2. Proposal Clarification

Questions and Requests for Clarification regarding this Request for Proposal must be directed in writing, via email, to the person listed on the cover page.

The deadline for submitting such questions/clarifications is October 27, 2021 by 2:00 pm Pacific Time.

An addendum will be issued no later than October 26, 2021 to all recorded holders of the RFP if a substantive clarification is in order.

The Questions & Answers/Clarifications are available for review at the link below. Each proposer is strongly encouraged to review this document prior to submitting their proposal.

Clark County RFP site: <https://clark.wa.gov/internal-services/requests-proposals>

Section IIB

Proposal Submission

1. Proposals Due

Sealed proposals must be received no later than the date, time and location specified on the cover of this document.

The outside of the envelope/package shall clearly identify:

1. RFP Number and;
2. TITLE and;
3. Name and Address of the Proposer.

Responses received after submittal time will not be considered and will be returned to the Proposer - unopened.

Proposals received with insufficient copies (as noted on the cover of this document) cannot be properly disseminated to the Review Committee and other reviewers for necessary action, therefore, may not be accepted.

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2. Proposal
- Proposals must be clear, succinct and not exceed the requested page limitations within Attachment D as it relates to the narrative response within each tab and the prescribed number of pages, excluding resumes, E-Verify and coversheet. Proposer's who submit more than the pages indicated may not have the additional pages of the proposal read or considered.

For purposes of review and in the interest of the County, the County encourages the use of submittal materials (i.e. paper, dividers, binders, brochures, etc.) that contain post-consumer recycled content and are readily recyclable.

The County discourages the use of materials that cannot be readily recycled such as PVC (vinyl) binders, spiral bindings, and plastic or glossy covers or dividers. Alternative bindings such as reusable/recyclable binding posts, reusable binder clips or binder rings, and recyclable cardboard/paperboard binders are examples of preferable submittal materials.

Proposers are encouraged to print/copy on both sides of a single sheet of paper wherever applicable; if sheets are printed on both sides, it is considered to be two pages. Color is acceptable, but content should not be lost by black-and-white printing or copying.

All submittals will be evaluated on the completeness and quality of the content. Only those Proposers providing complete information as required will be considered for evaluation. The ability to follow these instructions demonstrates attention to detail.

Additional support documents, such as sales brochures, should not be included with each copy unless otherwise specified.

Section IIC

Proposal Content

- | | |
|---------------------------------------|--|
| 1. Cover Sheet | This form is to be used as your proposal Cover Sheet.
See Cover Sheet - Attachment A |
| 2. Project Team | See Attachment D – H. |
| 3. Management Approach | See Attachment D – H. |
| 4. Respondent's Capabilities | See Attachment D – H. |
| 5. Project Approach and Understanding | See Attachment D – H. |
| 6. Proposed Cost | See Attachment D – H. |
| 7. Employment Verification | <p>Please refer to section 1A.6. – E-Verify</p> <p>IMPORTANT NOTE: Include this portion of the response immediately AFTER the cover page, if not already on file with Clark County. Current vendors on file can be viewed at:
https://clark.wa.gov/internal-services/purchasing-overview</p> |

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Software and Implementation Services for an Electronic Health Records (EHR) Solution

Part III Proposal Evaluation & Contract Award

Section IIIA

Proposal Review and Selection

1. Evaluation and Selection:

Proposals received in response to this RFP will be evaluated by a Review Committee. The Committee review results and recommendations may be presented to an appropriate advisory board prior to the consent process with the Clark County Council.

The following subsection outlines the intended proposal evaluation process CCPH has identified. CCPH reserves the right to deviate from this process at its own discretion, and to (i) negotiate any and all elements of the RFP, (ii) amend, modify, or withdraw the RFP, (iii) revise any requirements under the RFP, (iv) require supplemental statements of information from any Proposers, (v) extend the deadline for submission of Proposals, (vi) cancel, in whole or part, this RFP if CCPH deems it is in its best interest to do so, (vii) request additional information or clarification of information provided in any Proposal without changing the terms of the RFP, (viii) waive any portion of the selection process in order to accelerate the selection and negotiation with the top-ranked Proposer; (ix) award this project in whole or in part to a vendor other than the highest scoring vendor based on the determination of the best overall value and/or fit for CCPH, and/or (x) award the contract without written or oral discussions with any Proposers. CCPH may exercise the foregoing rights at any time without notice and without liability to any Respondent, or any other party, for expenses incurred in the preparation of responses hereto or otherwise.

- a. **Vendor Shortlist:** The Review Committee will initially review and evaluate each responsive Proposal received to determine the Proposer's ability to meet the requirements of CCPH. The evaluation criteria described below will be the basis for evaluation. The Review Committee will determine the Proposers best suited to meet the needs of CCPH based on the scoring of the evaluation criteria. These Vendors will form the Vendor Shortlist.
- b. **Vendor Demonstrations:** CCPH, at its sole discretion, reserves the right to have system demonstrations with those Proposers on the Vendor Shortlist, or any other Proposer. Demonstrations are expected to be held remotely, via web-conference. Demonstrations will involve a scripted demonstration. The schedule, scripts, and demonstration requirements will be provided with the invitation to participate in demonstrations. A Pre-Demonstration Vendor Teleconference will take place for those Proposers that have been shortlisted, and Proposers will have an opportunity to review the format of the demonstrations and ask questions related to procedure and specific demonstration scenarios. Proposers that are invited to participate in demonstrations are advised that the provided scripts must be strictly adhered to while presenting. Optional modules or functionality shall not be presented if they fall outside the scope of requested functionality or that functionality which has been proposed by the Proposers. The proposed version of the software must be shown and must not include any software that is under development or in beta testing. Review Committee members will view the demonstrations, and additional County staff may also be in attendance to observe and provide informal feedback.
- c. **Reference Checks:** The Review Committee may employ a process of contacting references provided through Proposers proposals. This process may include teleconference meetings, web conferences, and in-person meetings with references. CCPH reserves the right to conduct reference checks at any point in the evaluation process.

Best and Final Offer and Request for Clarification: A Best-and-Final-Offer process may be initiated if it is determined to be in the best interest of CCPH. Such process may be initiated following the identification of the Vendor Shortlist or at any other evaluation process step. Additional processes of scope and cost clarification may be employed as part of the evaluation process if it is deemed to be in CCPH's best interest.

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2. Evaluation Criteria Scoring Each proposal received in response to the RFP will be objectively evaluated and rated according to a specified point system.

As described in the preceding Evaluation and Selection process sub-section, CCPH intends to follow an approach through which proposers may progress forward through certain evaluation checkpoints, or not progress. The approach to scoring will be cumulative based on key evaluation activities (e.g. scoring is conducted in a progressive manner, following various steps in the process as a proposer does or does not move forward under consideration by the Review Committee). CCPH hereby reserves the right to evaluate, at its sole discretion, the extent to which each Proposal received compares to the stated criteria. Proposals shall be evaluated in accordance with the following criteria, subject to variation at the sole discretion of CCPH. Vendors that move through each step of the progressive evaluation process will be eligible to receive points based on a two hundred (200) point system, weighted against the following criteria:

Short-List Identification: CCPH intends to utilize the criteria presented in the following table following the Review Committee's review of Written Proposals. In the event of a future clarification received from a proposer, the Committee reserves the right to adjust the initial short-list scoring accordingly to reflect the clarification.

Short-List Identification Criteria

Criteria	Description	Points
Functionality	<p>This criterion considers but is not limited to the following:</p> <ul style="list-style-type: none"> The vendor's written responses to the Functional and Technical Requirements for proposed functional areas and overall software solution. The ability for the proposed software to integrate with CCPH systems environment. 	35
Technical	<p>This criterion considers but is not limited to the following:</p> <ul style="list-style-type: none"> Alignment of the proposed software to CCPH's preferred technical specifications. The vendor's written response to each Potential Interface. The level of integration among proposed functional areas. 	15
Approach	<p>This criterion considers but is not limited to the following:</p> <ul style="list-style-type: none"> The described approach to implement an enterprise system to achieve CCPH's goals and objectives. The alignment of the proposed implementation timeline to CCPH's desired timeline. The distribution of implementation tasks among County and vendor teams. The proposed resources hours among County and vendor teams. The vendor's approach to key implementation tasks including but not limited to testing, and training. The vendor's planned ongoing support and maintenance services. 	25
Vendor Experience	<p>This criterion considers but is not limited to the following:</p> <ul style="list-style-type: none"> The vendor's experience delivering the services requested in the RFP. The vendor's experience with similar implementations for comparable organizations. The vendor's experience deploying comparable interfaces to CCPH's related applications. 	20

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Proposed Staff Experience	<p>This criterion considers but is not limited to the following:</p> <ul style="list-style-type: none"> The experience of named staff delivering services requested in the RFP. The experience of named staff with similar implementations for comparable organizations. The qualifications of named staff to deliver the services requested in the RFP with a focus on business process optimization. 	5
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Finalists Identification: The Review Committee intends to utilize the criteria presented in the following table following the software demonstrations by Short-List vendors.

Finalist Identification Criteria

Criteria	Description	Points
Functionality Demonstrated	This criterion considers new information learned through vendor demonstrations including but not limited to the demonstrated user interface and the alignment of demonstrated functionality with preferred business processes.	15
Technical Capabilities	This criterion considers new information learned through the Technical Discussion as part of vendor demonstrations as well as other sessions.	5
Approach Discussion	This criterion considers new information learned through the Implementation Approach Discussion as part of vendor demonstrations as well as other sessions.	5
Experience Discussion	This criterion considers new information learned through the Company Overview Discussion as part of vendor demonstrations as well as other sessions.	5

Preferred Vendor Identification: CCPH intends to utilize the criteria presented in the following table following the completion of reference checks and any site visit.

Preferred Vendor Identification Criteria

Criteria	Description	Points
Reference Feedback	This criterion considers the feedback received from references related to the vendor's performance in the implementation including meeting project objectives and timelines, as well as the knowledge, skills, and experience of implementation staff; capabilities of the software; and ongoing vendor performance with support and maintenance.	20
Comparable References	This criterion considers the relevance of references related to organization size and location, structure of the organization, entity type (e.g. county health department, governmental health department/organization), comparable scope, similar software version, and deployment model.	10

Cost Point Allocation: CCPH will evaluate cost proposals based upon this criteria. Cost points will be applied prior to the demonstration process. CCPH reserves the right to re-apply (adjust/refine/replace in the event of a subsequent Request for Clarification or Request for Best and Final Offer) cost points at a later stage in the evaluation process. (For example: following the demonstrations for Shortlisted Vendors or following the Preferred Vendor Identification for those vendors subject to reference checks).

Cost Point Criteria

Criteria	Description	Points
Cost	This criterion considers, as applicable, the price of the software licensing, services, and terms of any offered ongoing maintenance and support	40

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	<p>(including applicable service level agreements, disaster recovery, etc.) proposed in response to the information solicited by this RFP. Respondents will be evaluated on their pricing scheme, as well as on their price in comparison to the other proposers.</p> <p>In evaluating cost, CCPH may evaluate on a fully loaded ten-year cost of ownership. Fully loaded is defined to include (but is not limited to): software purchase and implementation costs; ongoing support and service costs; hardware costs; and associated hardware support costs. CCPH reserves the right to add their own estimates of the costs (including any anticipated savings) associated with the required level of internal staffing (business users and IT staff) for implementation and for ongoing support, hardware and overhead costs and savings, and may rely on the Respondent's resource estimates as a basis for their calculations.</p>	
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Section IIIB

Contract Award

- 1. Consultant Selection**

The County will issue a notice of intent to award a contract to the Proposer presenting the best overall value to CCPH, taking into consideration the evaluation criteria and process outlined above. If CCPH does not reach a favorable agreement with that Proposer, CCPH shall suspend or terminate negotiations and commence negotiations with the next so-ranked Proposer and so on until a favorable agreement is reached.
- 2. Contract Development**

The proposal and all responses provided by the successful Proposer may become a part of the final contract.

The contract resulting from this RFP shall be in form and content satisfactory to the County and shall include, without limitation, the terms and conditions provided for in this RFP and such other terms and conditions as the County deems necessary and appropriate. The resulting contract from this RFP shall be a not-to-exceed based contract, subject to the Payment Terms identified in Attachment F for the various cost types.

The standard of performance for the contract resulting from this RFP shall be in accordance with the highest applicable standards in the electronic medical records information software industry. The initial contract price will be based on prices submitted by the Selected Proposer, subject to contract negotiations with the County, and shall remain firm for the initial term of the contract unless otherwise mutually modified through a change order initiated by the County due to a change in scope.
- 3. Award Review**

The public may view proposal documents by public records request at www.clark.wa.gov . After contract execution, proposers may seek additional clarification on the scores, proposals and interviews.
- 4. Orientation/Kick-off Meeting**

Unless otherwise so mutually agreed-upon by CCPH and the selected Proposer during the contract negotiation and scope refinement process, CCPH expects the selected Proposer mobilize within thirty (30) days of contract signing and assign project team members; schedule an initial kick-off meeting, and develop a preliminary schedule for (at minimum) the first two (2) months of the implementation.

Attachment A: COVER SHEET

General Information:

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Legal Name of Proposing Firm _____

Street Address _____ City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone _____ Fax _____

Program Location (if different than above) _____

Email Address _____

Tax Identification Number _____

ADDENDUM:

Proposer shall acknowledge receipt of Addenda by checking the appropriate box(es).

None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

NOTE: Failure to acknowledge receipt of Addendum may render the proposal non-responsive.

I certify that to the best of my knowledge the information contained in this proposal is accurate and complete and that I have the legal authority to commit this agency to a contractual agreement. I realize the final funding for any service is based upon funding levels, and the approval of the Clark County Council and required approvals.

Authorized Signature of Proposing Firm

Date

Printed Name

Title

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Attachment B: LETTER of INTEREST

Legal Name of Applicant Agency_____

Street Address_____

City_____ State _____ Zip _____

Contact Person _____ Title _____

Phone _____ Fax_____

Program Location (if different than above) _____

Email Address _____

- All proposers are required to be included on the plan holders list.
- If your organization is NOT listed, submit the ‘Letter of Interest’ to ensure your inclusion.

Email Letter of Interest to: Koni.Odell@clark.wa.gov and Priscilla.Ricci@clark.wa.gov

Clark County web link: <https://clark.wa.gov/internal-services/requests-proposals>

This document will only be used to add a proposer to the plan holders list. Submitting this document does not commit proposer to provide services to Clark County, nor is it required to be submitted with proposal.

Proposals may be considered non-responsive if the Proposer is not listed on the plan holders list.

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Attachment C



Clark County, Washington

**Certification Regarding
Debarment, Suspension and Other Responsibility Matters**

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative

Date

☐ I am unable to certify to the above statements. My explanation is attached.

Attachment D – Proposal Forms

Proposer is to complete each of the Tabs 1 – 12 herein, and Attachment E (Tab 13), and submit per the instructions provided in the RFP. Any Exhibits provided by the Proposer are to be inserted at the end of each applicable tab. Proposers are permitted to make changes to the footers, and necessary formatting changes to tables, to optimize the presentation of information.

Proposer is instructed to organize Proposal in a tabbed format, and to insert the completed tab forms (Attachment D) in the corresponding tabs as a part of their Proposal response. In addition to the information captured through the questions and tables in Attachment D, Proposer is requested to provide complementary narrative information, diagrams, and images to help substantiate and support their proposal response to each tab section. Any such information may be provided in Proposers preferred formatting/branding.

Proposal Tab No.	Proposal Section	Requested Page Limits
		i. Includes tables as part of Attachment D ii. Excludes requested Exhibits
Tab 1	Company Introduction and Relevant Experience	Not to exceed eight (8) pages
Tab 2	Software Solution	Not to exceed thirteen (13) pages
Tab 3	Project Approach and Implementation Methodology	Not to exceed twelve (12) pages
Tab 4	Key Proposed Personnel and Team Organization	Not to exceed three (3) pages
Tab 5	Project Schedule	Not to exceed three (3) pages
Tab 6	System and Application Architecture	Not to exceed five (5) pages
Tab 7	Software Hosting	Not to exceed six (6) pages
Tab 8	Testing and Quality Assurance Plan	Not to exceed three (3) pages
Tab 9	Training Plan	Not to exceed five (5) pages
Tab 10	References	Not to exceed seven (7) pages
Tab 11	Sample Contracts, Warranty, and Escrow	Not to exceed two (2) pages
Tab 12	Exceptions to Project Scope and Contract Terms	No limit
Tab 13	Functional and Technical Requirements Response (Attachment E)	Not Applicable
Supplements	Any Proposer-submitted materials or documentation not specifically requested through this RFP may be included as Supplements to the Proposal in a separately marked "Supplements" tab of the proposal.	The CCPH requests that any supplements be kept to a bare minimum as deemed essential by the Proposer.

Tab 1 – Company Introduction and Relevant Experience

I. TRANSMITTAL CERTIFICATION

By signature on the Proposal, the Respondent certifies that it complies with:

1. The laws of the State of Washington and is licensed or qualified to conduct business in the State of Washington
2. All applicable local, state, and federal laws, codes, and regulations
3. All terms, conditions, and requirements set forth in this RFP
4. A condition that the Proposal submitted was independently arrived at, without collusion
5. A condition that the offer will remain open and valid for the period indicated in this solicitation; and any condition that the firm and/or any individuals working on the contract do not have a possible conflict of interest
6. The following Non-Collusion Affirmations
 - I affirm that I am the Respondent, a partner of the Respondent, or an officer or employee of the Respondent's corporation with authority to sign on the Respondent's behalf.
 - I also affirm that the attached has been compiled independently and without collusion or agreement, or understanding with any other Vendor designed to limit competition.
 - I hereby affirm that the contents of this Proposal have not been communicated by the Respondent or its agent to any person not an employee or agent of Clark County.

If the Respondent fails to comply with the provisions stated in this paragraph, the County reserves the right to reject the Proposal, terminate the contract, or consider the Respondent in default.

Table 1-01: Transmittal Certification and Primary Contact Information

Field	Response
Name of the Respondent Representative	
Title	
Name of Company	
Address	
Telephone Number	
Email Address	

Field	Response
Signature of Authorized Officer of the Firm	
<i>A signature provides the County with the Respondent's acknowledgement and acceptance of the RFP terms, requirements, and conditions, and the execution of same during the discharge of any succeeding contract.</i>	

II. TRANSMITTAL LETTER

A Transmittal Letter, printed on letterhead, shall be submitted and signed by an authorized representative of the Respondent, such as the owner, partner, or in the case of a corporation, the President, Vice President, Secretary, or other corporate officer(s) that address the following:

- A statement naming the Respondent (legal name and if corporation, whether corporation has corporate seal) and stating the type of entity for the Respondent and any joint Respondent or subcontractor (e.g., corporation, limited liability company, partnership, sole proprietor, etc.)
- A statement of acknowledging that all addenda to this Request for Proposal have been reviewed by the Respondent; and
- A statement disclosing whether or not the proposal contains confidential information, trade secrets, or other proprietary data the Respondent does not want to be subject to public inspection.

III. COMPANY BACKGROUND AND HISTORY

- Proposer to provide a comprehensive history statement of the firm, including any mergers, assignments, or other corporate changes during the past 10 years.
- Proposer shall complete the Company Background and History Table as provided below.

If a partnership with third-party company is a part of the Proposal, the Company Background and History table shall be provided for each entity. It is expected that all points shall be addressed for each company involved in the Proposal, prime or third party. Proposer to copy the table as needed for each Partner/Third-Party Firm proposed and fill out for each.

Table 1-02: Company Background and History

Metric	Response
Name of Proposer:	
(Copy form and Complete if applicable for each) Name of Partner/Third-Party Firm:	

Metric	Response
Total number of employees	
Type and number of employees committed to the product and support being proposed	
Office locations (City and State)	
Total years offering proposed software systems	
Total number of active clients across all products/offering/services	Government: Private:
Total number of active EHR clients	Government: Private:
Total number of Washington Government clients with breakout by Municipality, County, Other	Municipality: County: Other:
Total number of completed implementations of the proposed product and version	
Total number of active government clients using the proposed product version	
Total number of clients migrated to the proposed product from legacy system.	
Largest active government installation, including population	
Smallest active government installation, including population	
Other products offered by the company	

IV. RELEVANT EXPERIENCE

- i. Please describe your relevant experience working with Washington public health entities.
- ii. Please describe any relevant experience working with similarly situated County public health organizations, including any unique factors that arise during the implementation process for an organization within Washington or otherwise.
- iii. Identify two recent project implementations that are most comparable to the CCPH's proposed implementation, and provide a project profile for each, including: scope of modules; project duration; any unique requirements or circumstances that were a part of, or came up during, the project; the legacy system converted from; etc.

- iv. Please describe implementation barriers or challenges that have been experienced working within Washington on implementations. What proactive steps are planned in this proposed project to mitigate against similar challenges?
- v. What sets the product(s) and services that your firm proposes apart from competitors' products and services? Why should CCPH select your firm to partner with?
- vi. Please describe implementation barriers or challenges that have been experienced working on implementations fully remotely during COVID-19. What proactive steps are planned in this proposed project to mitigate against similar challenges?

V. USE OF SUBCONTRACTORS

- vii. The Proposer shall identify any of the required Services that are proposed to be subcontracted, if any. This table is to be copied and filled out for each proposed subcontractor.

Table 1-03: Subcontractor Questions

Question	Response
Does your firm complete the implementations of the product being proposed or is this effort outsourced?	
Has or will any portion of the proposed work be completed by subcontractors or contract employees?	
This below portion of the table is to be copied and filled out for each proposed subcontractor.	
Name of subcontractor and address	
Summary of Service and estimated percentage of Work the subcontractor will be providing.	
Reasons for subcontracting	
Experience	
Detailed subcontractor responsibilities	
Previous history of projects using the named subcontractor	
Any additional relevant information	

CCPH reserves the right to request a copy of the prime contractor/subcontractor contract verifying the prime contractor has the sole responsibility for any and all Services under this RFP and is financially liable, without exception, to CCPH for all Services contracted by the Proposer and the subcontractor under this RFP.

CCPH reserves the right to request additional information regarding the subcontractor(s) as it relates to references, history of the firm, and other relative information that has been required of the Proposer to submit in this RFP.

The substitution of one subcontractor for another may be made only at the discretion and prior written approval of CCPH.

- viii. By signature (electronically or via ink) below on the Certification of Subcontractors/Partners, the Proposer and the Subcontractor/Partner certify that the Proposer has received the permission of the third-party to include the scope of software and services under the cover of the submitted proposal.

Table 1-04: Certification of Subcontractors/Partners

Entity	Company Name	Representative Name	Title	Telephone Number	Email Address
Proposer	_____	_____	_____	_____	_____
Partner/Third-party software provider	_____	_____	_____	_____	_____
Partner/Third-party software provider	_____	_____	_____	_____	_____

Respondents are instructed to return a copy of this Certification table signed by an authorized firm agent as part of proposal responses.

Tab 2 – Software Solution

I. SUMMARY DESCRIPTION OF EACH FUNCTIONAL AREA

Proposer to provide a summary description of the capabilities for each functional area contained in the RFP, in narrative format. The purpose of this summary is so that the County has a high-level understanding of the proposed solution. The narrative should be written for an audience of the end-user community. Descriptions should be included for any products proposed by third parties to meet the capabilities described in the Functional and Technical Requirements in Attachment E.

Marketing materials should not be submitted on the proposed functionality.

II. SOFTWARE DOCUMENTATION FEATURES AND FUNCTIONS

Proposer to provide a summary of their software documentation that describes the features and function of the proposed application software. Identify what makes your documentation user friendly and useful to the end user and technical user of the software.

III. PROPOSED SOFTWARE MODULES TABLE

Proposer to complete the table below. Proposed modules that are required to satisfy the requirements associated with the functional areas identified below cannot be proposed as complementary or optional.

Table 2-01: Proposed Functional Areas/Modules

Proposed Software Information	
Product Component/Suite <i>(Name and Version of the Proposed Software Solution)</i>	
Total Number of Years Product Proposed Has Been on Market	Release Date of Most Current Version
Next Major Release Date	Next Minor Release Date
Licensing	
Describe how the software is licensed (e.g. named user, concurrent users, enterprise/site, power user) and the options available for licensing:	
How many licenses have been proposed?	

Proposed Software Information			
Are the same licenses required for all users, or, would some users (e.g. those requiring view-only) have a different license type than other users (e.g. regular daily user)?			
Deployment Model			
Deployment Models Proposed to the County <i>(Corresponding Attachment G Cost Worksheets shall be completed for each separate deployment model proposed)</i>	Proposer-Hosted (Perpetual License)	Software-as-a-Service (Subscription)	
	<input type="checkbox"/>	<input type="checkbox"/>	
Summary of Modules Proposed			
No.	Functional Area	Name of Proposed System Module(s) to Address Requested Functional Area	Previous Third-Party Partnerships and/or Solutions Successfully Integrated* With
1	Clinical Documentation and Workflow		
2	Immunization Management		
3	Lab Results Management		
4	Medication and Order Management		
5	Billing		
6	Scheduling and Demographics		
7	Medical Records		
8	Reporting		
*Successful integration should include only those instances where both the software and the client are in production environments.			

IV. OPTIONAL AND COMPLEMENTARY MODULES

What other system modules or products, not included in the scope of your proposal, would the Proposer recommend to be complementary or optional to the Project Scope?

Table 2-02: Optional and Complementary Modules

No.	Module Name	Narrative Description of Functionality Provided
1		

No.	Module Name	Narrative Description of Functionality Provided
2		

V. PARTNERSHIPS/THIRD-PARTY PRODUCT RELATIONSHIP

- i. Proposer to fill out the below table for each of the Partnership/Third-Party software product proposed.

☐ – Not applicable, no Partnership/Third-Party software proposed

Table 2-03: Partnership and/or Third-Party Product Identification

Name of Partnership/Third-Party Software Firm	Name of Software Product	Name of existing Clients using Proposer's system and the Partnership/Third-Party Software	Number of years Client has been using the two products together

- ii. For each product proposed as a Partnership/Third-Party product, detail the options available to the County as it relates to contracting relationship between the County and the Partnership/Third Party.
- iii. Proposer to provide the approach and responsibilities for managing the implementation and acceptance testing for each of the proposed Partnership/Third-Party products.
- iv. Proposer to provide the approach and responsibilities for the SLA/maintenance related to the Partner/Third-Party provider.
- v. Proposer to submit references and qualification statements for each of the proposed Partners/Third-Party firms and attach as an Exhibit to Tab 2.
- Confirmed, Exhibit attached.
- vi. Proposer shall indicate if the proposed approach utilizes a systems integrator or consulting firm as the third-party.

VI. General

- i. Proposer shall clearly indicate the deployment model(s) proposed from among the three categories presented in a-b below. If more than one product is proposed, please clearly identify the deployment model for each product proposed:
 - a. Software as a Service (SaaS or subscription-based models)
 - b. Proposer hosted (hosted and managed by the Proposer, perpetual licenses)
- ii. Is Active Directory integration and/or single sign-on supported? Please provide applicable diagrams and/or details to substantiate the level of integration and compliance with published internet standards (i.e. LDAP and DNS).
- iii. Proposer shall detail the ability of the proposed system(s) to integrate with Active Directory Domain Services implemented in accordance with published internet standards such as Lightweight Directory Access Protocol (LDAP) and Domain Name System (DNS). If such integration is not offered, Proposer shall explain the identify management solution that is provided.
- iv. If applicable to the proposed deployment model, describe how the SaaS application/service provides two-way user and group synchronization with Active Directory (AD). (e.g. As users and groups are added to and removed from AD, these changes are reflected in the SaaS applications). Would the County AD be able to push, and the SaaS applications able to receive, user profiles and groups?
- v. When a user is added to AD, are the proposed solutions automatically provisioned and, conversely, when a user is removed from AD, access is automatically revoked?
- vi. Are users able to sign on to the Windows network once, and then easily gain access to the proposed applications without having to enter an additional set of credentials?
- vii. Would the County/CCPH be able to provision user accounts manually (via a system administrator, for example) as opposed to using single sign-on?
 - a. Would CCPH and the County be able to provision access to some users (e.g. internal users) using single sign-on, and provisioning some users (e.g. external users) manually through account creation by a software administrator?

- viii. How is access provisioned for external (non-CCPH/County) users of the system such as external agency users?
- ix. Proposer shall fully describe the integration/interface/data exchange capabilities of the proposed system, including available API's, middleware, web services, etc.
- x. For available API's, does the proposed pricing include access to the entire API library? What functionality is exposed in the systems' APIs?
- xi. If the system has the ability to integrate with MS Outlook, can this integration be configured for only some users of the system and not others?
- xii. What strategic decisions or direction is your firm taking or making related to the product being proposed today?
- xiii. List applications that the product being proposed will integrate with or has integrated with in the past, beyond those listed in the Interfaces tab of Attachment E – Functional and Technical Requirements.
- xiv. Does your EHR system have an efficient process for aggregating and displaying patient data over time in a chronological view?
- xv. Does your EHR have a medication management system that can deduct a medication from a medication/supply inventory when it is administered?
- xvi. Does your EHR have a lab management system that can associated or link multiple test results to one lab specimen ID?

Tab 3 – Project Approach and Implementation Methodology

I. PROJECT APPROACH

Proposer to provide a description of the proposed approach for providing the Scope described in the RFP, including a comprehensive description of the proposed implementation methodology for the Project. The description should include how the Proposer has developed this methodology to both incorporate lessons learned from experiences as well as to meet the needs described in the RFP.

- i. Based on information provided in this RFP and experience in working with other localities, what is the Proposer's perspective on the most significant risks to this Project, and how do you plan to mitigate these risks?
- ii. With what frequency will Proposer's Project Team staff be on-site during implementation? Will staff be on-site for full or partial weeks? Has this approach been tailored based on social-distancing practices or has the proposed approach been standard for other implementations?
- iii. Describe in detail the approach to developing interfaces/integrations/data exchanges. What is the division of responsibility between CCPH and Proposer project teams? What technical skills are required of CCPH staff for this work?
- iv. Describe in detail the approach to configuration and set-up activities. Will the Proposer team complete the majority of the configuration based upon information gathered from CCPH subject matter experts, or will CCPH be expected to perform much of the configuration?
- v. Describe any additional assumptions made in the Proposal, not already identified in detail. These should include any assumptions related to the current County technical environment, staffing, project management approach, and CCPH resources available during implementation and support phases.

II. DEPLOYMENT

Proposer to provide a detailed narrative description of how the implementation approach will vary between the deployment methods proposed (i.e. a Proposer-hosted and/or a subscription-based solution, etc.)

III. GO-LIVE AND ONGOING SUPPORT

Proposer to describe what level of pre- and post-go-live support is available under the proposed fee structure. If varying levels of support are available, this section of the RFP response should clarify these potential support services and highlight the level of support that has been proposed. Proposer shall use Attachment G, Cost Worksheets, to clearly identify the varying fees based on the varying levels of support that are available.

- i. What are the standard hours that support is offered, and through what means (telephone, web ticket submission, etc.)?
- ii. Are afterhours and weekend support offered, and if so, is this part of the standard support offering or part of a different tier/offering?
- iii. How often are releases provided, and what is the process to test each release?
- iv. Would CCPH be able to test releases in a test environment prior to pushing updates to a live environment?
- v. Does the system have the ability to roll back updates should challenges or bugs be encountered?
- vi. Describe how often major and minor software updates are provided, as well as the level of CCPH resources required for a major update and the level of resources required for a minor update.

- vii. Is product support offered by Proposer, through the software developer/provider, or sub-contracted?
- viii. Are there future costs associated with upgrade processes? For example, costs associated with purchasing licensing for upgrades, professional services costs associated with implementing upgrades, etc.? Proposer to describe the frequency of upgrades and any price ranges for anticipated upgrades.
- ix. What is the role of CCPH in providing ongoing support and maintenance of the system proposed? How many FTE are typically required to support the system on the client-side, and what tasks are entailed?



IV. RESOURCE HOURS

- V. Proposer shall include the proposed resource levels for the CCPH Implementation Project Team and their Project Teams by completing the table below.

VI. Table 3-01: Project Team Resource Hours

Project Team							
Instructions: The Proposer is asked to provide the number of resources that will be committed to the Project in terms of number of hours. These numbers should be based on the functionality the CCPH desires, included in the detailed Functional and Technical Requirements (Attachment E).							
Assumptions: Any assumptions related to the number of Project Team staff for the Proposer and CCPH teams, roles of staff, and duration of involvement used in the development of the resource hour estimates should be included here:							
Functional Area		Requirements and Design	Configuration and Setup	Implementation/ Project Management	Testing	Training	Total
Clinical Documentation and Workflow	CCPH Team						
	Vendor Team						
Immunization Management	CCPH Team						
	Vendor Team						
Lab Results Management	CCPH Team						
	Vendor Team						
Medication and Order Management	CCPH Team						
	Vendor Team						
Billing	CCPH Team						
	Vendor Team						



Project Team							
Scheduling and Demographics	CCPH Team						
	Vendor Team						
Medical Records	CCPH Team						
	Vendor Team						
Reporting	CCPH Team						
	Vendor Team						
Total Hours by Project Task:	CCPH Team						
	Vendor Team						

VII. Proposer shall include the anticipated resource hour's levels for the CCPH Implementation Project Team based on typical project role by completing the tables below. Any comments related to the anticipated hours, any phase-specific involvement, or other assumptions should be noted in the Additional Vendor Comments column.

Table 3-02: Anticipated Hours by Project Role

Anticipated Hours by Project Role			
Project Role (e.g. Project Sponsor, Project Manager)	Estimated hours per month per person in this role (ranges are acceptable)	Estimated number of individuals required for role	Additional Vendor Comments

Proposer to provide their overall estimated split/division of the work effort as shared between the CCPH and the vendor teams (example: CCPH owns 20% of the work effort, and the Vendor owns 80% of the work effort) along with any narrative to support this estimate.



Table 3-03: Anticipated Work Effort Division

Anticipated Work Effort Division		
	CCPH Project Team	Vendor Project Team
Estimated number of individuals required for Project Team		
Approximate Percentage of Work Effort Owned		
General Comments		

VIII. IMPLEMENTATION PLAN

Proposer to provide their overall objectives and approach to the CCPH implementation. Discuss timing as being chronological, in parallel, etc., for all of the modules proposed.

Proposer shall submit a Sample Implementation Plan as an Exhibit to Tab 3, labeled as VI, Implementation Plan.

Exhibit submitted Yes No

IX. STATUS REPORTING

Proposer to detail their approach to providing status reports throughout the course of the Project. This section should include an example of the recurring status report and identify the expected delivery mechanism that will be used to provide the report to CCPH.

X. PROJECT MANAGEMENT PROCESS

Proposer to provide their approach for the CCPH Project for each of the following project management processes that will be provided. If any of these processes/responsibilities are not being provided by the Proposer, Proposer to identify as such.

- i. **Scope Management:** Proposer to describe their approach for managing the Project Scope and the process used to request changes to Project Scope. It is CCPH's desire to use the proposed software system "as is" and, as such, any changes (e.g. customizations or modifications to the software) must be reviewed and approved by the County's Implementation Project Team.
- ii. **Schedule Management:** Proposer to provide their approach for managing CCPH's Project Schedule and the process used to submit requested changes to the schedule. The Proposer must ensure that the Project Schedule is kept current and will be responsible for reporting any missed milestones to CCPH. Include in your response how this requirement will be met.
- iii. **Risk Management:** Proposer to provide their approach for documenting Project risks, providing recommendations for mitigating the risk, and how this will be communicated to the CCPH's Implementation Project Team. What is the process for monitoring, escalating, and resolving issues that will arise during the Project?
- iv. **Quality Management:** Proposer to provide their approach/policies to assure that all written deliverables have received appropriate reviews for quality before being submitted to CCPH.
- v. **Communication Management:** Proposer to provide the approach that will be used to provide CCPH with a detailed communication plan that includes: key implementation metrics that will be used to track progress; types of communication methods (e.g., memo, email, one-on-one meetings,); frequency of these communications; and key points of contact with overall responsibility for ensuring these communications are provided as scheduled.

Address how Proposer will make key personnel and staff available for certain meetings, either on-site or via teleconference or web-conference, which may be required should major issues arise during the implementation that significantly impact the schedule or budget of the selected system.

- vi. Organizational Change Management:** Proposer to describe the process, tools, and techniques they will use to manage the people side of change.

- vii. System Interface Plan:** Proposer to detail their approach and process that will be used to perform CCPH's desired interfaces as listed in Attachment E.

- viii. Resource Management Plan:** Proposer to provide their approach to their resource management plan and managing resource allocation for the CCPH and vendor teams.

Tab 4 – Key Proposed Personnel and Team Organization

I. ORGANIZATIONAL CHART

- i. Proposer to submit as an Exhibit, labeled as I: Organizational Chart and insert in Tab 4.
- ii. The Organizational Chart is to include subcontractors and reporting structure of the entire team.

II. PROJECT TEAM RESUMES (PROPOSER)

- i. As an Exhibit to Tab 4, resumes shall be provided for the implementation team, as well as for any additional personnel involved in live operation and ongoing support and maintenance. Resumes shall be specific to the actual personnel to be assigned to this Project for all primary roles (e.g., Project Manager, Trainer).
 - Resumes to include listing of past software implementation projects and certifications held for each team member.
 - CCPH anticipates that any staff assigned to the Project will remain assigned to the Project, unless CCPH deems the services to not meet expectations at which point the Contractor and CCPH will work together to remedy such non-conforming services.
- ii. Summary of Project Team: Proposer shall complete the table on the following page listing a summary of the Project Team Members.

Table 4-01: Proposer Project Team Members

Proposer Project Team Members							
Name	Title	Role on Proposed Project Team (e.g., Project Manager)	Years of Relevant Experience	Years with firm	Number of implementations completed within past five years	Identify Scope of Services/Tasks this individual will be working on for CCPH	Relevant certifications (PMP, etc.)

III. PROJECT TEAM RESUMES (SUBCONTRACTOR)

- i. As an Exhibit to Tab 4, resumes shall be provided for any of the named subcontractor(s) who are part of the implementation team, as well as for any additional personnel involved in live operation and ongoing support and maintenance. Resumes shall be specific to the actual personnel to be assigned to this Project for all primary roles (e.g., Project Manager, Trainer).

- *Resume to include listing of past software implementation projects and certifications held for each team member.*

- ii. Summary of Project Team (Subcontractors)

Table 4-02: Subcontractor Project Team Members

Subcontractor Project Team Members							
Name	Title	Role on Proposed Project Team (e.g., Project Manager)	Years of Relevant Experience	Years with firm	Number of implementations completed within past five years	Identify Scope of Services/Tasks this individual will be performing	Relevant certifications (PMP, MD, RNA, etc.)



Subcontractor Project Team Members							
Name	Title	Role on Proposed Project Team (e.g., Project Manager)	Years of Relevant Experience	Years with firm	Number of implementations completed within past five years	Identify Scope of Services/Tasks this individual will be performing	Relevant certifications (PMP, MD, RNA, etc.)

Tab 5 – Project Schedule

I. PROJECT SCHEDULE

- i. Proposer shall submit a proposed Project Schedule with the major milestones, activities, and timing of deliverables for the Scope of Work described in the RFP. In addition, the response should reflect Project predecessors, successors, and dependencies.
 - CCPH requests that the sample Project Schedule be in a Gantt chart format developed in Microsoft Project or a similar presentation.
 - Proposer to submit as an Exhibit, labeled as I. Project Schedule and insert in Tab 5

Exhibit submitted Yes No

II. PROJECT DELIVERABLES, MILESTONES, AND PAYMENT APPLICATIONS

- i. Proposer to include a list of deliverables and milestones of the Project and should describe exactly how and what will be provided to meet the needs of CCPH.
- ii. Proposer to submit their payment schedule, tied to the listed deliverables and milestones for review by CCPH. This schedule shall be consistent with the terms provided in Attachment F of the RFP (Cost Narrative) and should not include the dollar amounts for payments, but rather the events that would trigger payments.
- iii. Proposer to submit as an Exhibit, labeled as II. Project Deliverables, Milestones, and Payment Applications and insert in Tab 5

Exhibit submitted Yes No

III. PROJECT SCHEDULE QUESTIONS

Table 5-01: Project Schedule Questions

1. Based on current obligations, what is the earliest you can begin implementation after contract signing?	
--	--



2. What activities would the Proposer expect to occur within the first 30 days of contract signing?	
3. How long does the typical implementation of the product being proposed take for an organization of similar size to CCPH?	
4. What special considerations are there related to the timing of go-live activities? Does it vary based on functionality?	

IV.PROJECTED GO-LIVE DATES

CCPH initially anticipates that the total implementation process for all modules/products will be 10-12 months in duration, subject to further planning with Proposers. CCPH anticipates that implementation activities would begin in January of calendar year 2022. Proposers are encouraged propose phasing and timelines that best align with the Proposers implementation approach.

Table 5-02: Projected Go-Live Dates

Phase	Functional Areas	Potential Start Date	Target Go-Live Date
I			
II			
III			



Tab 6 – System and Application Architecture

I. GENERAL OVERVIEW

Proposer to provide a description of the proposed system and application architecture for the proposed application.

As part of the proposal evaluation process, the County IT Department intends to have vendors being considered complete a security screening. Does your firm agree to complete a security screening if advanced through to the shortlist process (or thereafter)?

II. SYSTEM AND APPLICATION ARCHITECTURE QUESTIONS

Table 6-01: System and Application Architecture Questions

1. What is the source language(s) of the product?	
2. How many environments are available with your proposed solution at no additional cost (e.g., test, training, production)?	
3. Describe how often major and minor software updates are provided, as well as the level of resources required for a major update and the level of resources required for a minor update.	
4. Please describe the major/minor upgrade process that is required if the solution requires a client-based installation.	
5. List all browsers that are certified for use with the application and describe any required browser add-ons, function enablement, etc.	



6. The underlying architecture of the application design is important to CCPH. Please describe your system architecture model and explain the capabilities and features of this model that led to your use of it in developing this system.	
7. Please describe how data privacy and security compliance is supported within your proposed software solution. Is the system HIPAA compliant?	
8. Describe your approach to ensure scalability of the product. This includes transaction growth, upgrades, and replacements of components of the architecture, technology, and application.	
9. List all hardware/operating system/database platforms upon which the product is supported. Provide specifications in terms of processors, processor speed, memory requirements, and other sizing and capacity factors to assist CCPH in budgeting for and acquiring hardware. List which industry standard benchmarks or guidelines measures are used to establish this recommendation.	
10. Describe the design philosophy of your application. Include in your response the degree to which there is a common design philosophy across all modules, common programming languages and tools, and the extent of shared software code across all applications.	



11. CCPH seeks a future system that is ONC certified in addition to HIPAA and HITECH compliant. In addition, the future system should be Cures Act compliant. Please detail if the proposed system meets each of these standards, and if it does not, please detail in which areas the system is noncompliant and what roadmap items are in place to bring the system into compliance. CCPH seeks systems that are compliant in all current and future major/minor version.

Tab 7 – Software Hosting

I. GENERAL OVERVIEW

Proposer to provide a description of the proposed system deployment model if a proposer-hosted or SaaS model has been proposed for the application.

II. SOFTWARE HOSTING QUESTIONS

Proposer to respond to the following questions regarding their software hosting platform proposed for CCPH.

Table 7-01: Software Hosting Questions

Question	Response
1. Where are the data center and storage facilities?	
2. What is the total number of active clients currently served by hosted solutions provided by your company?	
3. How many years has your company provided hosted solutions?	
4. How are hosted software applications deployed for use by numerous customers?	
5. What availability and response time do you guarantee?	
6. How many instances of unplanned outages have any of your customers experienced within the past five years?	
7. What has been the duration and scope of such unplanned outages?	
8. What are the standard relief schedules for unplanned system downtime/outages?	

Question	Response
9. In how many instances has your firm had to pay client relief for unplanned outages?	
10. What is your process for notification of standard maintenance and downtime?	
11. What data security and system redundancy capabilities are available at Proposer's data center and storage facilities?	
12. How many years has your company provided SaaS solutions?	
13. What is the total number of active clients currently utilizing the proposed software as a SaaS deployment provided by your company?	
14. Provide relevant documentation related to any recent certifications pertaining to the Proposer's hosting technical and operation capabilities or that of their subcontracted provider for these services.	
15. Provide detailed information on the way(s) in which CCPH will access the software if deployed in a SaaS or hosted environment. Such information should include how the software is accessed when on or off the County network, as well as any additional hardware/software that may be required for accessing the software.	
16. What disaster recovery services are provided under your standard hosting agreement? If not standard, is there a separate agreement/cost associated with disaster recovery?	
17. Will data be encrypted at rest, and in transit? Please explain any applicable protocols.	

Tab 8 – Testing & Quality Assurance Plan

I. APPROACH

Describe your standard approach to testing and quality assurance.

II. SAMPLE PLAN

Submit a Sample Testing and Quality Assurance Plan that would be very similar to the plan utilized for the CCPH Project. Proposer to submit as an Exhibit, labeled as II. Sample Plan and insert in Tab 8.

Exhibit submitted **Yes** **No**

III. PLAN DETAILS

Awarded Proposer will be responsible to provide a Testing and Quality Assurance Plan that describes all phases of testing that may be used: unit, system, interface, integration, regression, parallel, and user acceptance testing (UAT). It is the CCPH's expectation that the Testing and Quality Assurance Plan govern all phases of the Project and that the Proposer will also provide assistance during each testing phase involving CCPH users. The Awarded Proposer will develop the initial UAT plan, provide templates and guidance for developing test scripts, and will provide onsite support during UAT. The Awarded Proposer will also provide a plan for stress testing the system, which will occur during or after UAT. Proposer to confirm their proposal includes providing the services identified in this Section (Item III Plan Details) and provide any additional services that are also provided as part of your Testing and Quality Assurance Plan not listed.

IV. LEVELS OF SUPPORT

What levels of support will be provided by the Proposer during the CCPH testing phases (e.g., parallel and UAT)? Will Proposer resources be onsite during certain testing phases? Are varying service levels offered for testing support?

Tab 9 – Training Plan

I. PROPOSED TRAINING APPROACH/STRATEGY

Proposer to provide their approach to the training plan and what makes their training plan successful and effective for system implementations. Include your approach to when and why you choose to use on-site training versus a webinar or a train-the-trainer format.

II. TRAINING PLAN AND RESOURCE HOURS

Proposer to provide a chart detailing the proposed training plan and resource hours allocated for the CCPH project. A *sample format of the chart* is detailed below. Cost Worksheet provided in Attachment G to coincide with the hours and resources proposed.

Table 9-01: Training Plan Legend

Legend	
User Types	Core Project Team, End Users, Technology Users, Other (please describe)
Training Model	Train-the-Trainer, Proposer-Provided Training, Other (please describe)
Class Format	On-Site Classroom, Webinar/Video Conference, Web Training Service, Other (please describe)

Table 9-02: Training Plan

Training topic/course	Functional Module Covered (please specify per module, such as billing, immunization management, etc.)	Type of County users to attend	General summary of number of sessions offered of this course	Maximum class size	Format for the class	Training data that will be used for this topic/course (live, sandbox, etc.)

Proposer to submit as an Exhibit, labeled as II. Sample Training Plan, and insert in Tab 9.

Exhibit submitted **Yes** **No**

III. TRAINING COORDINATION

Proposer to detail the roles and responsibilities for the training effort, including but not limited to:

Table 9-03: Training Roles and Responsibilities

Role/Responsibility	Identify if Role/Responsibility is County/Proposer (including any Subcontractors)/Shared
Training Coordination/Scheduling	
Training Curriculum/Material Development	
Training Instruction	
Other:	

IV. KNOWLEDGE TRANSFER

Proposer to detail the knowledge transfer strategy proposed to prepare CCPH staff to maintain the system after it is placed into production.

Proposer to detail the approach to conducting training using webinar (e.g. GoToMeeting, Zoom, Teams, Skype), including how Proposer staff will monitor staff comprehension and, if applicable, provide assistance to trainees on navigation through the system.

Proposer to identify the requested analysis/training room environment requirements and any other requirements related to the training facility/room/equipment. Requirements may include any presentation equipment, whiteboards, seating style, number of computers, printers, and other amenities needed to support on-site implementation activities.

V. SYSTEM DOCUMENTATION

Proposer to provide a detailed description of system documentation and resources that will be included as part of the implementation by the Proposer including, but not limited to, detailed system user manuals, system schema and conceptual data models, “Quick Reference” guides, online support, help desk support, user group community resources, videos, and others as available. Proposer to itemize optional items on the Attachment G Cost Worksheets.

Proposer to check off all that are available and included as part of the RFP response.

Table 9-04: System Documentation

Type of Documentation	Included in Scope of Proposal to CCPH Yes/No	Description/Explanation/Optional
Quick Reference Guides		
Online Support		
Help Desk Support		
User Group Community Resources		
Annual User Conferences		
Videos		
Custom User Guides/Manuals		
System schema and conceptual data models		
Other:		

Tab 10 – References

I. INSTRUCTIONS FOR REFERENCES

Proposer is responsible for verifying correct phone numbers and contact information. Failure to provide accurate data may result in the reference not being considered, which includes the provision of contact person(s) who do not have knowledge of the services provided by your firm. **Failure to submit references may result in the Proposal not being considered for evaluation.**

CCPH may request a more detailed list, including other governmental agencies. Proposer to identify the requested analysis/training room environment requirements and any other requirements related to the training facility/room/equipment. Requirements may include any presentation equipment, whiteboards, seating style, number of computers, printers, and other amenities needed to support on-site implementation activities.

CCPH reserves the right to request or contact additional or different references from the provided customer list for consideration, including past experience with the County or CCPH.

Proposer to identify six **governmental** entities that **are most similar to the size and requirements of** CCPH that have gone live with the proposed software.

Additional references may be submitted as an attachment to show depth of client base and number of installations within the past five years. This includes clients that are currently in the process of implementing the proposed software solution.

PROPOSER IS RESPONSIBLE FOR VERIFYING THAT ALL CONTACTS AND PHONE NUMBERS ARE UP TO DATE AND ACCURATE.

II. SOFTWARE AND PROFESSIONAL SERVICES REFERENCES

Proposers to use the format provided in the table below for providing reference information in conformance with the guidelines in Section I. The County has a strong preference for references that are using the proposed software solution, and for new implementation project references and not upgrades from a previous version.

- References Numbered 1 – 5:
 - *Entity had a go-live date within the past five years*
- Reference Numbered 6:
 - *Entity had a go-live date five or more years in the past*

In the event the Proposer cannot provide the required six references, the Proposer may substitute other organizations to ensure six total references are provided, with understanding that this will be reflective in the evaluation of the Proposer. Substitute references may include

those that are in the implementation process, have implemented comparable scopes of work without including all system modules, etc.

Table 10-01 Reference Table

Reference Table
Reference Number: _____
Governmental Entity Name: _____ What is the approximate staff count of the Entity? _____ What is the approximate population served by the Entity? _____
Detailed narrative description of work completed for this reference (e.g. upgrade process, new implementation for a client transitioning from a different legacy system): _____
<p><u>Contact Information</u></p> <p>Address: _____ City, State, Zip: _____ Reference Contact Name: _____ Title: _____ Phone No.: _____ Email Address: _____ Start Date of Project: _____ Go-Live Date : _____</p> <p><u>Project Information</u></p> <p>Vendor Project Manager/Lead for this Client: _____ Name and Version of software system installed: _____ Legacy software system replaced: _____ Scope of Modules installed: _____ Model used (Hosted, On-Premise, SaaS, etc.): _____ Is this reference still using the software? Yes _____ No _____ Narrative description of work completed for this reference (e.g. upgrade process, new implementation for a client transitioning from a different legacy system): _____ Total Project Cost: _____</p>

III. REFERENCES FOR PROJECT MANAGER ASSIGNED (GOVERNMENT CLIENTS)

Proposer to provide client list for the Project Manager proposed/assigned to manage and lead CCPH's implementation. References for the Project Manager are to be clients within the past five years. CCPH acknowledges that some of the same references provided in Section I may be duplicated.

Name of Project Manager assigned by Proposer to the CCPH project:

Table 10-01: Project Manager References



Name of Governmental Entity	Summary of Project	Role/Team Assignments for the Project	Implementation Start and Go-Live Date
_____	_____	_____	- _____
_____	_____	_____	- _____
_____	_____	_____	- _____
_____	_____	_____	- _____
_____	_____	_____	- _____

IV. CONTRACT TERMINATION/NON-RENEWAL

Provide a summary of any contracts/license agreements/hosted subscriptions that the customer provided notice of cancellation to your firm, with or without cause, or elected to not renew in the past five years as it relates to the software solution proposed. The summary shall state the name of the customer, summary of the contract, term of the contract and reason for cancellation or non-renewal. *If none, state as such.*

Submitted as an Exhibit ☐ or Response provided as:

V. LITIGATION

- A. Provide a summary of any litigation filed against the Proposer in the past seven years, which is related to the services that Proposer provides in the regular course of business. The summary shall state the nature of the litigation, a brief description of the case, the outcome or projected outcome, and the monetary amount involved.

If none, state as such.

Submitted as Attachment ☐ or Type/Provide Response here: _____

- B. Provide a summary of any litigation filed against the subcontractors identified as part of the team in the past seven years, which is related to the services that sub consultant, provides in the regular course of business. The summary shall state the nature of the litigation, a brief description of the case, the outcome or projected outcome, and the monetary amount involved.

If none, state as such.

Submitted as Attachment ☐ or Type/Provide Response here: _____

Tab 11 – Sample Contracts, Warranty, and Escrow

I. SAMPLE CONTRACTS FOR EACH LICENSE MODEL PROPOSED

As an Exhibit to Tab 11, Proposer to provide their sample contract that would be used as basis for developing the final agreement with the County/CCPH. A sample contract for each license model proposed shall be provided.

Attached as an Exhibit: _____

II. SERVICE LEVEL/MAINTENANCE AGREEMENT

As an Exhibit to Tab 11, Proposer to provide their proposed Maintenance and/or Service Level Agreement that would be used as basis for developing the final agreement with the County/CCPH. A sample is to be submitted for each license model proposed, unless the same Agreement applies to all products proposed.

Attached as an Exhibit:

III. THIRD-PARTY LICENSE AGREEMENTS

As an Exhibit to Tab 11, Proposer to provide any third-party license agreements that would be separate from the Proposers license agreement, i.e., Adobe or other partner/third-party modules proposed.

Attached as an Exhibit:

IV. WARRANTY

A comprehensive warranty in form and content satisfactory to the County/CCPH is sought by the County/CCPH for all software and implementation services covered by this RFP. The entire system solution as proposed in this RFP must include a first-year warranty (for Proposer-supplied hardware and software) to conform to contractually agreed specifications, and to protect against any defects or damage caused by Manufacturer, Proposer, or subcontractors, in the systems' equipment or software. The year-one warranty will begin (for products accepted in phases) at the point that the system is officially accepted by the County/CCPH. All repairs made under warranty will be at the sole expense of the Proposer (or Manufacturer), including parts, software, labor, travel expenses, meals, lodging and any other costs associated with the repair.

Proposer to provide as an Exhibit to Tab 11 or submit below a detailed explanation of their Warranty provisions. Proposer to be explicit in when the warranty period expires and when the fees for maintenance will start and be invoiced.

Attached as an Exhibit: _____ or detailed below as:



V. ESCROW AGREEMENT/SOURCE CODE

As an Exhibit to Tab 11, Proposer to provide their sample contract for the Source Code Escrow that would be used for the CCPH Project.

Attached as an Exhibit: or Not available/applicable



Tab 12 – Exceptions to Project Scope and Contract Terms

The County/CCPH reserves the right to disallow exceptions it finds are not in the best interests of the County/CCPH. Any and all exceptions must be identified and fully explained in the submitted Proposal. It is the County/CCPH intention to be made aware of any exceptions to terms or conditions prior to contract negotiations.

Note: Deviations to the payment and retainage schedule to be provided in the Price Proposal. Deviations to functionally to be provided in Tab 13 (Attachment E).

I. DEVIATIONS TO SCOPE OF WORK

- i. The Proposer to identify and describe any exceptions/deviations to the Scope of Work and identify their impact to the County/CCPH, including, but not limited to workarounds; reductions in performance; capacity; flexibility; accuracy; and ultimately, cost and value.
- ii. Proposer to identify the areas where they feel the requested service or product is not available, deviates from the specific requests, or is deemed an unwise or unwarranted approach.

II. DEVIATIONS TO RFP TERMS AND CONDITIONS FOR CONTRACT AS PROPOSED BY THE COUNTY AND CCPH

As an Exhibit to Tab 12, Proposer to provide any deviations to the sample contract language proposed by the County/CCPH in the RFP. Each item to be listed along with the requested alternative language for review by the County/CCPH.

If no deviations taken, state as such. Substantive exceptions to the County/CCPH terms, submitted after the date and time established for the submittal of Proposals, will not be considered.

No deviations taken: ☐



Tab 13 – Functional and Technical Requirements Response

Please note Tab 13 does not contain narrative questions. Proposer is instructed to complete and submit Attachment E, Functional and Technical Requirements/Capabilities under the cover of Tab 13.

As part of the Project Scope, the Awarded Proposer will develop and provide a detailed System Interface Plan that contains the proposed strategy for interfacing to all applications described in the Interfaces section of **Attachment E – Functional and Technical Requirements**.

Clark County Public Health Attachment E
EMR System Requirements

Instructions to Offerors: The CCPH has marked each requirement as “Critical” or “Desired”. Critical requirements are those CCPH deems necessary for the future system to support State business processes, however an offeror will not be deemed non-responsive if the proposed solution does not meet any single requirement. Desired requirements are those that are not necessary for the future system, however functionality may be a part of a long-term plan for business process modifications or growth at CCPH.

Offerors should review the requirements in this appendix carefully and indicate if each is satisfied by their solution using one of the five “Indicator” options described in the table titled “Requirements/Capabilities Response Indicators” below. In some cases, the requirement may direct offerors to provide additional comments in the “Comments” column included in each tab. Offerors may also use the “Comments” column to provide additional narrative information that the offeror deems important for the CCPH to know as the proposal is evaluated.

Table of Contents		
Tab Number	Area	Number of Requirements
1	General and Technical	207
2	Clinical Documentation and Workflow	341
3	Immunization Management	45
4	Lab Results Management	92
5	Medication and Order Management	145
6	Billing	187
7	Scheduling and Demographics	268
8	Medical Records	67
9	Reporting	45
10	Data Conversion	1
11	Interfaces and Integrations	12
Total Number of Requirements		1,410

Requirements/Capabilities Response Indicators	
Indicator	Definition
S	Standard: Feature/Function is included in the current software release and will be implemented by the planned phase go-live date as part of the proposal from Vendors in accordance with agreed-upon configuration planning with CCPH.
F	Future: Feature/Function will be available in a future software release available to CCPH by January 1, 2023, at which point it will be implemented in accordance with agreed-upon configuration planning with CCPH.
C	Customization: Feature/Function is not included in the current software release, and is not planned to be a part of a future software release. However, this feature could be provided with custom modifications . All related customization costs should be indicated in Attachment G – Cost Worksheet.
T	Third Party: Feature/Function is not included in the current software release, and is not planned to be a part of a future software release. However, this feature could be provided with integration with a third-party system . This system should be specified.
N	No: Feature/Function cannot be provided.

Clark County Public Health Department
EMR System Requirements

General and Technical				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
General				
GT.1	The system has one database that is accessed and used by all proposed software modules.	Critical		
GT.2	The system has the ability to be fully compliant with HIPAA, HITECH, and CURES Act requirements and CMS Interoperability and Patient Access final rule requirements and Americans with Disabilities Act standards	Critical		
GT.3	The system has the ability to meet Federal reporting requirements and supports the Continuity of Care Document Continuity of Care Record, HITSP standard.	Critical		
GT.4	The system has the ability to support 340B Drug Pricing Program requirements.	Critical		
GT.5	The system has the ability to stay current with changing regulations and requirements and incorporate these into timely service packs or upgrades, as appropriate. Please provide an example of how this has recently been done with other customers.	Critical		
The system has the ability to meet CCPH program-specific requirements, including the following:				
GT.6	Infectious Diseases (STD/HIV/HCV);	Critical		
GT.7	Tuberculosis;	Critical		
GT.8	Immunization;	Critical		
GT.9	Nurse Family Partnership;	Critical		
GT.10	Newborn Home Visits;	Critical		
GT.11	Children with Special Healthcare Needs;	Critical		
GT.12	The system has the ability to incorporate up to, at a minimum, 30 paper forms currently in use by CCPH into the EMR database and print forms on an as needed basis.	Critical		
GT.13	The system has the ability to pre-populate forms with known data fields to save duplicate entry.	Critical		
GT.14	The system has the ability to pre-populate templates with known data fields to save duplicate entry.	Critical		
GT.15	The system has the ability to allow remote access from any computer with Internet connection without loading special software	Critical		
GT.16	The system has the ability to track and report on CCPH defined quality measures.	Critical		
GT.17	The system has the ability to calculate provider reminders.	Critical		
GT.18	The system has the ability to display provider reminders.	Critical		
GT.19	The system has the ability to provide alerts for provider reminders.	Critical		
GT.20	The system has the ability to print provider reminders.	Critical		
The system has the ability to create custom types of screen alerts based upon the following:				
GT.21	Allergies;	Critical		
GT.22	Program;	Critical		
GT.23	Client type;	Critical		
GT.24	Assigned staff;	Critical		
GT.25	Dates;	Critical		
GT.26	Client status;	Critical		
GT.27	Medication (including contra-indication, prescription and treatment regimen, and dosage calculations based on weight); and	Critical		
GT.28	Lab Values	Critical		
GT.29	The system has the ability to automatically apply a date, time, and user stamp to all data entered into the system, including comments and/or notes entered into all system modules, with an audit trail of all data entered.	Critical		
GT.30	The system has the ability to use Microsoft standards for shortcut keys.	Critical		
GT.31	The system has the ability to use Microsoft standards for mouse clicks.	Critical		
GT.32	The system has the ability for multiple users to be in the client record at the same time and at multiple sites.	Critical		
GT.33	The system has the ability to have multiple screens open at one time with uninterrupted navigation from screen to screen.	Critical		
GT.34	The system has the ability to minimize screens and allow for the screen to revert to locked, saved screen format due to timed inactivity by users.	Critical		

Clark County Public Health Department
EMR System Requirements

General and Technical				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
GT.35	The system has the ability to use locally installed printers at each workstation.	Critical		
GT.36	The system has the ability to print labels with identifying information (name, HRN, DOB, Sex).	Critical		
GT.37	The system has the ability to provide an embedded ICD 10 and Evaluation and Management coding system.	Critical		
GT.38	The system has the ability to perform searches using a wildcard or partial entry for client identifiers.	Critical		
GT.39	The system has the ability to "auto save" while working in CCPH forms or templates.	Critical		
GT.40	System has the ability to access online and offline with sync when back online (e.g., asynchronous operations when no data link exists).	Critical		
The system has the ability to support the following languages in document generation (e.g., medication and side effect warnings, education materials):				
GT.41	English;	Critical		
GT.42	Spanish;	Critical		
GT.43	Russian;	Desired		
GT.44	Chuukese	Desired		
GT.45	The system has the ability to create user text-based notes with category identification.	Critical		
GT.46	The system has the ability to sort user text-based notes by category type.	Critical		
GT.47	The system has the ability to sort user text-based notes by date/time stamp, to the hundred thousands place of a second, on the screen.	Critical		
GT.48	The system has the ability to generate CCPH-specific macros/canned text that can be called into text fields.	Critical		
GT.49	The system has the ability to access data files at the same time without collision or file/record/field locking problems.	Critical		
GT.50	The system has the ability to support current and future versions of Microsoft Windows for CCPH workstations.	Critical		
GT.51	The system has the ability to have scheduled data feeds to CCPH and ad hoc data export capabilities.	Critical		
GT.52	The system has the ability to flag each data field (user-defined and standard) as required during data entry.	Critical		
GT.53	The system has the ability to use a centralized data dictionary that fully describes table structure and appropriate levels of metadata.	Critical		
GT.54	The system has the ability to use field-level data integrity checks (e.g., numeric fields, verify a number is entered).	Critical		
GT.55	The system has the ability for templates to include the specificity required of ICD-10 and any updates to future ICD versions.	Critical		
GT.56	The system has the ability to configure diagnosis and problem lists that are tailored to the services provided by CCPH.	Critical		
GT.57	The system has the ability to send secure and reliable messages related to a client, to a practice, provider, or other CCPH system user.	Critical		
GT.58	The system has the ability to support document imaging.	Critical		
GT.59	The system has the ability to support name field validation for proper case (upper/lower).	Critical		
GT.60	The system has the ability to provide editing, coding, and validation routines to minimize data entry errors and enforce data entry consistency (e.g., pick-lists, drop-down boxes, or other easy-to-use options to assist users in correctly entering data).	Critical		
GT.61	The solution has the ability to allow tables to be configurable by CCPH (e.g., adding, deleting and moving fields).	Critical		
GT.62	The system has the ability to operate on mobile devices regardless of operating environment, and does not require purchase of a proprietary application.	Critical		
GT.63	The system has the ability for analytic tools and reporting within the system to identify data duplication, discrepancies, and outliers.	Critical		
GT.64	The system has the ability to provide tools and support workflows to resolve data issues within the system.	Critical		
GT.65	The system has the ability to establish and enforce address standards to prevent user input of inaccurate address information. Please describe the address validation methodology, including integrated tools, handling of duplicate addresses, notifications, and restrictions to users.	Critical		

Clark County Public Health Department
EMR System Requirements

General and Technical				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
GT.66	The system has the ability to provide an integrated full-featured word processing function (including superscript, subscript and scientific notations, cut and paste, and word wrap) to allow users to enter data into large text fields.	Critical		
GT.67	The system has the ability to create/track timelines according to actual calendar days, as well as business calendar days (excluding weekends and holidays).	Critical		
GT.68	The system has the ability to configure all screens with CCPH branding (e.g., logo, font, and color scheme).	Critical		
GT.69	The system has the ability to support a production, test, and training environment.	Critical		
The system must be web browser agnostic and be compatible with the following web browsers, at a minimum. Please list additional web browsers the system is compatible with.				
GT.70	Microsoft Internet Explorer;	Critical		
GT.71	Microsoft Edge;	Critical		
GT.72	Google Chrome;	Critical		
GT.73	Apple Safari; and	Critical		
GT.74	Mozilla Firefox.	Critical		
GT.75	The system has the ability to calculate staff time (total time in calendar or business days).	Critical		
GT.76	The system has the ability to track software changes applied to the production, test, and training environments.	Critical		
GT.77	The system has the ability to track CCPH reporting requirement deadlines (e.g., annually, quarterly, monthly).	Desired		
GT.78	The system has the ability to notify staff of CCPH reporting requirement deadlines (e.g., annually, quarterly, monthly).	Desired		
GT.79	The system has the ability to use spell check functionality with medical terminology pre-loaded.	Critical		
GT.80	The system has the ability for users to accept or ignore spell check suggestions.	Critical		
GT.81	The system has the ability to customize (e.g., add to dictionary) the spell check functionality.	Critical		
GT.82	The system has the ability to provide an adjustable font size for different eyesight needs.	Critical		
GT.83	The system has the ability to provide functionality to enlarge the print on computer screens (i.e., screen magnification).	Critical		
GT.84	The system has the ability to allow application windows to be maximized to fit allotted screen size (i.e., increase window size to increase amount of data displayed, instead of simply zooming in on data).	Critical		
GT.85	The system has the ability to customize the desktop layout uniquely for each user.	Critical		
GT.86	The system has the ability to allow users to uniquely set up their personal homepage and have it display when they log in for the first time each day.	Critical		
GT.87	The system has the ability to display the page in the system that users were last viewing when a user logs in after being timed out.	Critical		
GT.88	The system has the ability to allow users to print the current screen displayed.	Critical		
GT.89	The system has the ability to provide an inbox for managing new information and messages between users.	Critical		
GT.90	The system has the ability to auto-fax documents directly from the software (e.g., without printing it out on paper and then putting it through a fax machine), based on established security and permissions.	Critical		
GT.91	The system has the ability to support the use of portable devices (e.g., tablets).	Critical		
GT.92	The system has the ability to integrate with Microsoft Word for letter design, including customized letterhead.	Critical		
GT.93	The system has the ability to present the most commonly used diagnosis by program or user role.	Critical		
GT.94	The system has the ability to create a hard stop during data entry that can be turned on or off by the system administrator for each data field defined, as required.	Critical		
GT.95	The system has the ability for master files to have an "Active" or "Inactive" status to simplify the look-up screens.	Critical		
GT.96	The system has the ability to support an inventory management system related to immunizations, medications, and supplies.	Critical		
GT.97	The system has the ability for text messaging documentation (received from client).	Critical		

Clark County Public Health Department
EMR System Requirements

General and Technical				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
GT.98	The system has the ability to allow for credentialing of professional staff with a verification link to the Washington State licensing boards.	Critical		
Interfaces				
GT.99	The system has the ability to support industry standard interfaces including HL7, CCR, CCD, CDA, and LOINC, at a minimum.	Critical		
GT.100	The system has the ability to support Application Programming Interface (API).	Critical		
GT.101	The system has the ability to provide electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice.	Desired		
GT.102	The system has the ability to support the transmission of immunization data to the Washington immunization registry. (Washington IIS)	Critical		
GT.103	The system has the ability to interface diagnostics reports (lab, radiology, etc.) from hospitals, public health entities, labs and outside systems into the EMR. (see Tab 11 for details)	Critical		
GT.104	The system has the ability to interface with health exchange networks including Washington's Health Information Exchange initiative - OneHealthPort.	Critical		
GT.105	The system has the ability to interface Emergency Room notes, discharge summaries, and history and physicals from hospital systems into the EMR.	Critical		
GT.106	The system has the ability to interface with a street address mapping system. Please list system(s) used with other clients.	Critical		
GT.107	The system has the ability to scan and map in documents using optical character recognition technology and import the data into the EMR system database.	Critical		
GT.108	The system has the ability to allow queries of scanned documents using optical character recognition technology.	Critical		
GT.109	The system has the ability to bi-directionally interface client demographics.	Critical		
GT.110	The system has the ability to bi-directionally interface allergies.	Critical		
GT.111	The system has the ability to bi-directionally interface medication lists for medication reconciliation.	Critical		
GT.112	The system has the ability to bi-directionally interface problem lists.	Critical		
System Security				
GT.113	The system has the ability to allow a system administrator to add permissions for system access.	Critical		
GT.114	The system has the ability to allow a system administrator to change permissions for system access.	Critical		
GT.115	The system has the ability to update all security roles automatically (user discretion) when a change in the "master" role is made.	Critical		
GT.116	The system has the ability to maintain a directory of all clinical and business personnel who currently access the system.	Critical		
GT.117	The system has the ability to provide functional security to control which functions can be performed by users (e.g., view versus edit information).	Critical		
GT.118	The system has the ability to assign system privileges and security by user.	Critical		
GT.119	The system has the ability to assign system privileges and security by program.	Critical		
GT.120	The system has the ability to assign system privileges and security by site.	Critical		
GT.121	The system has the ability to assign system privileges and security by role.	Critical		
GT.122	The system has the ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected.	Critical		
GT.123	The system has the ability to lock out users (e.g., for upgrades, security breaches, and employee terminations).	Critical		
GT.124	The system has the ability to "hide" data fields from screen views based upon user role and permissions.	Critical		
GT.125	The system has the ability to apply the same security permissions to system queries and reports as it does to data fields/elements, based on user (e.g., data fields masked on a record or transaction are similarly masked on reports run by a user).	Critical		
GT.126	The system has the ability to restrict specific users from viewing certain portions of client records.	Critical		
The system has the ability to mask the following fields by user role, at a minimum:				
GT.127	Social Security Number;	Critical		
GT.128	Financial information;	Critical		

Clark County Public Health Department
EMR System Requirements

General and Technical				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
GT.129	Password; and	Critical		
GT.130	Other user-defined fields (i.e., certain labs such as HIV, and COVID -19).	Critical		
GT.131	The system has the ability to assign users a unique ID and password.	Critical		
GT.132	The system has the ability for IDs and passwords to use alpha, numeric, lowercase, uppercase, and special characters, as defined by CCPH policy.	Critical		
GT.133	The system has the ability to require that passwords are changed on a defined schedule, as defined by CCPH policy.	Critical		
GT.134	The system has the ability for passwords to have a CCPH-defined minimum length and complexity.	Critical		
GT.135	The system has the ability to mask passwords as they are typed or entered onto the screen.	Critical		
GT.136	The system has the ability to limit consecutive failed log in attempts.	Critical		
GT.137	The system has the ability to prevent a user from being logged on to multiple workstations at the same time.	Critical		
GT.138	The system has the ability to automatically log users out of the system after a CCPH-defined length of time.	Critical		
GT.139	The system has the ability to support single sign-on within the EMR environment.	Critical		
GT.140	The system has the ability to allow users with established permissions to purge records in accordance with CCPH's retention schedule with an audit trail.	Critical		
GT.141	The system has the ability to provide file-level security.	Critical		
GT.142	The system has the ability to provide record-level security.	Critical		
GT.143	The system has the ability to provide field-level security.	Critical		
The system has the ability to track the following information for changes made throughout the system:				
GT.144	Date;	Critical		
GT.145	Time;	Critical		
GT.146	User;	Critical		
GT.147	Information prior to change;	Critical		
GT.148	Device (computer) name;	Critical		
GT.149	Changed information; and	Critical		
GT.150	Other administrator-configurable information.	Critical		
GT.151	The system has the ability to create a log of the tracked changes made throughout the system.	Critical		
GT.152	The system has the ability to save a log of the tracked changes made throughout the system.	Critical		
GT.153	The system has the ability to print a log of the tracked changes made throughout the system.	Critical		
The system has the ability to provide audit trail tracking and querying, including, but not limited to, the following:				
GT.154	By user;	Critical		
GT.155	By client name;	Critical		
GT.156	By client number; and	Critical		
GT.157	By date.	Critical		
GT.158	The system has the ability to produce audit trail reports on system activity.	Critical		
GT.159	The system has the ability to provide an audit trail of reports created by users.	Critical		
GT.160	The system has the ability to maintain audit trails in perpetuity.	Critical		
GT.161	The system has the ability to archive searchable audit logs; the CCPH administrator will have the ability to determine at which time the logs can be transitioned to a searchable archive.	Critical		
GT.162	The system has the ability to provide access to audit trails to only users with proper security based upon a user's security profile.	Critical		
GT.163	The system has the ability to maintain transaction logs (i.e., audit history) with a time stamp that includes the hundred thousands place of a second (i.e., carried out for six digits after the second digit) for any changes.	Critical		
GT.164	The system has the ability to produce a system access log (in/out history) by client, server, and database locations with time stamp in seconds.	Critical		

Clark County Public Health Department
EMR System Requirements

General and Technical				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
GT.165	The system has the ability to define the report writer by user at the data element level of detail (e.g., field-level security).	Critical		
GT.166	The system has the ability to provide a "break the glass," or similar, functionality for confidential programs, client(s) or selected sensitive client information.	Critical		
GT.167	The system has the ability to override the confidentiality ("break the glass") in instances that require access to the information with a reason for breaking the glass.	Critical		
GT.168	The system has the ability to exchange data via secure hypertext transport protocol, or https.	Critical		
GT.169	The system has the ability to restrict viewing of the displayed screen from clients.	Critical		
GT.170	The system has the ability to provide users with established permissions secure access from mobile devices (e.g., tablets).	Critical		
GT.171	The system has the ability to interface with and support Active Directory authentication for CCPH staff.	Desired		
Training and Support				
GT.172	The system has the ability to provide online documentation for all software modules.	Critical		
GT.173	The system has the ability to provide an overall up-to-date online help tool with glossary, index, and search capabilities.	Critical		
GT.174	The system has the ability to provide online help that is connect to the relevant routine, field, or report the end user is actively using.	Critical		
GT.175	The system has the ability to provide an online tutorial to assist users learning the software.	Critical		
GT.176	The system will be made available within a designated timeframe in the event of a system failure and will be restored to the same condition that existed prior to time corruption or system failure occurred.	Critical		
GT.177	The system has built-in redundancy, including proactive data backup and restoration processes, and a fully documented disaster recovery procedure to be used in the event of a system-wide crash.	Critical		

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Clinical Documentation and Workflow				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
General				
The system has the ability to confidentially manage:				
CDW.1	Evaluations;	Critical		
CDW.2	Testing, including results;	Critical		
CDW.3	Treatment;	Critical		
CDW.4	Referrals; and	Critical		
CDW.5	Follow up.	Critical		
The system has the ability to confidentially document:				
CDW.6	Evaluations;	Critical		
CDW.7	Testing, including results;	Critical		
CDW.8	Treatment;	Critical		
CDW.9	Referrals; and	Critical		
CDW.10	Follow up.	Critical		
CDW.11	The system has the ability to organize the clinical documentation into logical groupings with simple navigation (the electronic version of tabs in a chart).	Critical		
CDW.12	The system has the ability to maintain patient record, notes, and results in chronological order.	Critical		
CDW.13	the system has the ability to display a longitudinal view of the patient's medical history	Critical		
CDW.14	The system has the ability to provide screens that are visually appealing and uncluttered.	Critical		
CDW.15	The system should have the ability to navigate between tabs without the use of mouse navigation.	Critical		
CDW.16	The system has the ability to provide intuitive navigation for users with minimal mouse clicks.	Critical		
CDW.17	The system has the ability to provide online help connected to the relevant routine, field, or report being used.	Critical		
CDW.18	The system has the ability to create a problem list.	Critical		
CDW.19	The system has the ability to present a diagnosis-based problem list.	Critical		
CDW.20	The system has the ability to configure diagnosis lists tailored to the practices at CCPH.	Critical		
CDW.21	The system has the ability to present the most commonly used diagnosis by provider or service.	Critical		
CDW.22	The system has the ability to provide relevant choices of ICD-10 codes when selecting a diagnosis.	Critical		
CDW.23	The system has the ability to capture a coded problem list that maps directly to ICD-10.	Critical		
CDW.24	The system has the ability to add a CCPH-familiar name to each ICD-10 code (i.e., to use CCPH terms).	Critical		
CDW.25	The system has the ability to search ICD-10 codes by logical groupings.	Critical		
CDW.26	The system has the ability to provide templates that meet ICD-10 specificity requirements.	Critical		
CDW.27	The system has the ability to remind providers of missing documentation to support ICD-10 coding.	Critical		
CDW.28	The system has the ability to capture patient reported medical/health conditions like diabetes, heart disease, asthma, chronic pulmonary disease, gastrointestinal disease, epilepsy, kidney disease, sickle cell disease, etc. (for which they would not have ICD-10 code).	Critical		
CDW.29	The system has the ability to send secure communication within the EMR software to other users in real-time (e.g., chat/instant messaging), including reference to chart documentation and results, in accordance with established security standards and permissions.	Critical		
CDW.30	The system has the ability to link secure communications sent within the EMR software to the client's chart.	Critical		
CDW.31	The system has the ability to support the use of mobile devices (e.g., tablets) for documentation.	Critical		
CDW.32	The system has the ability to store standard order sets.	Critical		
CDW.33	The system has the ability to allow standard order sets to be customized.	Critical		
The system has the ability to provide configurable order sets at the following levels:				
CDW.34	Program; and	Critical		
CDW.35	Provider	Critical		
CDW.36	The system has the ability for quick linkage between a diagnosis and the order being placed.	Critical		
CDW.37	The system has the ability to write a general order for other types of orders (e.g., dietary, physical restriction, weight loss, behavior change).	Critical		
CDW.38	The system has the ability to capture medical health history in a modifiable, structured format to allow for use in the calculation of alerts.	Critical		

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Clinical Documentation and Workflow				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
CDW.39	The system has the ability to capture medical health history in a modifiable, structured format to allow for use in the calculation of reminders.	Critical		
CDW.40	The system has the ability to route results, notes, documentation for approval, etc. to individual users.	Critical		
CDW.41	The system has the ability to route results, notes, documentation for approval, etc. to groups of users.	Critical		
CDW.42	The system has the ability for users to re-route when results, notes, documentation for approval, etc. are routed to them.	Critical		
CDW.43	The system has the ability for users to co-sign when results, notes, documentation for approval, etc. are routed to them.	Critical		
CDW.44	The system has the ability to document client telephone calls.	Critical		
CDW.45	The system has the ability to manage client telephone calls.	Critical		
CDW.46	The system has the ability to route documentation on client telephone calls to specified users.	Critical		
CDW.47	The system has the ability to display telephone call documentation in the client's record.	Critical		
CDW.48	The system has the ability to provide workflow functionality that allows for templates to trigger alerts (e.g., consents, or other required documentation).	Critical		
CDW.49	The system has the ability to produce an alert override history by user for review.	Critical		
CDW.50	The system has the ability to switch from one client record to another with minimal mouse clicks.	Critical		
The system has the ability to automatically update standard nomenclature and code sets including the following:				
CDW.51	Current Procedural Terminology (CPT);	Critical		
CDW.52	International Classification of Diseases (ICD)-10;	Critical		
CDW.53	Healthcare Common Procedure Coding System (HCPCS);	Critical		
CDW.54	Logical Observation Identifiers Names and Codes (LOINC);	Critical		
CDW.55	Snowmed CT; and	Critical		
CDW.56	Intelligent Medical Objects (IMO).	Critical		
CDW.57	The system has the ability to draw anatomical illustrations for clinical documentation (e.g., indicate the location of a pain/symptom).	Critical		
CDW.58	The system has the ability to use anatomical illustrations for clinical documentation.	Critical		
CDW.59	The system has the ability to pull a CPH-captured, client-specific image into clinical documentation.	Critical		
CDW.60	The system has the ability to mark uploaded photographs for specific notation (e.g., circling abnormal observations).	Critical		
The system has the ability to display a summary of client information across a universal header/ribbon that displays regardless of what task is being completed. Data presented should include the following:				
CDW.61	Demographics (i.e., name, gender (including transgender), guardian, sex assigned at birth, pronouns, gender identity);	Critical		
CDW.62	Client number;	Critical		
CDW.63	Allergies;	Critical		
CDW.64	Date of birth;	Critical		
CDW.65	Age.	Critical		
CDW.66	Client photograph; and	Critical		
CDW.67	Advance Directive status.	Critical		
The system has the ability to configure the header/ribbon at the following levels:				
CDW.68	CCPH	Critical		
CDW.69	Site;	Critical		
CDW.70	Program; and	Critical		
CDW.71	PHN/Case Manage/Provider	Critical		
CDW.72	The system has the ability to provide automatic alert functionality for criteria-specific programs (e.g., if a client has a series of tests and has overdue tests as part of the series, or a client has missed a follow-up appointment).	Critical		
CDW.73	The system has the ability to chart medical procedures and medicine used, along with the specific information related to the medication.	Critical		
The system has the ability to display a summary of client information (face sheet) including the following:				

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Clinical Documentation and Workflow				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
CDW.74	Demographics (including sex at birth and current sexual identification)	Critical		
CDW.75	Preferred Pronouns	Critical		
CDW.76	Problems;	Critical		
CDW.77	Recent diagnosis;	Critical		
CDW.78	Medications;	Critical		
CDW.79	Allergies;	Critical		
CDW.80	Labs;	Critical		
CDW.81	Recent vital signs;	Critical		
CDW.82	Pregnancy history;	Critical		
CDW.83	Client photograph;	Critical		
CDW.84	Personal profile;	Critical		
CDW.85	Ability to document equipment and supplies provided to client.	Critical		
CDW.86	Advance Directive; and	Critical		
CDW.87	User-defined data elements.	Critical		
CDW.88	The system has the ability to display client age in years, gestational age, in addition to date of birth.	Critical		
The system has the ability to provide a configurable client face sheet at the following levels:				
CDW.89	CCPH;	Critical		
CDW.90	Site;	Critical		
CDW.91	Program; and	Critical		
CDW.92	User.	Critical		
The system has the ability to use the following to facilitate review:				
CDW.93	Side headers;	Critical		
CDW.94	Bold font; and	Critical		
CDW.95	Titles.	Critical		
The system has the ability for CCPH to develop/configure templates and forms at the following levels:				
CDW.96	CCPH;	Critical		
CDW.97	Site;	Critical		
CDW.98	Program; and	Critical		
CDW.99	Provider.	Critical		
CDW.100	The system has the ability to use defaults in clinical template data fields.	Critical		
CDW.101	The system has the ability to use a blank template with no defaults selected.	Critical		
CDW.102	The system has the ability to capture all data in clinical templates as discrete and structured data elements.	Critical		
CDW.103	The system has the ability to allow narrative text to be part of clinical templates.	Critical		
CDW.104	The system has the ability to develop clinical flow sheets.	Critical		
CDW.105	The system has the ability to incorporate external forms into the software in usable system templates (e.g., State or Federal forms).	Critical		
CDW.106	The system has the ability for client information that has already been documented to auto-populate a template without re-keying (e.g., name, allergies, etc.).	Critical		
CDW.107	The system has the ability to allow templates to be signed electronically by PHN/Case Manager/Provider.	Critical		
CDW.108	The system has the ability to allow templates to have multiple electronic signatures.	Critical		
CDW.109	The system has the ability to assign date and time to templates when signed electronically.	Critical		
CDW.110	The system has the ability for problems identified during the template documentation process to flow to the care or treatment plan in an automated manner.	Critical		
CDW.111	The system has the ability to capture both quantitative and narrative data on the progress note.	Critical		
CDW.112	The system has the ability to pull lab or other diagnostic results into the progress note.	Critical		
CDW.113	The system has the ability to create reports that can be queried for discrete data captured in clinical documentation.	Critical		
CDW.114	The system has the ability to chart narrative text as part of the template in structured vocabulary for data extraction.	Critical		

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Clinical Documentation and Workflow				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
CDW.115	The system has the ability to chart narrative text as part of the template in structured vocabulary for reporting.	Critical		
CDW.116	The system has the ability to document by exception, click any that apply, and show graphically in a quick snapshot or face sheet (only what applies not the blanks.)	Critical		
CDW.117	The system has the ability to allow users with established permissions to alter clinical documentation once it is signed by a provider/user, according to CCPH policy and with documentation of reason for alteration and with audit trail.	Critical		
The system has the ability to pull values into the clinical documentation screen from other areas of the EMR, including, but not limited to:				
CDW.118	Vital signs;	Critical		
CDW.119	Allergies;	Critical		
CDW.120	Medications;	Critical		
CDW.121	Labs; and	Critical		
CDW.122	Problems.	Critical		
CDW.123	The system has the ability to enter clinical information via free text.	Critical		
CDW.124	The system has the ability to enter clinical information via defined clinical templates.	Critical		
CDW.125	The system has the ability to enter billing information via defined billing templates.	Critical		
CDW.126	The system has the ability to document encounters using pre-built templates.	Critical		
CDW.127	The system has the ability to capture newborn home visit information.	Critical		
The system has the ability to include the following standard pre-built templates, at a minimum:				
CDW.128	Maternal and Child Health;	Critical		
CDW.129	Family Planning;	Critical		
CDW.130	Tuberculosis;	Critical		
CDW.131	Immunizations;	Critical		
CDW.132	HIV;	Critical		
CDW.133	STD/STI;	Critical		
CDW.134	General health history; and	Critical		
CDW.135	Nurse Family Partnership.	Critical		
CDW.136	Children and Youth with Special Health Care Needs	Critical		
The system has the ability to modify the following standard pre-built templates, at a minimum:				
CDW.137	Maternal and Child Health;	Critical		
CDW.138	Family Planning;	Critical		
CDW.139	Tuberculosis;	Critical		
CDW.140	Immunizations;	Critical		
CDW.141	HIV;	Critical		
CDW.142	STD/STI;	Critical		
CDW.143	General health history; and	Critical		
CDW.144	Nurse Family Partnership.	Critical		
CDW.145	Children and Youth with Special Health Care Needs	Critical		
The system has the ability to use the following in custom charting templates:				
CDW.146	Check boxes;	Critical		
CDW.147	Look-up tables;	Critical		
CDW.148	Drop-downs;	Critical		
CDW.149	Radio buttons;	Critical		
CDW.150	Text boxes;	Critical		
CDW.151	Numeric fields; and	Critical		
CDW.152	Custom descriptions.	Critical		
CDW.153	The system has the ability to allow users with established permissions to copy and paste CCPH-allowed client information, with ability to restrict functionality.	Desired		
CDW.154	The system has the ability to capture an audit trail of client information that has been copied or pasted by users.	Critical		

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Clinical Documentation and Workflow				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
CDW.155	The system has the ability to turn off the copy and paste capability.	Critical		
CDW.156	The system has the ability to limit the copy and paste capability.	Critical		
CDW.157	The system has the ability to maintain the onset date of the problem/diagnosis.	Critical		
CDW.158	The system has the ability to maintain the resolution date of the problem/diagnosis.	Critical		
CDW.159	The system has the ability to associate orders with one or more problems/diagnoses.	Critical		
CDW.160	The system has the ability to associate medications with one or more problems/diagnoses.	Critical		
CDW.161	The system has the ability to maintain a medication list.	Critical		
CDW.162	The system has the ability to capture the provider (internal or external) who prescribed a medication.	Critical		
CDW.163	The system has the ability to display the medication history for a client.	Critical		
CDW.164	The system has the ability to record the identity of users who made changes to a client's medication list.	Critical		
CDW.165	The system has the ability to record the date changes were made to a client's medication list.	Critical		
CDW.166	The system has the ability to display a view of a current/active medication list.	Critical		
The system has the ability to capture client vital signs and anthropometrics as discrete data, including:				
CDW.167	Blood pressure;	Critical		
CDW.168	Respiratory rate;	Critical		
CDW.169	Heart rate;	Critical		
CDW.170	Temperature;	Critical		
CDW.171	Visual acuity;	Critical		
CDW.172	Hearing acuity	Critical		
CDW.173	Height;	Critical		
CDW.174	Weight (pounds and kilograms); and	Critical		
CDW.175	Head circumference (inches and centimeters).	Critical		
CDW.176	The system has the ability to graph vital sign data over a period of time.	Critical		
CDW.177	The system has the ability to graph multiple vital signs over a period of time on one graph.	Critical		
CDW.178	The system has the ability to graph multiple data elements (e.g., vital signs and lab values) over a period of time on one graph.	Critical		
CDW.179	The system has the ability to calculate Body Mass Index.	Critical		
CDW.180	The system has the ability to display Body Mass Index.	Critical		
The system has the ability to allow height to be entered in:				
CDW.181	Centimeter;	Critical		
CDW.182	Feet;	Critical		
CDW.183	Inches; and	Critical		
CDW.184	Fractions.	Critical		
CDW.185	The system has the ability to scan a document to a specific section of a client's record.	Critical		
CDW.186	The system has the ability to add a scanned document to a specific section of a client's record.	Critical		
CDW.187	The system has the ability to review a scanned document (e.g., a scanned letter from an external consult).	Critical		
CDW.188	The system has the ability to electronically sign a scanned document (e.g., a scanned letter from an external consult).	Critical		
CDW.189	The system has the ability to chart a note related to a scanned document.	Critical		
CDW.190	The system has the ability to locate scanned documents by category.	Critical		
CDW.191	The system has the ability to create a treatment or care plan.	Critical		
CDW.192	The system has the ability to create a library of treatment or care plans specific to a diagnosis or program.	Critical		
CDW.193	The system has the ability to easily reference current clinical decision support. Please explain the clinical decision support tool used.	Critical		
CDW.194	The system has the ability to create service-specific treatment or care plan templates.	Critical		
CDW.195	The system has the ability to add service-specific treatment or care plan templates to a system library.	Critical		
CDW.196	The system has the ability for multiple treatment or care plans to be assigned to a client at one time.	Critical		
CDW.197	The system has the ability to save a note in draft status to be completed later.	Critical		
CDW.198	The system has the ability to require a minimum security role in order to electronically sign and approve a note.	Critical		

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Clinical Documentation and Workflow				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
CDW.199	The system has the ability to append clinical documentation, in accordance with established security standards and permissions.	Critical		
CDW.200	The system has the ability to move clinical information that has been entered into the wrong client chart into the correct client chart, in accordance with established security standards and permissions.	Critical		
CDW.201	The system has the ability to provide an audit trail that will record all changes made to both charts when clinical information that has been entered into the wrong client chart is moved into the correct client chart.	Critical		
CDW.202	The system has the ability to create a succinct printed note using CCPH-defined choices of what documented information to include in the note.	Critical		
CDW.203	The system has the ability to design various output forms to include only the information desired (e.g., diagnostic test results, medication lists).	Critical		
CDW.204	The system has the ability to produce letters/notes (e.g., latent, active, work exclusion, work release, letters to PCP, parent, etc.).	Critical		
CDW.205	The system has the ability to allow charting by exception.	Critical		
CDW.206	The system has the ability to support a narrative assessment.	Critical		
CDW.207	The system has the ability to support a narrative treatment or care plan.	Critical		
CDW.208	The system has the ability to provide an alert when a reading is greater than, or equal to, an age-specific elevated value.	Critical		
CDW.209	The system has the ability to generate a referral when a reading is greater than, or equal to, an age-specific elevated value more than once.	Critical		
CDW.210	The system has the ability to display identified allergies for a client in the system.	Critical		
CDW.211	The system has the ability to update client allergies in the system.	Critical		
CDW.212	The system has the ability to capture a client's allergy symptoms.	Critical		
CDW.213	The system has the ability to capture intervals of care (e.g., number of minutes spent with PHN/Case Manager/Provider).	Critical		
CDW.214	The system has the ability to capture specified encounters in minutes, including the start and stop of face-to-face time between the client and provider.	Critical		
CDW.215	The system has the ability to generate consent forms based upon CCPH requirements.	Critical		
CDW.216	The system has the ability to generate program-specific consent forms.	Critical		
CDW.217	The system has the ability to generate general consent forms.	Critical		
CDW.218	The system has the ability to track consent revocations/termination date.	Critical		
CDW.219	The system has the ability to track status of consent (denied, consent given, withdrawn) with a date/time stamp.	Critical		
CDW.220	The system has the ability to track incomplete documents/forms and prompt user if additional consent(s) required.	Critical		
CDW.221	The system has the ability to track referrals received, with the ability to select a designation for each referral from a category list, per user-defined criteria.	Critical		
CDW.222	The system has the ability to support a checklist of consent forms and signatures required by program or service area.	Critical		
CDW.223	The system has the ability to trigger alerts to users for missing data in forms.	Critical		
CDW.224	The system has the ability to receive incoming referrals electronically.	Critical		
CDW.225	The system has the ability to manage non-electronic incoming referrals.	Critical		
CDW.226	The system has the ability to capture provider follow-up activities.	Critical		
CDW.227	The system has the ability to generate a report of provider follow-up activities, as defined by CCPH.	Critical		
CDW.228	The system has the ability to modify client reminders for follow-up such as repeat lab test or vaccinations in a series in accordance with established security standards and permissions.	Critical		
CDW.229	The system has the ability to chart a temporary problem/diagnosis.	Critical		
CDW.230	The system has the ability to automatically remove but maintain history of a temporary problem/diagnosis after a period of time.	Critical		
CDW.231	The system has the ability to provide alerts when it automatically removes a temporary problem/diagnosis.	Desired		
CDW.232	The system has the ability to organize the home screen and customize the data presented to users according to user preferences.	Critical		

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Clinical Documentation and Workflow				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
CDW.233	The system has the ability to capture the planned delivery facility and actual delivery facility.	Critical		
CDW.234	The system has the ability to capture Pregnancy confirmed date, due date, expected due date, delivery date, pregnancy outcome, Births (single, twin, etc.), type (vaginal, caesarian, etc.), labor (induced, not induced), and term (full, premature, post term).	Critical		
CDW.235	The system has the ability to support pregnancy growth charts.	Critical		
CDW.236	The system allows birth information entered in delivery/pregnancy outcome section of mother's chart to populate the infant's chart to eliminate manual/duplicate data entry.	Critical		
CDW.237	The system has the ability to capture: Date, time, facility, weight and length, gestational age (weeks, days), singleton/twin/multiple gestation, birth order, full term/premature/post term, medically fragile, NICU or Special care nursery,	Critical		
CDW.238	The system has the ability to capture the reason for NICU/Special care nursery (low birth weight, very low birth weight, respiratory distress, prematurity, congenital defect, other), and provides an area to document narratives such as "Did the infant receive breast milk within 1-3 hours after birth?"	Critical		
CDW.239	The system has the ability to graph infant/pediatric growth charts.	Critical		
CDW.240	The system has the ability to adjust infant/pediatric growth charts by birth weeks or other syndrome. Please describe which adjustments are available in your software.	Critical		
CDW.241	The system has the ability to support multiple growth charts based on ethnicity or conditions (e.g., Down's Syndrome, premature birth).	Critical		
CDW.242	The system has the ability to document progress towards standard developmental milestones and progress.	Critical		
CDW.243	The system has the ability to calculate a pediatric, age-based Body Mass Index.	Critical		
CDW.244	The system has the ability to indicate to users when a vital sign measurement falls outside of a preset normal range, as set by authorized users.	Critical		
CDW.245	The system has the ability to search for clients with specific conditions.	Critical		
CDW.246	The system has the ability to categorize notes by provider type.	Critical		
CDW.247	The system has the ability for the completion of CCPH-defined templates to trigger orders (e.g., TB).	Critical		
CDW.248	The system has the ability to notify providers if a client fails to have a test performed at the defined interval.	Critical		
CDW.249	The system has the ability to provide a work/task list for each PHN/case manager.	Critical		
CDW.250	The system has the ability to prioritize how alerts are shown (e.g., order of severity or order of intervention efficacy).	Critical		
CDW.251	The system has the ability to categorize how alerts are shown.	Critical		
CDW.252	The system has the ability to display a dashboard containing client information.	Critical		
CDW.253	The system has the ability to provide a configurable dashboard to present users' desired information.	Critical		

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Immunization Management				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
IM.1	The system has the ability to document the client's receipt of an immunization.	Critical		
IM.2	The system has the ability to document the receipt of multiple immunizations.	Critical		
The system has the ability to capture the following data elements related to immunizations:				
IM.3	Vaccine name;	Critical		
IM.4	Vaccine manufacturer;	Critical		
IM.5	Lot number of the vaccine;	Critical		
IM.6	Expiration date;	Critical		
IM.7	Client name;	Critical		
IM.8	Administration site (anatomical);	Critical		
IM.9	Administration route;	Critical		
IM.10	Title and name of provider administering the vaccine;	Critical		
IM.11	Physical site address;	Critical		
IM.12	Phone number of site where vaccine was administered;	Critical		
IM.13	Vaccine Information Statement edition date;	Critical		
IM.14	Date Vaccine Information Statement given to client, parent, or guardian; and	Critical		
IM.15	Client eligibility (VFC, State, Adult, FFS, Disease Control, 317), captured by either the administrator at intake or by the provider at the time of encounter.	Critical		
IM.16	The system has the ability to forecast immunization schedules at the client level based on the Centers for Disease Control and Prevention recommendations.	Desired		
IM.17	The system has the ability to remind providers when immunizations are due.	Desired		
IM.18	The system has the ability to remind providers when immunizations are overdue.	Desired		
IM.19	The system has the ability to identify client populations for which an immunization would be needed (e.g., diagnosis-based, age-based).	Desired		
IM.20	The system has the ability to track immunizations given.	Critical		
IM.21	The system has the ability to report on immunizations given.	Critical		
IM.22	The system has the ability to print immunization records.	Critical		
IM.23	The system has the ability to electronically send immunization information to the Washington State immunization registry program .	Desired		
IM.24	The system has the ability to electronically receive immunization information from the Washington State registry program.	Desired		
IM.25	The system has the ability to run immunization reports based on user-defined criteria.	Critical		
IM.26	The system has the ability to view immunization reports based on user-defined criteria.	Critical		
IM.27	The system has the ability to print immunization reports based on user-defined criteria.	Critical		
IM.28	The system has the ability to generate a list of immunizations that were previously administered by site.	Critical		
IM.29	The system has the ability to generate a list of immunizations that were previously administered by provider.	Critical		
IM.30	The system has the ability to print immunization consent forms.	Critical		
IM.31	The system has the ability to electronically capture signatures on the immunization consent forms.	Critical		
IM.32	The system's client portal has the ability for parents/guardians/clients to complete and sign immunization forms.	Critical		
IM.33	The system has the ability to document adverse reactions to the vaccine.	Critical		
IM.34	The system has the ability to document client refusal of vaccination.	Critical		
IM.35	The system has the ability to document reasons for a client declining to see a nurse after declining a vaccination.	Critical		
IM.36	The system has the ability to allow providers to document immunizations that occurred at other facilities.	Critical		
IM.37	The system has the ability to track immunization inventory by site.	Critical		
IM.38	The system has the ability to scan vaccines using barcodes.	Desired		
IM.39	The system has the ability to provide vaccine inventory management.	Critical		
IM.40	The system has the ability to provide vaccine inventory tracking.	Critical		
IM.41	The system has the ability to set vaccine stock par levels.	Critical		
IM.42	The system has the ability to provide an alert when vaccine stock levels fall below par levels.	Critical		

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EMR System Requirements

Lab Order and Results Management				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
Lab Orders				
LAB.1	The system has the ability to electronically order all lab tests, including pathology and microbiology orders.	Critical		
LAB.2	The system has the ability to receive lab results and associate them with a particular patient, where the lab test is ordered by an external provider.	Critical		
LAB.3	The system has the ability to capture the correct identity of the ordering provider for lab test orders.	Critical		
LAB.4	The system has the ability to capture the details of the person performing the test and collecting specimen.	Critical		
LAB.5	The system has the ability to track when labs have been ordered but the lab results have not been returned or resulted.	Critical		
LAB.6	The system has the ability to alert providers/staff to follow up on lab results that have not been returned.	Critical		
LAB.7	The system has the ability to import or upload lab and pathology and microbiology results into the relevant CCPH-defined section of the patient's chart.	Critical		
LAB.8	The system has the ability for providers to sign off and take the correct action after reviewing the lab results, including interfaced and scanned labs.	Critical		
LAB.9	The system has the ability to route a lab to the health officer for review and acknowledgment as part of a work flow.	Critical		
LAB.10	The system has the ability to sort, search, and filter lab results within the EHR.	Critical		
LAB.11	The system has the ability to check for duplication for each lab order.	Critical		
LAB.12	The system has the ability to check lab orders against received results for follow up and reconciliation.	Critical		
LAB.13	The system has the ability to notify ordering and covering providers of new lab results.	Critical		
LAB.14	The system must track specimen collection date, lab results received date, and the date the results were communicated to the client.	Critical		
LAB.15	The system must track specimen site and source as well as venipuncture.	Critical		
LAB.16	System has ability to capture if a lab test was not performed and why.	Critical		
The system has the ability to order the following lab tests:				
LAB.17	Rapid Hep-C;	Critical		
LAB.18	Rapid HIV;	Critical		
LAB.19	Rapid COVID;	Critical		
LAB.20	Pregnancy;	Critical		
LAB.21	Rapid syphilis;	Critical		
LAB.22	TST	Critical		
LAB.23	Syphilis (Rapid Plasma Reagin (RPR), Enzyme immunoassay (EIA), and Treponema pallidum Particle Agglutination (TP-PA))	Critical		
LAB.24	Chlamydia (APTIMA)	Critical		
LAB.25	Gonorrhea (APTIMA)	Critical		
LAB.26	HIV (1/2 antibody differentiation & Ab/Ag EIA)	Critical		
LAB.27	Interferon gamma release assay (IGRA)	Critical		
LAB.28	Acid-fast bacteria (AFB) culture	Critical		
LAB.29	Acid-fast bacteria (AFB) smear	Critical		
LAB.30	Drug Resistance Screening by Sequencing (DRSS)	Critical		
LAB.31	Drug Susceptibility Testing (DST)	Critical		
LAB.32	Molecular Detection of Drug Resistance (MDDR)	Critical		
LAB.33	Nucleic Acid Amplification Test (NAAT)	Critical		
LAB.34	Therapeutic Drug Monitoring	Critical		
The system has the ability to result the following lab tests:				
LAB.35	Rapid Hep-C;	Critical		
LAB.36	Rapid HIV;	Critical		
LAB.37	Rapid COVID;	Critical		
LAB.38	Pregnancy;	Critical		
LAB.39	Rapid syphilis;	Critical		
LAB.40	TST.	Critical		
LAB.41	Syphilis (Rapid Plasma Reagin (RPR), Enzyme immunoassay (EIA), and Treponema pallidum Particle Agglutination (TP-PA))	Critical		

Clark County Public Health Department
EMR System Requirements

Lab Order and Results Management				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
LAB.42	Chlamydia (APTIMA)	Critical		
LAB.43	Gonorrhea (APTIMA)	Critical		
LAB.44	HIV (1/2 antibody differentiation & Ab/Ag EIA)	Critical		
LAB.45	Interferon gamma release assay (IGRA)	Critical		
LAB.46	Acid-fast bacteria (AFB) culture	Critical		
LAB.47	Acid-fast bacteria (AFB) smear	Critical		
LAB.48	Drug Resistance Screening by Sequencing (DRSS)	Critical		
LAB.49	Drug Susceptibility Testing (DST)	Critical		
LAB.50	Molecular Detection of Drug Resistance (MDDR)	Critical		
LAB.51	Nucleic Acid Amplification Test (NAAT)	Critical		
LAB.52	Therapeutic Drug Monitoring	Critical		
The system has the ability to bill for the following lab tests:				
LAB.53	Rapid Hep-C;	Critical		
LAB.54	Rapid HIV;	Critical		
LAB.55	Rapid COVID;	Critical		
LAB.56	Pregnancy;	Critical		
LAB.57	Rapid syphilis;	Critical		
LAB.58	TST.	Critical		
LAB.59	Syphilis (Rapid Plasma Reagin (RPR), Enzyme immunoassay (EIA) IgG, and Treponema pallidum Particle Agglutination (TP-PA))	Critical		
LAB.60	Chlamydia (APTIMA)	Critical		
LAB.61	Gonorrhea (APTIMA)	Critical		
LAB.62	HIV (1/2 antibody differentiation & Ab/Ag EIA)	Critical		
LAB.63	Interferon gamma release assay (IGRA)	Critical		
LAB.64	Acid-fast bacteria (AFB) culture	Critical		
LAB.65	Acid-fast bacteria (AFB) smear	Critical		
LAB.66	Drug Resistance Screening by Sequencing (DRSS)	Critical		
LAB.67	Drug Susceptibility Testing (DST)	Critical		
LAB.68	Molecular Detection of Drug Resistance (MDDR)	Critical		
LAB.69	Nucleic Acid Amplification Test (NAAT)	Critical		
LAB.70	Therapeutic Drug Monitoring	Critical		
LAB.71	The system has the ability to add lab tests that can be ordered, resulted, and billed as determined by CCPH.	Critical		
LAB.72	The system has the ability to run a report on all labs ordered (internally or externally) that have been resulted, including point of care tests, indicating those that have and have not been resulted.	Critical		
LAB.73	The system has the ability to provide a unique user ID for each person who performs testing and/or reviewing and releasing of results.	Critical		
LAB.74	The system has the ability to generate reports based on lab test parameters (e.g., abnormal results).	Critical		
LAB.75	The system has the ability to flag abnormal lab tests that can be turned on and off based on the specific test type.	Critical		
LAB.76	The system has the ability for the CCPH to configure how a covering provider will be made aware of lab results.	Critical		
LAB.77	The system has the ability for CCPH to configure how a covering provider will have access to lab results.	Critical		
LAB.78	The system has the ability to document results for lab tests completed in office with point-of-care technology.	Critical		
LAB.79	The system has the ability to capture a non-standard compendium of labs (CCPH-specific).	Critical		
LAB.80	The system has the ability to add non-standard compendium of labs to the lab dictionary.	Critical		
LAB.81	The system has the ability to graph lab results over a period of time.	Critical		
LAB.82	The system has the ability to generate a client printout of lab results with graphical information for all or specific lab result.	Critical		
LAB.83	The system has the ability to accommodate, build, and print requisition forms for specimen processing.	Critical		

Clark County Public Health Department
EMR System Requirements

Lab Order and Results Management				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
LAB.84	The system has the ability to create and print specimen labels.	Critical		
LAB.85	The system has the ability to enter the same specimen ID for multiple results from multiple labs. (e.g. Sputum collected can have the following tests: AFB smear, NAAT, AFB culture, DST (Drug susceptibility testing), and MDDR (Molecular Detection of Drug Resistance).	Critical		
LAB.86	The system has the ability to track attempts made to provide the results to the client.	Critical		
LAB.87	The system has the ability to track the documentation of positive results given to client, including date, time and staff person with a comment/note field.	Critical		
LAB.88	The system has the ability to flag lab tests where additional consent is required (i.e. HIV)	Critical		
LAB.89	The system has the ability to create a work queue of clients in a defined population that are delinquent for a test or meet other criterion for intervention.	Critical		
LAB.90	The system Specimen ID field must accommodate 15 characters or more.	Critical		

Clark County Public Health Department
EMR System Requirements

Medication and Order Management				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
General				
MO.1	The system has the ability to electronically place individual client orders for medications.	Desired		
MO.2	The system has the ability to electronically place individual client orders for CCPH-defined diagnostic tests (e.g., lab, radiology).	Desired		
MO.3	The system has the ability to track standing order information (e.g., medications, labs, imaging, consults, etc.)	Critical		
MO.4	The system has the ability to order an in-office test and route the order to the person who will complete the test (e.g., STD, pregnancy tests).	Critical		
MO.5	The system has the ability to order an in-office immunization and route the order to the person who will complete the immunization.	Critical		
MO.6	The system has the ability to order an in-office treatment and route the order to the person who will complete the treatment.	Critical		
MO.7	The system has the ability to order an in-office medication to be administered and route the order to the person who will complete the medication administration.	Critical		
MO.8	The system has the ability to place orders that can be carried out and signed by providers at a later date, according to CCPH policies.	Critical		
MO.9	The system has the ability to place a standing order.	Critical		
MO.10	The system has the ability to order non-billable services.	Critical		
MO.11	The system has the ability to place future orders.	Critical		
MO.12	The system has the ability to place recurring orders.	Critical		
MO.13	The system has the ability to write an order for medical supplies.	Critical		
Medication Orders				
MO.14	The system has the ability to print prescriptions that a client may take to a pharmacy.	Critical		
MO.15	The system has the ability to allow for the design of printed prescriptions to meet State and Federal requirements.	Critical		
MO.16	The system has the ability to support electronic prescribing. Please list and describe the systems the proposed solution works with.	Desired		
MO.17	The system has the ability to e-prescribe to both retail and mail-order pharmacies.	Desired		
MO.18	The system has the ability for all medications to be included on a comprehensive medication list (e.g., over-the-counter medications, vitamins, herbal supplements, and other non-food ingestibles).	Critical		
The system has the ability to write prescriptions, including the following:				
MO.19	Date;	Critical		
MO.20	Prescriber (name, title, credentials, Drug Enforcement Administration number for controlled substances, and National Provider Identifier number);	Critical		
MO.21	Frequency;	Critical		
MO.22	Duration;	Critical		
MO.23	Quantity;	Critical		
MO.24	Route;	Critical		
MO.25	E-signature;	Critical		
MO.26	Medication;	Critical		
MO.27	Dosage;	Critical		
MO.28	Number of refills;	Critical		
MO.29	Diagnosis;	Critical		
MO.30	Allergies;	Critical		
MO.31	Weight (in pounds and kilograms); and	Critical		
MO.32	Client instructions.	Critical		
MO.33	The system has the ability for prescription instructions to be written in Spanish.	Desired		
The system has the ability to check client medication orders for the following, at a minimum:				
MO.34	Drug-drug interactions;	Critical		
MO.35	Drug-disease interactions;	Critical		
MO.36	Drug-condition interactions;	Critical		
MO.37	Drug-food interactions; and	Critical		

Clark County Public Health Department
EMR System Requirements

Medication and Order Management				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
MO.38	Drug-allergy interactions.	Critical		
MO.39	The system has the ability to alert providers if a client is pregnant when prescribing a medication.	Critical		
MO.40	The system has the ability to view the reason for a drug interaction alert (e.g., which drugs have the potential for negative interaction).	Critical		
MO.41	The system has the ability to provide alerts for a drug interaction that are visually indicated (e.g., different colors, icons) so that users can differentiate between severity levels.	Critical		
MO.42	The system has the ability to order/prescribe a medication despite an interaction warning being present, with a trigger for required documentation if desired by CCPH.	Critical		
MO.43	The system has the ability to maintain current drug interaction information.	Critical		
MO.44	The system has the ability for the vendor to update current drug interaction information regularly.	Critical		
MO.45	The system has the ability to automatically update the client's record when an order/prescription is issued.	Critical		
MO.46	The system has the ability to add medications prescribed from external providers to the medical record and update a consolidated medication list.	Critical		
MO.47	The system has the ability to display a dosage calculator for client-specific dosing based on weight.	Critical		
MO.48	The system has the ability to alert providers if dosing is outside of safe dose ranges.	Critical		
MO.49	The system has the ability to support a comprehensive medication reconciliation process between sites.	Critical		
MO.50	The system has the ability to query medications by brand names.	Critical		
MO.51	The system has the ability to query medications by generic names.	Critical		
MO.52	The system has the ability to indicate if the prescription should only be filled with a brand name with no generic substitution.	Desired		
MO.53	The system has the ability to generate a prescription history for each client.	Critical		
MO.54	The system has the ability to capture birth control method.	Critical		
MO.55	The system has the ability to enter a sign date and fill date(s) for prescriptions.	Desired		
MO.56	The system has the ability to notify providers when an electronic prescription is not completed.	Desired		
MO.57	The system has the ability to notify a provider the reason an electronic prescription is not completed (e.g., did not process/fill).	Desired		
MO.58	The system has the ability to update a program-specific user-defined short list of medications.	Critical		
MO.59	The system has the ability to create a program-specific user-defined short list of labs.	Critical		
MO.60	The system has the ability to update a program-specific user-defined short list of labs.	Critical		
MO.61	The system has the ability to support a Medication Administration Record (MAR) by individual client and by CCPH-defined time parameters.	Critical		
The system has the ability to generate and print a report of individual medications administered and/or dispensed, as defined by CCPH, for a specific date or date range by:				
MO.62	Client;	Critical		
MO.63	Site;	Critical		
MO.64	Condition/Diagnosis;	Critical		
MO.65	Program, and	Critical		
MO.66	Other CCPH-defined criteria.	Critical		
The system has the ability to capture the following data elements related to medications dispensed:				
MO.67	Medication name;	Critical		
MO.68	Medication manufacturer;	Critical		
MO.69	Expiration date;	Critical		
MO.70	Lot number of the medication;	Critical		
MO.71	Title and name of provider administering the medication;	Critical		
MO.72	Administration route	Critical		
MO.73	Frequency;	Critical		
MO.74	Duration;	Critical		
MO.75	Dosage;	Critical		
MO.76	Strength;	Critical		
MO.77	NDC Number;	Critical		
MO.78	Source (State vs. purchased by CCPH)	Critical		

Clark County Public Health Department
EMR System Requirements

Medication and Order Management				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
MO.79	Quantity; and	Critical		
MO.80	Medication information.	Critical		
The system has the ability to capture the following data elements related to medications administered:				
MO.81	Medication name;	Critical		
MO.82	Medication manufacturer;	Critical		
MO.83	Expiration date;	Critical		
MO.84	Lot number of the medication	Critical		
MO.85	Title and name of provider administering the medication;	Critical		
MO.86	Administration route	Critical		
MO.87	Administration site (anatomical)	Critical		
MO.88	Frequency;	Critical		
MO.89	Duration;	Critical		
MO.90	Quantity;	Critical		
MO.91	Dosage;	Critical		
MO.92	Strength; and	Critical		
MO.93	Medication information.	Critical		

Clark County Public Health Department
EMR System Requirements

Billing				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
Client Accounting				
The system has the ability to create customizable, online work queues to provide follow up by:				
BAR.1	Payor;	Critical		
BAR.2	Financial class (Medicare, Medicaid, Private Insurance, or self pay);	Critical		
BAR.3	Federal poverty level	Critical		
BAR.4	Program code;	Critical		
BAR.5	Balance; and	Critical		
BAR.6	Site (at least 6 sites total).	Critical		
BAR.7	The system has the ability to allow each client to have a single insurance policy.	Critical		
BAR.8	The system has the ability to allow each client to have multiple insurance policies.	Critical		
The system has the ability to capture the following insurance information:				
BAR.9	Name of Insurer;	Critical		
BAR.10	Insurance number;	Critical		
BAR.11	Type of Insurance (e.g., Medicare Managed Care);	Critical		
BAR.12	Group number;	Critical		
BAR.13	Group Name	Critical		
BAR.14	Effective date; and	Critical		
BAR.15	Termination date.	Critical		
BAR.16	The system has the ability for users to specify which members in a family are covered by each insurance policy.	Critical		
BAR.17	The system has the ability to maintain program codes.	Critical		
BAR.18	The system has the ability to add start and end dates to program codes.	Critical		
BAR.19	The system has the ability to track the status of each outstanding guarantor and third-party insurer balance by the age of the balance (in intervals of 30 days up to greater than 365 days).	Critical		
BAR.20	The system has the ability to track the status of each outstanding guarantor and third-party insurer balance by payment status, i.e., if a minimum payment (percentage basis), a full payment, or no payment has been made against the outstanding balance.	Critical		
BAR.21	The system has the ability to create special group accounts when services provided to a group of clients by individual claim are billed to a single third-party payor in a batch and should not, or cannot, be billed to the client's guarantor (e.g., flu shot roster).	Desired		
BAR.22	The system has the ability to establish a client account status or code to reflect payment status.	Critical		
BAR.23	The system has the ability to allow multiple sites with the same address.	Critical		
BAR.24	The system has the ability to ensure the history of claims records the date and type of statement sent.	Critical		
BAR.25	The system has the ability to allow users to flag accounts for follow up.	Critical		
BAR.26	The system has the ability to add special collection notes to accounts.	Critical		
BAR.27	The system has the ability to support posting credit card payments.	Critical		
BAR.28	The system has the ability to track and maintain an audit trail of when configuration changes are made, including changes to rates, units to charge, benefit plans, authorizations tied to a plan, etc.	Critical		
BAR.29	The system has the ability to capture the date/time when a change was completed and the staff member who completed the change as part of the audit trail.	Critical		
The system has the ability to have a Health Insurance Portability and Accountability Act compliant remittance (835) interface with the following payors:				
BAR.30	Medicaid;	Critical		
BAR.31	Medicaid Managed Care Organizations;	Critical		
BAR.32	Medicare;	Critical		
BAR.33	Medicare Managed Care;			
BAR.34	Aetna;	Critical		
BAR.35	Regence Blue Cross Blue Shield of Washington/Oregon, etc.;	Critical		
BAR.36	Cigna;	Critical		
BAR.37	UnitedHealthcare;	Critical		
BAR.38	Availty	Critical		

Clark County Public Health Department
EMR System Requirements

Billing				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
BAR.39	Others, as needed including (Providence Health Plan, UMR, Meritain, Molina, Adventist Health Plan, Tricare, Health Comp, Kaiser).	Critical		
BAR.40	The system has the ability to receive payor remittances [Explanation of Benefits and payments] electronically.	Critical		
BAR.41	The system has the ability to scan and maintain Explanation of Benefits documents.	Critical		
BAR.42	The system has the ability to view scanned Explanation of Benefits documents on demand.	Critical		
BAR.43	The system has the ability to allow manual, individual, and batch posting of payments to client accounts.	Critical		
BAR.44	The system has the ability to post by line item and encounter rate.	Critical		
BAR.45	The system has the ability to apply one item to multiple lines.	Critical		
BAR.46	The system has the ability to drill down and view specific account transactions prior to and/or while posting.	Critical		
The system has the ability to prevent users from entering procedures into incorrect:				
BAR.47	Sites;	Critical		
BAR.48	Program; and	Critical		
BAR.49	PHN/Case Manager/Provider.	Critical		
The system has the ability for CCPH to create edit validations at the following levels:				
BAR.50	Site;	Critical		
BAR.51	Program; and	Critical		
BAR.52	PHN/Case Manager/Healthcare worker	Critical		
BAR.53	The system has the ability to make claim adjustments individually, or in batch.	Critical		
BAR.54	The system has the ability to maintain a history of all payments, adjustments, and reversals.	Critical		
BAR.55	The system has the ability to run reports of all payments, adjustments, and reversals.	Critical		
BAR.56	The system has the ability to search Accounts Receivable by site or program.	Critical		
BAR.57	The system has the ability to create an Accounts Receivable report on a daily basis.	Critical		
BAR.58	The system has the ability to put adjustments and reversals on "Hold" so they do not upload.	Desired		
BAR.59	The system has the ability to select "Type of Payment" and "Reason Code" for each payment line.	Critical		
BAR.60	The system has the ability to flag services from being billed again, with the ability to override based on security permissions.	Critical		
BAR.61	The system has the ability to reflect all payments made on a client's account, including duplicate payments.	Critical		
BAR.62	The system has the ability to reflect the net adjustment within the client's account without "backing out" the original payment.	Critical		
BAR.63	The system has the ability to validate new client CPT codes against patient records.	Critical		
BAR.64	The system has the ability to provide a "pop-up" box or similar functionality when dollar amounts are being posted to client accounts, asking users to confirm the amount entered (e.g., "you are posting \$50.00 to this account. Continue or cancel".)	Critical		
Claims				
The system has the ability to submit electronic claims (837) to the following entities:				
BAR.67	Medicaid;	Critical		
BAR.68	Medicaid Managed Care Organizations;	Critical		
BAR.69	Medicare;	Critical		
BAR.70	Medicare Managed Care;	Critical		
BAR.71	Aetna;	Critical		
BAR.72	Blue Cross Blue Shield of Washington/Oregon, etc.;	Critical		
BAR.73	Cigna;	Critical		
BAR.74	UnitedHealthcare; and	Critical		
BAR.75	Availty	Critical		
BAR.76	Others, as needed. (Providence Health Plan, UMR, Meritain, Molina, Adventist Health Plan, Tricare, Health Comp, Kaiser).	Critical		

Clark County Public Health Department
EMR System Requirements

Billing				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
BAR.77	The system has the ability to track 837 submission to various Insurers.	Critical		
BAR.78	The system has the ability to track and display the control and batch number related to 837 submissions.	Critical		
BAR.79	The system has the ability to track the status of 837 transactions.	Critical		
The system has the ability to submit claims inquiries (276) to the following entities:				
BAR.80	Medicaid;	Critical		
BAR.81	Medicaid Managed Care Organizations;	Critical		
BAR.82	Medicare;	Critical		
BAR.83	Medicare Managed Care;	Critical		
BAR.84	Aetna;	Critical		
BAR.85	Blue Cross Blue Shield of Washington;	Critical		
BAR.86	Cigna;	Critical		
BAR.87	UnitedHealthcare; and	Critical		
BAR.88	Others, as needed.	Critical		
The system has the ability to receive a claims inquiry response (277) from the following entities:				
BAR.89	Medicaid;	Critical		
BAR.90	Medicaid Managed Care Organizations;	Critical		
BAR.91	Medicare;	Critical		
BAR.92	Medicare Managed Care;	Critical		
BAR.93	Aetna;	Critical		
BAR.94	Blue Cross Blue Shield of Washington;	Critical		
BAR.95	Cigna;	Critical		
BAR.96	UnitedHealthcare; and	Critical		
BAR.97	Others, as needed.	Critical		
BAR.98	The system has the ability to allow staff to enter notes related to claim actions taken.	Critical		
BAR.99	The system has the ability to provide client billing flexibility to accommodate confidential clients and services.	Critical		
Coding				
BAR.100	The system has the ability for providers to assign an Evaluation and Management CPT and HCPCS code when completing clinical documentation.	Critical		
BAR.101	The system has the ability to allow providers to override the suggested code.	Critical		
BAR.102	The system has the ability to capture effective and termination dates for service codes and modifiers.	Critical		
BAR.103	The system has the ability to apply modifiers based on the level of care received.	Critical		
BAR.104	The system has the ability to create a program-specific, user-defined short list of ICD-10 codes.	Critical		
BAR.105	The system has the ability to update a program-specific, user-defined short list of ICD-10 codes.	Critical		
BAR.106	The system has the ability to link service codes to funding program codes.	Critical		
BAR.107	The system has a tool for providers to calculate the correct ICD-10 code.	Critical		
BAR.108	The system has the ability to mark individual service and procedure codes as "Do not bill" and exclude from claim batch submissions.	Critical		
Payor Set Up				
BAR.109	The system has the ability to set up a payor.	Critical		
BAR.110	The system has the ability to set up multiple plans for a payor.	Critical		
BAR.111	The system has the ability to categorize payors into different types/classes.	Critical		
BAR.112	The system has the ability to update payor master files by users with established security permissions.	Critical		
BAR.113	The system has the ability to set up a fee schedule by payor class, payor/insurer, and by claim date of service.	Critical		
BAR.114	The system has the ability to set up a fee schedule by procedure code, including effective and termination dates to the fees.	Critical		
BAR.115	The system has the ability to make retroactive rate changes to fee schedules.	Critical		
BAR.116	The system has the ability to provide updates based on current and future policy guidelines.	Critical		

Clark County Public Health Department
EMR System Requirements

Billing				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
BAR.117	The system has the ability for fee schedule data to be uploaded/imported and exported from/to another application (e.g., Microsoft Excel, Microsoft Access, text file).	Critical		
BAR.118	The system has the ability to support the Medicare Secondary Payor.	Critical		
BAR.119	The system has the ability for diagnosis codes to be updated by vendor and linked to IMO.	Critical		
BAR.120	The system has the ability to enter more than one modifier to a particular CPT code.	Critical		
BAR.121	The system has the ability to manage different contract terminations based on insurer (e.g., Insurer A allows 180 days for claim submission and Insurer B allows 365 days for claim submission).	Critical		
Client Processing				
BAR.122	The system has the ability to allow for client coverage eligibility (e.g., Medicare, Medicaid, Medicaid Managed Care Organization, other insurers) to be verified individually, including submitting 270 eligibility requests and receiving 271 eligibility results.	Critical		
BAR.123	The system has the ability to allow for client coverage eligibility (e.g., Medicare, Medicaid, Managed Care Organization, other insurers) to be verified as a group, including submitting 270 eligibility requests and receiving 271 eligibility results.	Critical		
BAR.124	The system has the ability to show that a client's coverage has been verified by assigning a color code or other alert system.	Critical		
BAR.125	The system has the ability to download, upload, or import data from third-party eligibility verification sites.	Critical		
BAR.126	The system has the ability to work with an external eligibility checking solution. Please describe the external solutions your software works with.	Critical		
BAR.127	The system has the ability to allow a client to be set up with one or more payors.	Critical		
BAR.128	The system has the ability to modify payors on a client account.	Critical		
The system has the ability to produce a detailed claims report for Medicaid applications in pending status, including:				
BAR.129	Client name;	Critical		
BAR.130	Client ID number;	Critical		
BAR.131	Date of service;	Critical		
BAR.132	Provider name;	Critical		
BAR.133	Provider ID;	Critical		
BAR.134	Service codes; and	Critical		
BAR.135	Billed amount.	Critical		
BAR.136	The system has the ability to alert and/or flag when a client's Medicaid application is approved so that claims may be released for billing.	Critical		
BAR.137	The system has the ability to allow a client to have effective dates for coverage eligibility.	Critical		
BAR.138	The system has the ability to allow a client to have termination dates for coverage eligibility.	Critical		
BAR.139	The system has the ability to capture and display client income.	Critical		
BAR.140	The system has the ability to capture and display client's family size.	Critical		
BAR.141	The system has the ability to provide an alert if a provider is not credentialed by a client's listed insurance.	Desired		
Claims				
The system has the ability to select claims using the following search criteria:				
BAR.142	Client's first name;	Critical		
BAR.143	Client's last name;	Critical		
BAR.144	Client ID number;	Critical		
BAR.145	Encounter number;	Critical		
BAR.146	Payor;	Critical		
BAR.147	Date of birth/age;	Critical		
BAR.148	Insurance ID number;	Critical		

Clark County Public Health Department
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Billing				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
BAR.149	Service codes	Critical		
BAR.150	Program; and	Critical		
BAR.151	Claim number	Critical		
BAR.152	The system has the ability to create client-specific statements and information.	Critical		
BAR.153	The system has the ability to create treatment-specific statements and information.	Critical		
BAR.154	The system has the ability to allow CCPH to easily update workflows and system configuration based on changes in requirements for claims submissions.	Critical		
BAR.155	The system has the ability to customize statements by CCPH staff, including adding dates of service and banner messages created for all clients or a sub-set of clients.	Critical		
BAR.156	The system has the ability to produce the CMS 1500.	Critical		
BAR.157	The system has the ability to produce 837P claims.	Critical		
BAR.158	The system has the ability to allow modifications to, or customization of, paper claims to meet the billing requirements of individual payors.	Critical		
BAR.159	The system has the ability to print full fee amounts on claims, and the primary and any secondary payments.	Critical		
BAR.160	The system has the ability to produce crossover claims (i.e., billed to Medicare as primary payor and automatically crosses over to Medicaid as the secondary payor).	Critical		
BAR.161	The system has the ability to enter receipts, payments, and adjustments on one screen based on established security standards and permissions.	Critical		
BAR.162	The system has the ability to resubmit claims.	Critical		
BAR.163	The system has the ability to process claim reversals.	Critical		
BAR.164	The system has the ability to check claims for accuracy and send notification of errors (e.g., claim scrubber).	Critical		
BAR.165	The system has the ability to print bills individually.	Critical		
BAR.166	The system has the ability to print bills in batch mode.	Critical		
The system has the ability to support scrubbing claims based on, at a minimum:				
BAR.167	Program requirements;	Critical		
BAR.168	Other payor-specific edits;	Critical		
BAR.169	The system has the ability to allow for claim modifications in order to rebill complete claims.	Critical		
BAR.170	The system has the ability to allow for claim modifications in order to rebill partial claims.	Critical		
BAR.171	The system has the ability to reprint claim forms.	Critical		
BAR.172	The system has the ability to record and bill multiple encounters in the same day at the same site as a single encounter.	Critical		
The system has the ability to bill by:				
BAR.173	Supervising physician;	Critical		
BAR.174	Mid-level (NP, PA, CRNP, RD, etc.), if credentialed as a provider; and	Critical		
BAR.175	Program	Critical		
BAR.176	The system has the ability to establish a user-defined billing priority so that claim amounts cascade from primary insurance to secondary insurance, etc.	Critical		
BAR.177	The system has the ability to calculate the correct amounts for secondary claims.	Critical		
BAR.178	The system has the ability to create claims where specified codes are billed like an encounter, with the additional services provided under that encounter individually billed at zero dollars.	Critical		
BAR.179	The system has the ability to alert for multiple encounters for same day encounters.	Critical		
BAR.180	The system has the ability to analyze coordination of benefits and submit secondary payor claims.	Critical		
BAR.181	The system has the ability to trigger an alert when a batch of claims has been rejected.	Critical		
The system has the ability to segregate claims based on the following:				
BAR.182	Member;	Critical		

Clark County Public Health Department
EMR System Requirements

Billing				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
BAR.183	Program; and	Critical		
BAR.184	Insurer.	Critical		
Grant Management				
The system has the ability to support the following for grant programs:				
BAR.185	Funding source (NFP grants, with start and end dates);	Critical		
BAR.186	Tracking; and	Critical		
BAR.187	Reporting.	Critical		

Clark County Public Health Department
EMR System Requirements

Scheduling and Demographics				
Req #	First name;	Criticality	Vendor Response	Comments
Access, Intake, and Master Client Index				
SD.1	The system has the ability to support a unique client identifier (e.g., Master Client Index) to identify the client across service areas.	Critical		
SD.2	The system has the ability to assign and search for a patient by State Case ID, including multiple State Case ID's.	Critical		
SD.3	The system has the ability to associate/link a client with other identified family members (ex. mother/baby) and easily navigate from one record to the other.	Critical		
SD.4	The system has the ability to allow for different addresses for the client and the family.	Critical		
SD.5	The system has the ability to allow for different surnames for the client and the family.	Critical		
SD.6	The system has the ability to enter the referring provider when scheduling an appointment.			
SD.7	The system has the ability to identify, at intake, other programs in which the client is enrolled.	Critical		
SD.8	The system has the ability to record geographical information associated with the client's residence (e.g., homeless, neighborhood, or census track).	Critical		
SD.9	The system has the ability to provide multiple configurable fields that can be used to categorize the client for reporting. These fields are accessible via the report-writing tool.	Critical		
SD.10	The system has the ability to capture income to determine federal poverty level.	Critical		
SD.11	The system has the ability to accept annual updates to Federal poverty guidelines, including effective and termination dates for the Federal poverty limits.	Critical		
SD.12	The system has the ability to identify a client by their prior name (e.g., maiden name) previously entered into the system.	Critical		
SD.13	The system has the ability to identify a client by their alternate name (e.g., alias) previously entered into the system.	Critical		
SD.14	The system has the ability to input income information by program.	Critical		
SD.15	The system has the ability to define addresses for mailing of program-specific/confidential information.	Critical		
The system has the ability to capture the following data fields at intake/registration:				
SD.16	Client ID number;	Critical		
SD.17	First name;	Critical		
SD.18	Middle name;	Critical		
SD.19	Last name;	Critical		
SD.20	Maiden name;	Critical		
SD.21	Preferred Name;	Critical		
SD.22	Prefix;	Critical		
SD.23	Suffix;	Critical		
SD.24	Alias name(s)/nickname(s);	Critical		
SD.25	Health insurance provider;	Critical		
SD.26	Health insurance number;	Critical		
SD.27	Health insurance group identification name/number;	Critical		
SD.28	Health insurance plan name/number	Critical		
SD.29	Payor class;	Critical		
SD.30	Address;	Critical		
SD.31	City;	Critical		
SD.32	State;	Critical		
SD.33	Zip code;	Critical		
SD.34	County;	Critical		
SD.35	Country;	Critical		
SD.36	Country of origin;	Critical		
SD.37	Email address;	Critical		
SD.38	Permanent address;	Critical		
SD.39	Local/temporary address;	Critical		
SD.40	Mailing address;	Critical		
SD.41	Housing status;	Critical		
SD.42	Migrant status;	Critical		

Clark County Public Health Department
EMR System Requirements

Scheduling and Demographics				
Req #	First name;	Criticality	Vendor Response	Comments
SD.43	Primary phone number;	Critical		
SD.44	Home phone number;	Critical		
SD.45	Cell phone number;	Critical		
SD.46	Work phone number;	Critical		
SD.47	Emergency contact information - name;	Critical		
SD.48	Emergency contact information - relationship;	Critical		
SD.49	Emergency contact information - phone number;	Critical		
SD.50	Date of birth;	Critical		
SD.51	Disability	Critical		
SD.52	Marital status;	Critical		
SD.53	Gender Identity (including transgender);	Critical		
SD.54	Sexual Orientation	Critical		
SD.55	Preferred Pronouns	Critical		
SD.56	Race/multiple races;	Critical		
SD.57	Ethnicity;	Critical		
SD.58	Primary language spoken;	Critical		
SD.59	Interpreter needs;	Critical		
SD.60	Guardianship/power of attorney information;	Critical		
SD.61	Payor(s);	Critical		
SD.62	Coverage effective/start date;	Critical		
SD.63	Coverage end date;	Critical		
SD.64	Number of authorized encounters;	Critical		
SD.65	Primary, secondary, and tertiary insurance plan information;	Critical		
SD.66	Client employer information;	Critical		
SD.67	Attached scanned images;	Critical		
SD.68	Primary care physician;	Critical		
SD.69	Advance Directive;	Critical		
SD.70	Current school and educational level;	Critical		
SD.71	Employment status;	Critical		
SD.72	Occupation;	Critical		
SD.73	Client birth country;	Critical		
SD.74	Client birth state;	Critical		
SD.75	Date entered US	Critical		
SD.76	Household income.	Critical		
SD.77	The system has the ability to use predefined values (e.g., drop-down boxes) for data fields captured at intake, as appropriate.	Critical		
SD.78	The system has the ability to automatically replicate data for clients that is the same as another family member or client (e.g., home telephone number, address, payor source).	Critical		
SD.79	The system has the ability to capture the need for special accommodations (e.g., visual or hearing impairment).	Critical		
SD.80	The system has the ability to capture the need for language accommodations for people with Limited English Proficiency (LEP).	Critical		
SD.81	The system has the ability to customize data fields for the client demographics record (e.g., for instances where there isn't a standard field in the software). Please indicate how many additional fields may be provided.	Critical		
SD.82	The system has the ability to assign a unique Client ID number.	Critical		
SD.83	The system has the ability to capture the Client ID number.	Critical		
SD.84	The system has the ability to maintain the Client ID number.	Critical		
SD.85	The system has the ability to display the Client ID number.	Critical		
SD.86	The system has the ability to assign secondary, alternate identifying numbers.	Critical		
SD.87	The system has the ability to link family members.	Critical		
SD.88	The system has the ability to assign a client to a specific program.	Critical		

Clark County Public Health Department
EMR System Requirements

Scheduling and Demographics				
Req #	First name;	Criticality	Vendor Response	Comments
SD.89	The system has the ability to assign a client to multiple programs.	Critical		
SD.90	The system has the ability to capture a preferred method of contact for the client.	Critical		
SD.91	The system has the ability to capture if mail can be sent to the client, at the program level (e.g., mail can be sent for one program, but not another).	Critical		
SD.92	The system has the ability to capture preferred telephone numbers for contacting the client about program-specific/confidential information.	Critical		
SD.93	The system has the ability to capture whether or not text messages may be sent to the client regarding program-specific/confidential information.	Critical		
SD.94	The system has the ability to capture whether or not voice messages may be sent to the client regarding program-specific/confidential information.	Critical		
SD.95	The system has the ability to capture whether or not email messages may be sent to the client regarding program-specific, confidential information.	Critical		
SD.96	The system has the ability to encrypt emails.	Critical		
SD.97	The system has the ability to document the full current name of the client's legal guardian and their address, phone, etc.	Critical		
SD.98	The system has the ability to allow users with established permissions to edit client data within the system (e.g., name, address, phone number) without having to register the client again and create a new entry for the client.	Critical		
SD.99	The system has the ability to input directions or attach notes to client addresses.	Critical		
SD.100	The system has the ability to establish, at intake, a client account status indicator or code that reflects the payment status of the client's account.	Desired		
SD.101	The system has the ability to automatically update the account status indicator or code if the payment status on the account changes.	Desired		
SD.102	The system has the ability to allow users with established permissions, at intake, to manually change the account status indicator or code.	Desired		
SD.103	The system has the ability to provide a free text comment field associated with the client's intake record.	Critical		
SD.104	The system has the ability to display special instructions on the screen based on appointment type, site, etc. (e.g., "Bring certain financial information.").	Desired		
Routines				
The system has the ability to search for clients by the following data elements or criteria:				
SD.105	First name;	Critical		
SD.106	Last name;	Critical		
SD.107	Maiden name;	Critical		
SD.108	Alias name(s)/nickname(s);	Critical		
SD.109	Medicaid identification number;	Critical		
SD.110	Medicare identification number;	Critical		
SD.111	Social security number;	Desired		
SD.112	Date of birth;	Critical		
SD.113	Provider;	Critical		
SD.114	Date of encounter/service;	Critical		
SD.115	Telephone number; and	Critical		
SD.116	Client ID number.	Critical		
SD.117	The system has the ability to search by partial entries and queries (e.g., last name).	Critical		
SD.118	The system has the ability to check if a new client already has an electronic health record in the system.	Critical		
SD.119	The system has the ability to produce user-defined warnings if, when creating a new client record, specific data elements are already assigned to an existing client (e.g., social security number, similar name, address, or date of birth).	Critical		
SD.120	The system has the ability to track a historical client chart number for reference to a previous paper chart system.	Desired		
SD.121	The system has the ability to automatically populate the city based on the zip code entered.	Critical		
SD.122	The system has the ability to automatically populate the state based on the zip code entered.	Critical		
SD.123	The system has the ability to automatically populate the county based on the zip code entered.	Critical		

Clark County Public Health Department
EMR System Requirements

Scheduling and Demographics				
Req #	First name;	Criticality	Vendor Response	Comments
SD.124	The system has the ability to assign an "Active" or "Inactive" status to clients.	Critical		
SD.125	The system has the ability to add a comment stating why the client is "Inactive" (e.g., deceased, moved, transferred).	Critical		
SD.126	The system has the ability to flag a client's enrollment start and end dates from CCPH's services.	Critical		
SD.127	The system has the ability to allow users to provide the reason for discontinuation.	Critical		
SD.128	The system has the ability to store more than one identifier for each client record (e.g., to be able to track identifiers for a client generated from other systems or legacy systems).	Critical		
SD.129	The system has the ability to store historic client demographic information (e.g., prior names, addresses, and phone numbers).	Critical		
SD.130	The system has the ability to create electronic versions of the authorization forms, releases, and legally-required forms (e.g., Consent to Treat, HIPAA Release, Medicare Secondary Payor Questionnaire, State forms specific to Washington, or other forms specific to CCPH).	Critical		
SD.131	The system has the ability to capture client or responsible party signatures electronically on authorization forms, releases, and other legally-required forms (e.g., via a signature pad peripheral).	Critical		
SD.132	The system has the ability to print the electronic authorization forms, releases, and legally-required forms with client information pre-populated from the electronic health record.	Critical		
SD.133	The system has the ability to attach scanned, signed paper documents (e.g., authorization forms, releases, and other legally-required forms) to the client's electronic health record.	Critical		
SD.134	The system has the ability to store attached documentation in a location that requires minimal clicks to retrieve the scanned documents.	Critical		
SD.135	The system has the ability to enter co-payments and other payments into client accounts at the time of the encounter with minimal key strokes.	Critical		
SD.136	The system has the ability to close a client per programmatic guidelines/reason for closure.	Critical		
SD.137	The system has the ability to import client demographic data from other electronic data systems using HL7 standards.	Critical		
SD.138	The system has the ability to collect date of death as a field in the electronic health record.	Critical		
SD.139	the system has the ability to record maternal death, infant/child death, fetal death and miscarriage	Critical		
SD.140	The system has the ability to capture how date of death notification was received.	Critical		
SD.141	The system has the ability to move the client status to "closed" when a date of death is entered.	Critical		
SD.142	The system has the ability to attach a scanned, electronic file related to the date of death to a client's record.	Critical		
SD.143	The system has the ability to update selected imported client demographic data from other electronic systems based on user-defined parameters without sacrificing the integrity of CCPH's data.	Desired		
The system has the ability to report on all authorization forms, releases, and other legally-required documents that will soon expire based on user-defined parameters, including:				
SD.144	Date range;	Critical		
SD.145	Program;	Critical		
SD.146	Document type; and	Critical		
SD.147	Clients.	Critical		
The system has the ability to report on all expired authorization forms, releases, and other legally-required documents based on user-defined parameters, including:				
SD.148	Date range;	Critical		
SD.149	Program;	Critical		
SD.150	Document type; and	Critical		
SD.151	Clients.	Critical		
SD.152	The system has the ability to indicate that a client has an Advance Directive.	Critical		
SD.153	The system has the ability to scan copies of a client's Advance Directive.	Critical		
SD.154	The system has the ability to attach scanned copies of a client's Advance Directive to the client's medical record.	Critical		
SD.155	The system has the ability to alert/notify users that a client has an Advance Directive (i.e., the system equivalent of a bright sticker on the outside of a chart).	Critical		

Clark County Public Health Department
EMR System Requirements

Scheduling and Demographics				
Req #	First name;	Criticality	Vendor Response	Comments
Reports				
SD. 156	The system has the ability to maintain a list of organizations and people that can be linked to the patient as part of care team. Include contact info, credentials, specialties.	Critical		
SD. 157	The system has the ability to identify and document the current care team (internal and external) and any medical/non-medical care team for report workflow.	Critical		
SD. 158	The system has the ability to capture an identifier (such as time/date stamp) as documentation for auditing purposes that the client's address was verified.	Critical		
SD. 159	The system has the ability to validate the existence of a client's address with street maps and directions.	Critical		
SD. 160	The system has the ability to report on the existence of a client's verifiable address.	Critical		
SD. 161	The system has the ability to plot a map of addresses according to CCPH geocoding standards.	Critical		
SD. 162	The system has the ability to display a map of addresses according to CCPH geocoding standards.	Critical		
SD. 163	The system has the ability to plot a map of addresses per user specifications.	Critical		
SD. 164	The system has the ability to display a map of addresses per user specifications.	Critical		
SD. 165	The system has the ability to capture details related to temporary or unstable housing.	Critical		
Scheduling				
SD.166	The system has the ability to provide confidential scheduling of clients.	Critical		
SD.167	The system has the ability to view several resources/providers at one time and on one screen.	Critical		
SD.168	The system has the ability to view several days of the schedule at one time and on one screen.	Critical		
SD.169	The system has the ability to view the schedule on a daily basis.	Critical		
SD.170	The system has the ability to view the schedule on a weekly basis.	Critical		
SD.171	The system has the ability to view the schedule on a monthly basis.	Critical		
SD.172	The system has the ability to view the schedule of appointments for a given client over a specified period of time.	Critical		
SD.173	The system has the ability to view the schedule for a single PHN/Case Manager/ Provider.	Critical		
SD.174	The system has the ability to view the schedules for multiple PHNs/Case Manager/ Providers.	Critical		
SD.175	The system has the ability to view the schedules for all PHNs/Case Managers/ Providers at a given site.	Critical		
SD.176	The system has the ability to view the schedule for a single staff resource at a given site.	Critical		
SD.177	The system has the ability to view the schedules for multiple staff resources at a given site.	Critical		
SD.178	The system has the ability to suggest client calendar appointments up to 90 days into the future from original appointment date based upon available user-defined timeframes.	Critical		
SD.179	The system has the ability to display the next available appointment by site based on appointment reason and type.	Critical		
SD.180	The system has the ability to define appointments according to encounter type (home visit, clinic, class, office, etc.)	Critical		
SD.181	The system has the ability to create appointment rules at the site level.	Critical		
SD.182	The system has the ability to support flexible scheduling for providers with appointments of various durations of time.	Critical		
SD.183	The system has the ability transfer a schedule to another provider.	Critical		
SD.184	The system has the ability to restrict the ability to override appointments to users with established permissions.	Critical		
SD.185	The system has the ability for appointments to display client name on the schedule for users with established permissions.	Critical		
SD.186	The system has the ability to display the type of appointment on the schedule (e.g., new client, established client) for users with established permissions.	Critical		
SD.187	The system has the ability to reschedule a client appointment by changing the date and time of the original appointment, with audit history and reason for appointment change. Users do not need to create a new appointment and delete the old appointment.	Critical		
The system has the ability to search for available appointment times by the following, at a minimum:				
SD.188	Date;	Critical		
SD.189	Date range;	Critical		
SD.190	Time;	Critical		
SD.191	Day of the week;	Critical		

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EMR System Requirements

Scheduling and Demographics				
Req #	First name;	Criticality	Vendor Response	Comments
SD.192	Provider;	Critical		
SD.193	Appointment type; and	Critical		
SD.194	Site.	Critical		
SD.195	The system has the ability to use phonetic search capability for querying clients by name.	Critical		
SD.196	The system has the ability to set up appointment types (e.g., new client, established client).	Critical		
SD.197	The system has the ability for appointment types to be defined with different durations of time (e.g., 20 minutes for an established client, 40 minutes for a new client).	Critical		
SD.198	The system has the ability to override standard duration times for appointments.	Critical		
The system has the ability for scheduled appointments to be searched by the following, at a minimum:				
SD.199	Client's name;	Critical		
SD.200	Client ID number;	Critical		
SD.201	Date of birth;	Critical		
SD.202	Phone number; and	Critical		
SD.203	The system has the ability to search for existing appointments for a client.	Critical		
SD.204	The system has the ability to track the date on which the appointment was entered in the system.	Critical		
SD.205	The system has the ability to track which user entered the appointment.	Critical		
SD.206	The system has the ability to indicate time blocks on the schedule for only certain types of appointments (e.g., new client, established client).	Critical		
SD.207	The system has the ability to have user-defined scheduling restrictions (e.g., only allow four new client appointments per day), with appropriate overrides.	Critical		
SD.208	The system has the ability to overbook appointments.	Critical		
SD.209	The system has the ability to restrict the ability to overbook appointments to users with established permissions.	Critical		
SD.210	The system has the ability to provide an alert when appointments are overbooked.	Critical		
SD.211	The system has the ability to close an entire provider's calendar.	Critical		
SD.212	The system has the ability to close all schedules with specific appointment types.	Desired		
SD.213	The system has the ability to close all schedules based on site.	Desired		
SD.214	The system has the ability to generate a bump list of the clients who had appointments cancelled.	Critical		
SD.215	The system has the ability to track and manage scheduling changes (e.g., bumps, no shows, and wait lists) by provider and allow user to manage a wait list (add/remove clients).	Critical		
SD.216	The system has the ability to define a list of encounter descriptions that can be selected when scheduling clients.	Critical		
SD.217	The system has the ability to capture the date and time that a client is checked into an appointment.	Critical		
SD.218	The system has the ability to alert providers when a client has checked in.	Critical		
The system has the ability to track time for the following workflows, at a minimum:				
SD.219	Scheduling;	Critical		
SD.220	Encounter start to end time;	Critical		
SD.221	Ready for PHN. Case Manager/ Provider;	Critical		
SD.222	Finished with provider/ready for check-out; and	Critical		
SD.223	The system has the ability to enter a global list of holidays into the schedule.	Critical		
SD.224	The system has the ability to remove holidays from the schedule.	Critical		
SD.225	The system has the ability to allow users with established permissions to edit the global list of holidays.	Critical		
SD.226	The system has the ability to define a date range or period of time that a PHN/Case Manager/Provider will be out of the office (e.g., vacation, sick, leave).	Critical		
SD.227	The system has the ability to prevent appointments from being scheduled during time blocked off when a staff resource is out of the office.	Critical		
SD.228	The system has the ability to produce warnings for scheduling conflicts.	Critical		
The system has the ability to print appointment lists by:				
SD.229	Date;	Critical		
SD.230	Site;	Critical		
SD.231	Program; and	Critical		
SD.232	PHN/Case Manager/Provider.	Critical		

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EMR System Requirements

Scheduling and Demographics				
Req #	First name;	Criticality	Vendor Response	Comments
SD.233	The system has the ability to restrict viewing or access to schedules for certain areas defined by CCPH.	Critical		
SD.234	The system has the ability to print a daily schedule by provider or site.	Critical		
SD.235	The system has the ability to print a weekly schedule by provider or site.	Critical		
SD.236	The system has the ability to print a monthly schedule by provider or site.	Critical		
SD.237	The system has the ability to calculate a show/no show rate.	Critical		
SD.238	The system has the ability to calculate schedule utilization percentage (i.e., number of booked appointments over number of available appointments) for a user-defined period of time in the future.	Desired		
SD.239	The system has the ability to calculate schedule utilization percentage (i.e., number of booked appointments over number of available appointments) for a user-defined period of time in the past.	Desired		
SD.240	The system has the ability to provide a printed report with a breakdown of appointments for a user-defined period of time by categories (e.g., completed, re-scheduled, show/no show, walk-in).	Critical		
SD.241	The system has the ability to provide an on-screen report with a breakdown of appointments for a user-defined period of time by categories (e.g., completed, re-scheduled, show/no show, walk-in).	Critical		
SD.242	The system has the ability to provide an on-screen list of all client appointments in chronological order.	Critical		
SD.243	The system has the ability to display a list of all of a client's appointments in chronological order.	Critical		
SD.244	The system has the ability to print a list of all of a client's appointments in chronological order.	Critical		
SD.245	The system has the ability to support unlimited scheduling templates.	Critical		
SD.246	The system has the ability to view associated/linked client family member primary appointments.	Critical		
SD.247	The system has the ability to track if an appointment was requested but not available within a CCPH-defined timeframe.	Critical		
SD.248	The system has the ability to reserve blocks of time based on user-defined parameters (e.g., open access versus traditional appointment blocks).	Critical		
SD.249	The system has the ability to automatically release blocks of time based on user-defined parameters (e.g., open access versus traditional appointment blocks).	Critical		
SD.250	The system has the ability for providers to be scheduled on various days of the week.	Critical		
SD.251	The system has the ability for providers to have different schedules each week (e.g., a provider may work Monday, Wednesday, and Friday one week and Monday, Tuesday, and Thursday the next.).	Critical		
SD.252	The system has the ability for providers' schedules to be overridden when necessary with reason for the override.	Critical		
SD.253	The system has the ability to limit schedule overrides.	Critical		
SD.254	The system has the ability to create a report of overrides by user.	Critical		
SD.255	The system has the ability to use color indications to assist with scheduling (e.g., blue could indicate a single appointment, yellow could indicate a overbooked appointment).	Critical		
SD.256	The system has the ability to add a reason for a scheduling change.	Critical		
SD.257	The system has the ability to track the history of appointments for clients, including changes and actions (e.g., confirmation call).	Critical		
SD.258	The system has the ability to schedule a recurring appointment for a client (e.g., a client needs to come in monthly for the next six months) by users with established permissions..	Critical		
SD.259	The system has the ability to automatically complete reminder phone calls/texts based on the upcoming schedule.	Critical		

Clark County Public Health Department
EMR System Requirements

Medical Records				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
General				
MR.1	The system has the ability to print an entire copy of a client's electronic health record, in accordance with established security standards and permissions.	Critical		
MR.2	The system has the ability to print a selected section of a client's electronic health record, in accordance with established security standards and permissions.	Critical		
MR.3	The system has the ability to indicate that certain chart information is sensitive (e.g., HIV, STD), based on user-defined permissions.	Critical		
MR.4	The system has the ability to indicate what category of user should have access to confidential information.	Critical		
MR.5	The system has the ability to display an on-screen message indicating that the information is confidential.	Critical		
MR.6	The system has the ability to turn on audit trail functionality when confidentiality is overridden.	Critical		
MR.7	The system has the ability to alert a designated user when confidentiality is overridden.	Critical		
MR.8	The system has the ability to print multiple encounters on separate pages.	Critical		
MR.9	The system has the ability to allow users to note information disclosures. (HIPAA)	Critical		
MR.10	The system has the ability to produce a report of information disclosures per client. (HIPAA)	Critical		
The system has the ability to produce a report of records that were released to:				
MR.11	Outside providers;	Critical		
MR.12	Attorneys;	Critical		
MR.13	Other; and	Critical		
MR.14	Any combination of the above.	Critical		
MR.15	The system has the ability to search for providers in multiple ways (e.g., first initial and first name, first initial and last name).	Critical		
MR.16	The system has the ability to move clinical information that has been entered into the wrong client chart into the correct client chart, in accordance with established security standards and permissions.	Critical		
MR.17	The system has the ability to provide an audit trail that will record all changes made to both charts when clinical information that has been entered into the wrong client chart is moved into the correct client chart.	Critical		
MR.18	The system has the ability to identify if more than one electronic health record exists for the same client.	Critical		
MR.19	The system has the ability to allow users with established permissions to merge client electronic health records into one record.	Critical		
MR.20	The system has the ability to track which medical records and what information is accessed by which user, on what device, at what time, and on what date for specified clients.	Critical		
The system has the ability to log changes to records maintained, including but not limited to:				
MR.21	Date;	Critical		
MR.22	Time;	Critical		
MR.23	User;	Critical		
MR.24	Information prior to change; and	Critical		
MR.25	Changed information.	Critical		
MR.26	The system has the ability to document client requests to amend their medical records.	Critical		
MR.27	The system has the ability to identify if a medical record is not complete before releasing it.	Critical		
MR.28	The system has the ability to query selected medical records data by date range, including labs and encounters.	Critical		
MR.29	The system has the ability to print selected medical records data by date range, including labs and encounters.	Critical		
MR.30	The system has the ability to redact sensitive information from a client's medical record.	Critical		
MR.31	The system has the ability to detect potential duplicate records.	Critical		
MR.32	The system has the ability to generate a unique identification number for record management.	Critical		
MR.33	Ability to store and track external IDs such as NFP NSO Client ID, RVCT, PHIMS ID, External medical record ID and search and retrieve client records based on that ID number.	Critical		
MR.34	The system has the ability to provide a link to archived information in another data base. (Insight archive)	Desired		
MR.35	The system has the ability to override the confidentiality in instances that require access to the information with a reason for overriding confidentiality, for users with established permissions.	Critical		
MR.36	The system has the ability to flag a client account with CCPH-specified indicators.	Critical		

Clark County Public Health Department
EMR System Requirements

Medical Records				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
MR.37	The system has the ability to auto-fax an entire copy of a client's electronic health record directly from the software (e.g., without printing it out on paper and then putting it manually through a fax machine), in accordance with established security standards and permissions.	Critical		
MR.38	The system has the ability to auto-fax a selected section of a client's electronic health record, in accordance with established security standards and permissions, based on user-defined parameters.	Critical		
MR.39	The system has the ability to send auto-faxes with a CCPH-defined cover sheet.	Critical		
Document Management				
MR.40	The system has the ability to provide an automated document indexing solution integrated with the EMR.	Critical		
MR.41	The system has the ability to store documents in a highly configurable manner (e.g., similar to Windows Explorer folder structures).	Critical		
MR.42	The system has the ability to organize stored documents in a highly configurable manner (e.g., similar to Windows Explorer folder structures).	Critical		
MR.43	The system has the ability to import an image file directly for document storage.	Desired		
MR.44	The system has the ability to email a secure, encrypted linked image file to another party based on Protected Health Information requirements.	Desired		
MR.45	The system has the ability to link scanned documents to specific records.	Critical		
MR.46	The system has the ability to allow users to scan documents directly into the system.	Critical		
MR.47	The system has the ability to search documents that are scanned directly into the system.	Critical		
MR.48	The system has the ability to provide an automated way of identifying "orphan" files that are not attached to a specific system record.	Critical		
MR.49	The system has the ability to scan various paper sizes.	Critical		
MR.50	The system has the ability to use version control in document management.	Critical		
MR.51	The system has the ability to create customized security levels for document management.	Critical		
The system has the ability to associate electronic files with a system record, including but not limited to:				
MR.52	Microsoft Excel (version 2007 or later);	Critical		
MR.53	Microsoft Word (version 2007 or later);	Critical		
MR.54	.gif;	Critical		
MR.55	.png;	Critical		
MR.56	.jpg;	Critical		
MR.57	.tiff;	Critical		
MR.58	.txt;	Critical		
MR.59	.pdf;	Critical		
MR.60	PDFs that are text-based and searchable;	Critical		
MR.61	Optical Character Recognition, Intelligent Character Recognition, and Intelligent Word Recognition;	Desired		
MR.62	.mp3;	Desired		
MR.63	.mp4;	Desired		
MR.64	.wmv;	Desired		
MR.65	MS-Access (version 2007 or later); and	Desired		
MR.66	MS-SQL.	Desired		
MR.67	The system has the ability to identify records with imaged documentation.	Desired		

Clark County Public Health Department
EMR System Requirements

Reporting				
Req #	Description of Requirement	Criticality	Vendor Response	Comments
Reporting				
RPT.1	The system has the ability to meet Washington State reporting requirements (e.g., Healthy Families, STD (HIV and Hep-C test information), NFP to Washington Department of Children, Youth, and Families, Children and Youth with Special Healthcare needs to DOH)	Critical		
RPT.2	The system has the ability to set reports up to run automatically as well as route to specific person(s).	Desired		
RPT.3	The system has integrated reporting capabilities including aggregate reports across all patients or across specific patient groups (e.g. by program) and longitudinal reports on a single patient.	Critical		
RPT.4	The system has the ability to provide reporting capabilities (define, generate, distribute) on-demand and within the system.	Critical		
RPT.5	The system has the ability to export or retrieve data required to evaluate patient outcomes, quality of care, performance, and accountability.	Critical		

**Clark County Public Health Department
EMR System Requirements**

Potential Data Conversions

CCPH has developed a list of potential data conversion objects as part of the future system implementation. For each object, proposers should indicate whether the proposed approach to data conversion includes the object or not. Additional information about each source can be found on the preceding interfaces tab. The cost to convert each object should be proposed on a line item basis and totaled in Attachment G - Cost Worksheet by data conversion objects.

Req #	Data Conversion Object	Source	Quantity of Data Available	Quantity of Data Needed in Future System	CCPH Criticality	Vendor Response	Cost to Convert	Vendor Standard Conversion Scope (Please outline standard scope of conversions for the objects identified)	Vendor Comments
DC.11	Unpaid/open claims	Insight	~ 50	All unpaid/open claims	Critical				

Clark County Public Health Department
EMR System Requirements

Req #	System Type/Agency	Product and Version	Desired Type of Data Transfer	Desired Frequency of Data Transfer	Data Involved in Potential Transfer	Criticality	Vendor Response	Vendor Comments	Included in scope of proposal?	Cost to Develop
Potential Information Exchanges										
A list of potential information exchanges for the future software environment has been developed and presented in this tab. In several instances, integration/interfacing/data transfer items presented in this list may not be required if the proposed software system can provide needed functionality. Conversely intended replacements of existing third-party systems may be adjusted if functionality in the future selected system is not adequate. As a result, the following list of potential interfaces for vendors to respond to so that the future applications environment may be considered. The types of information exchanges are:										
<u>Interface</u> Also known as a bridge, an interface is where two or more separate software products communicate under limited capacity. An interface will often use a standard file format such as XML to move information from one system to another. Some interfaces are separate programs that can be configured and deployed with a range of systems (e.g. Microsoft BizTalk). Examples of common Interface mechanisms include Application Program Interface (API) and web services.			<u>Integration</u> A system where the different products or modules are tightly connected to function as one solution. In an integration, the systems share the same code and database.		<u>Data transfer/exchange</u> A specialized interface where data is extracted from one application, usually as a data export using a specified file format, and placed in a specified location, such as a folder on a shared network drive. Another application retrieves the file, reads and imports the data. The file transfer process between the applications can be manual or automated using a scheduler to direct the applications when to export or import the data. The transfer process may be scheduled to occur as needed.					
The ways in which the proposed system, and the systems identified below, may interact in terms of passing information back and forth, are as follows: SEND: The Selected system will only need to SEND data to the third party application. RECEIVE: The Selected system will only need to RECEIVE data from the third party application. BOTH: The Selected system will need to both SEND and RECEIVE information to/from the third party application.										
INT.1	County Financial System	Work Day	File Export from Selected System	On-Demand	Accounting data (financial accounting and general ledger data)	Critical				
INT.2	Direct Observe Therapy	eMocha (DOT)	Integration - Send data from selected system	Daily Batch	Treatment and medication observation data	Critical				
INT.3	Washington Department of Health	Child Health Information Form (CHIF)	File Export from Selected System	On-Demand	Contents of CHIF form (ex. Information including client diagnosis information, economic information, other agency involvement).	Critical				
INT.4	NFP National Service Office Database (Athena Group, FLO)	NFP National Service Office data (FLO)	Interface - Send and Receive data	Near-Immediate (Real-Time)	Demographics, screenings, various health information	Desired				
INT.5	Washington Department of Health	Washington Disease Reporting System (WDRS)	Interface - Send and Receive data	Daily Batch	Infectious disease surveillance and patient data (case and laboratory data)	Desired				
INT.6	Washington Department of Health	Public Health Issue Management System (PHIMS)	Interface - Send and Receive data	Daily Batch	STD only disease surveillance and patient data (case and laboratory data)	Desired				
INT.7	Washington Department of Health	Washington State Immunization Information System (IIS)	Interface - Send and Receive data	Near-Immediate (Real-Time)	Immunization and patient data	Critical				
INT.8	Washington State Department of Health Public Health Laboratories	Washington Electronic Laboratory Reporting System (WELRS) version 2.7	Interface - Send and Receive data	Near-Immediate (Real-Time)	Lab results	Desired				

Attachment F – Cost Narrative

Proposer is instructed to complete and submit the Price Proposal under separate cover as identified herein. Proposer to use the following subheader format as provided below.

I. PART I: COST WORKSHEETS

Proposer to submit and complete the Cost Worksheets as contained in **Attachment G**. Proposers shall not modify the worksheets in any way. CCPH understands that there will be potentially four primary types of costs associated with procuring a new system: software licensing, implementation services, annual maintenance costs, and annual subscription costs.

The below statements are provided to further guide the Proposer on how to fill out the cost worksheets.

- a. **Software Licensing Cost:** Software license costs include all costs related to licensing the software application and include third-party software license fees, where applicable. In presenting software license fees, the Proposer shall:
 - Explain all factors that could affect licensing fees in the Vendor Notes field of **Attachment G**.
 - To the extent possible, the Proposer shall show any applicable discounts separately from the prices for products and Services.
- b. **Implementation Services Cost:** Implementation service costs typically include all costs related to professional services (including general implementation, project management, configuration, and other professional services), customization, and training. It is important to note the following:
 - In the event the product or service is provided at no additional cost, the item should be noted as "No charge."
 - In the event the product or service is not being included in the Proposal, the item should be noted as "No bid."
 - Proposer shall make clear the basis of calculation for all fees and costs.
 - All estimated travel expenses and related out-of-pocket costs must be included as a separate line item in **Attachment G** on a not-to-exceed basis. CCPH shall not be liable for additional travel costs or out-of-pocket costs incurred for any reason outside CCPH control. Travel expenses will be paid as incurred on a monthly basis.
- c. **Annual Maintenance Cost:** Annual maintenance costs include the annual maintenance and support fees for the application environment. Unless a standard offering or otherwise included in scope of the Proposal, Proposers shall list any

disaster recovery, enhanced support, or annual hosting server upgrade or other costs as optional.

- d. **Ongoing Software Subscription Cost (If SaaS Deployment):** Ongoing software subscription costs include the annual payments for access to the software, hosting costs, backup costs, and potentially disaster recovery provisions.

II. PART II: TRAVEL AND EXPENSE EXHIBIT

Proposer to submit a travel and expense policy that will apply for the duration of the Project up to final payment and for the future as it relates to any renewal terms.

Confirm Exhibit attached in Price Proposal

III. PART III: PAYMENT AND RETAINAGE TERMS

CCPH requests that the following Payment and Retainage Terms be utilized for the Project. Proposer to submit a brief statement of agreement with the payment and retainage terms identified herein. If a Proposer does not agree with items, a description should be provided for those items for which an exception is taken.

- a. **Software Licensing:** Use of an acceptance-based payment schedule for software licensing.
 - i. Potential milestones including system deployment, Phase Kickoff, Initial Module/System Configuration, Approval of Phase Go-Live, and Acceptance of System. CCPH expects that licensing for any software modules will not be payable until the associated project phase for that module begins. For example, if module X were a part of a potential Phase II to the project, CCPH would expect to have payment milestones for Module X begin with the phase kickoff for Phase II.
 - ii. *Proposer shall fully describe their proposed milestone-based payment schedule for software licensing as part of their Price Proposal.*

Brief Statement:

- b. **Implementation Services Cost:** Implementation service costs typically include all costs related to implementation, configuration, customization, and training.
 - i. CCPH prefers that implementation service costs be proposed as “not-to-exceed” amounts and that CCPH will be charged for Services as incurred up to the not-to-exceed amounts. Establishment of a not-to-exceed amount does not obligate CCPH to expend the full amount.
 - ii. CCPH prefers that services be invoiced on a deliverable, phased, or milestone basis.

- iii. CCPH prefers that twenty percent (20%) of each invoice for the implementation service costs will be retained (as a “holdback”) until successful completion, and CCPH written acceptance, of the Project.

Brief Statement:

- c. **Annual Maintenance Cost:** CCPH's expectation is that it will not pay maintenance fees on functional areas being implemented until formal CCPH acceptance has been provided to approve live processing for the associated Project phase. *For example, the annual maintenance fees associated with Billing module will be paid upon CCPH acceptance of the Project phase associated with the Billing module.* **CCPH expects software maintenance costs will not increase in the first five (5) years upon go-live operation, and will increase by no more than 3% annually thereafter, and that maintenance costs will not be payable until after go-live sign-off.**

Brief Statement:

- d. **Ongoing Software Subscription Cost (If SaaS Deployment):** Ongoing software subscription costs include the annual payments for access to the software, hosting costs, backup costs, and potentially disaster recovery provisions. CCPH expects that subscription costs for software modules will not be payable until the associated project phase for that module begins. For example, if Billing were a part of a potential Phase II to the project, CCPH would expect to have payment for the Billing module begin with the phase kickoff for Phase II. CCPH **expects annual subscription costs will not increase in the first five (5) years upon go-live operation, and will increase by no more than 3% annually thereafter.**

Brief Statement:

IV.NARRATIVE DESCRIPTION OF PRICE PROPOSAL

Proposers are encouraged to include a narrative description of the proposed costs, including, at a minimum the following;

- a. Any optional services/offerings for professional services

Brief Statement:

- b. Any discounts that have been offered

Brief Statement:

- c. Any additional service offerings that may be out of scope, but may be available on an optional basis to serve to shift some of the implementation work effort from CCPH to the vendor during implementation.

Statement:

- d. Any projected or anticipated cost savings or cost avoidance considerations related to the proposed software and services (savings in CCPH staff time, savings in ongoing hardware acquisition/maintenance costs, etc.)

Statement:

- e. A description of any future upgrade costs, including upgrades to hardware, software, and related professional services costs (such as training, configuration, and other anticipated services costs related to upgrades in the future)

Statement:

- f. A description of the estimated travel costs, including the number of trips, average duration of trips and number of staff included per trip, average cost per trip, and whether seasonality in pricing has been considered in the travel estimate.

Statement:

- g. Other topics or statements related to the price proposal that the Proposer feels will help CCPH better understand the pricing structure or key differentiators for the proposed products and services.

Statement:



Vendor-Hosted Cost Worksheet

Cost Worksheet Instructions: Provide a cost response for each cost area, based upon system modules for a Vendor-hosted (e.g. "Managed Services") application. The pricing should be based on the detailed functionality that CCPH requires for each functional area. When a single price may be provided for a group of modules, please provide that cost with a notation. All additional costs should be captured in the respective areas.

Vendors are responsible for completing all fields highlighted yellow where applicable, and reviewing totals prior to submission.

One-Time Costs

Professional Services and Hardware Costs

	Costs	Vendor Notes (optional)
Professional Service Costs		
Project Management Costs		
Training Costs		
Software Customization Costs <i>(Detail to be contained in responses to applicable requirements in Attachment E)</i>		
Interface Costs <i>(Detail to be contained in Attachment E - Interfaces Tab)</i>		
Server Hardware Costs		
Third-Party Hardware Costs		
Third-Party Services Costs (including training, etc.)		
Expenses (miscellaneous)		
Other (Specify in Vendor Notes)		
Other (Specify in Vendor Notes)		
Total One-Time Costs (Before Discounts)	\$0.00	Fee Structure (Fixed fee, Not-to-Exceed, Time & Materials, Hybrid)
Amount Discounted (\$)		
Total Discounted One-Time Costs	\$0.00	

	Costs	Vendor Notes (optional)
Estimated Travel Costs (not to exceed basis)		

One-Time Licensing Costs

Vendor Comments on Licensing Costs			
		Costs	Vendor Notes (optional)
One-Time Licensing Costs (Primary Software)			
One-Time Licensing Costs (Third-Party Software)			
One-Time Licensing Costs (Third-Party Software)			
Total One-Time Licensing Costs		\$0.00	
Amount Discounted (\$)			
Total Discounted One-Time Costs		\$0.00	

Recurring Hosting/Managed Services Costs

Vendor Comments on Hosting and Managed Services Costs	
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Vendor-Hosted Cost Worksheet

Cost Worksheet Instructions: Provide a cost response for each cost area, based upon system modules for a Vendor-hosted (e.g. "Managed Services") application. The pricing should be based on the detailed functionality that CCPH requires for each functional area. When a single price may be provided for a group of modules, please provide that cost with a notation. All additional costs should be captured in the respective areas.

Vendors are responsible for completing all fields highlighted yellow where applicable, and reviewing totals prior to submission.

Year 1 Hosting Costs	
Annual Hosting/Services	
Third-party Hosting Costs	
Other Annual Services/Hosting Costs	
Total Hosting Cost (annual)	\$0.00
Amount Discounted (\$)	
Total Discounted Hosting Amount - Year 1 Hosting Fees	\$0.00

Recurring Hosting Fees - Years 2 - 10			
	Rate of Increase over Prior Year (as a percentage)	Hosting Costs (as a dollar amount)	Third-Party Hosting Costs (as a dollar amount)
Year 2			
Year 3			
Year 4			
Year 5			
Year 6			
Year 7			
Year 8			
Year 9			
Year 10			
Ten Year Hosting Cost		\$0.00	

Other In-Scope Costs (please specify the nature of these costs including whether they are one-time or recurring)		
	Cost	Notes
Ongoing Disaster Recovery Costs		
Ongoing Infrastructure/Hardware Upgrade Costs		
Anticipated Future Upgrade Costs (Services)		
Anticipated Future Upgrade Costs (Other)		
Additional Environments		
Additional Databases		
Other: (Please describe)		
Other: (Please describe)		

Recurring Software Maintenance Costs

Vendor Comments on Software Maintenance Costs	
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Year 1 Maintenance Costs	
Annual Maintenance - Year 1	
Custom Modification Maintenance - Year 1 (if applicable)	
Additional Maintenance Fees - Year 1	
Third-Party Maintenance Fees - Year 1	
Total Recurring Maintenance Costs - Year 1	\$0.00
Amount Discounted (\$)	



Vendor-Hosted Cost Worksheet

Cost Worksheet Instructions: Provide a cost response for each cost area, based upon system modules for a Vendor-hosted (e.g. "Managed Services") application. The pricing should be based on the detailed functionality that CCPH requires for each functional area. When a single price may be provided for a group of modules, please provide that cost with a notation. All additional costs should be captured in the respective areas.

Vendors are responsible for completing all fields highlighted yellow where applicable, and reviewing totals prior to submission.

Total Discounted Maintenance Costs - Year 1 \$0.00

Recurring Maintenance Fees - Years 2 - 10

	Rate of Increase over Prior Year (as a percentage)	Maintenance Costs (as a dollar amount)	Third-Party Maintenance Costs (as a dollar amount)
Year 2			
Year 3			
Year 4			
Year 5			
Year 6			
Year 7			
Year 8			
Year 9			
Year 10			
Ten Year Maintenance Cost	\$0.00		

TOTAL TEN YEAR INVESTMENT

Total Discounted One-Time Costs (Cell B19)	\$0.00
Total Estimated Travel Costs (Cell B22)	\$0.00
One-Time Licensing Costs (Cell B34)	\$0.00
Other In-Scope Costs (Cells B52:B59)	\$0.00
Recurring Hosting Years 1-10 (Cell B59)	\$0.00
Recurring Maintenance Years 1-10 (Cell B95)	\$0.00
TOTAL TEN YEAR INVESTMENT	\$0.00

Optional Costs (Not in scope)

Hourly Rates for Professional Services

Hourly Rate for Training Services	
Hourly Rate for Project Management Services	
Hourly Rate for Custom Programming (Customizations, Integrations, etc.)	

Optional/Complementary Services

Description of Services	Costs



Vendor-Hosted Cost Worksheet

Cost Worksheet Instructions: Provide a cost response for each cost area, based upon system modules for a Vendor-hosted (e.g. "Managed Services") application. The pricing should be based on the detailed functionality that CCPH requires for each functional area. When a single price may be provided for a group of modules, please provide that cost with a notation. All additional costs should be captured in the respective areas.

Vendors are responsible for completing all fields highlighted yellow where applicable, and reviewing totals prior to submission.

Optional/Complementary Module Costs

(please specify the nature of these costs including whether they are one-time or recurring)

Module Name	Recurring Maintenance/Subscripti on Costs	Implementation Costs	Licensing Costs (if applicable)



Subscription (SaaS) Cost Worksheet

Cost Worksheet Instructions: Provide a cost response for each cost area, based upon system modules for a software as a service (SaaS) based application. The pricing should be based on the detailed functionality that CCPH requires for each functional area. When a single price may be provided for a group of modules, please provide that cost with a notation. All additional costs should be captured in the respective areas.

Vendors are responsible for completing all fields highlighted yellow where applicable, and reviewing totals prior to submission.

One-Time Costs

Professional Services and Hardware Costs

	Costs	Vendor Notes (optional)
Professional Service Costs		
Project Management Costs		
Training Costs		
Software Customization Costs <i>(Detail to be contained in responses to applicable requirements in Attachment E)</i>		
Interface Costs <i>(Detail to be contained in Attachment E - Interfaces Tab)</i>		
Server Hardware Costs		
Third-Party Hardware Costs		
Third-Party Services Costs (including training, etc.)		
Expenses (miscellaneous)		
Other (Specify in Vendor Notes)		
Other (Specify in Vendor Notes)		
Total One-Time Costs (Before Discounts)	\$0.00	Fee Structure (Fixed fee, Not-to-Exceed, Time & Materials, Hybrid)
Amount Discounted (\$)		
Total Discounted One-Time Costs	\$0.00	

	Costs	Vendor Notes (optional)
Estimated Travel Costs (not to exceed basis)		

Recurring Subscription Costs

Subscription Frequency (Indicate whether monthly, quarterly, or annual basis)	
Vendor Comments on Subscription Costs	

Year 1 Subscription Costs	
Subscription Cost (Primary Software)	
Third-Party Subscription Cost	
Third-Party Subscription Cost	
Total Subscription Cost (annual)	\$0.00
Amount Discounted (\$)	
Total Discounted Subscription Amount - Year 1 Subscription Fees	\$0.00

Recurring Subscription Fees - Years 2 - 10			
	Rate of Increase over Prior Year (as a percentage)	Subscription Costs (as a dollar amount)	Third-Party Subscription Costs (as a dollar amount)
Year 2			
Year 3			



Subscription (SaaS) Cost Worksheet

Cost Worksheet Instructions: Provide a cost response for each cost area, based upon system modules for a software as a service (SaaS) based application. The pricing should be based on the detailed functionality that CCPH requires for each functional area. When a single price may be provided for a group of modules, please provide that cost with a notation. All additional costs should be captured in the respective areas.

Vendors are responsible for completing all fields highlighted yellow where applicable, and reviewing totals prior to submission.

	Year 4			
	Year 5			
	Year 6			
	Year 7			
	Year 8			
	Year 9			
	Year 10			
Ten Year Subscription Cost		\$0.00		

Other In-Scope Costs (please specify the nature of these costs including whether they are one-time or recurring)		
	Cost	Notes
Ongoing Disaster Recovery Costs		
Ongoing Infrastructure/Hardware Upgrade Costs		
Anticipated Future Upgrade Costs (Services)		
Anticipated Future Upgrade Costs (Other)		
Additional Environments		
Additional Databases		
Other: (Please describe)		
Other: (Please describe)		

Recurring Maintenance Costs (If Applicable)

Vendor Comments on Maintenance Costs	
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Year 1 Maintenance Costs	
Annual Maintenance - Year 1	
Custom Modification Maintenance - Year 1 (if applicable)	
Additional Maintenance Fees - Year 1	
Third-Party Maintenance Fees - Year 1	
Total Recurring Maintenance Costs - Year 1	\$0.00
Amount Discounted (\$)	
Total Discounted Maintenance Costs - Year 1	\$0.00

Recurring Maintenance Fees - Years 2 - 10			
	Rate of Increase over Prior Year (as a percentage)	Maintenance Costs (as a dollar amount)	Third-Party Maintenance Costs (as a dollar amount)
Year 2			
Year 3			
Year 4			
Year 5			
Year 6			
Year 7			
Year 8			
Year 9			
Year 10			



Subscription (SaaS) Cost Worksheet

Cost Worksheet Instructions: Provide a cost response for each cost area, based upon system modules for a software as a service (SaaS) based application. The pricing should be based on the detailed functionality that CCPH requires for each functional area. When a single price may be provided for a group of modules, please provide that cost with a notation. All additional costs should be captured in the respective areas.

Vendors are responsible for completing all fields highlighted yellow where applicable, and reviewing totals prior to submission.

Ten Year Maintenance Cost

\$0.00

TOTAL TEN YEAR INVESTMENT

Total Discounted One-Time Costs

(Cell B19)

\$0.00

Total Estimated Travel Costs

(Cell B22)

\$0.00

Recurring Subscription Costs Years 1-10

(Cell B53)

\$0.00

Other In-Scope Costs

(Cells B52:B59)

\$0.00

Recurring Maintenance Years 1-10

(Cell B84)

\$0.00

TOTAL TEN YEAR INVESTMENT

\$0.00

Optional Costs (Not in scope)

Hourly Rates for Professional Services

Hourly Rate for Training Services

Hourly Rate for Project Management Services

Hourly Rate for Custom Programming (Customizations, Integrations, etc.)

Optional/Complementary Services

Description of Services

Costs

Optional/Complementary Module Costs

(please specify the nature of these costs including whether they are one-time or recurring)

Module Name

Recurring
Maintenance/Subscripti
on Costs

Implementation
Costs

Licensing Costs
(if applicable)

General Information

1. **Hard Copy Proposals:** Proposers shall submit one (1) version of the Technical Proposal and one (1) version of the Price Proposal in separate three-ring binders (or other similar organization/format) with tab separators or otherwise under separate cover, clearly marked "Original.", as well as one (1) copy of the proposal under similar format. Technical Proposals shall not include extraneous marketing materials.
2. **Email Proposals:** No emails will be accepted for proposal submission.
3. **Electronic Media Proposal File Formats and Naming:** Proposers shall submit along with the hard copy proposals, one (1) electronic version of the Technical Proposal and one (1) electronic version of the Price Proposal on separate removable devices (e.g., thumb drive). The following table provides the required file formats and naming conventions for the electronic media files.

Table: Proposal Naming and File Formats

Proposal Section	Recommended File Naming Convention	Required File Format
Technical Proposal (Inclusive of Attachments A-E, and any Exhibits/Attachments)	"(<i>Proposer Name</i>)" Technical Proposal	All files combined into one (1) searchable Adobe PDF
Attachment E – Functional and Technical Requirements	"(<i>Proposer Name</i>) Proposal Response to Attachment E"	To be submitted in Microsoft Excel format, in addition to above PDF format
Price Proposal (Inclusive of Attachments F and G, Proposer's Standard Travel and Expense Policy, and any Appendices)	"(<i>Proposer Name</i>)" Price Proposal	All files combined into one (1) searchable Adobe PDF
Attachment G – Cost Worksheets	"(<i>Proposer Name</i>) Proposal Response to Attachment G"	To be submitted in Microsoft Excel format, in addition to above PDF format

4. **Amendment of Proposals:** In the event an Addenda is issued and a Proposer has previously submitted a Proposal in response to this RFP, the Proposer shall notify the CCPH via email of the need to submit an amendment, and clearly outline the reasons in writing. No amendments will be accepted after the deadline unless they are in response to a request of the CCPH.
5. Proposers are advised to carefully read the entire Solicitation Package.

Technical Proposal Organization Guidelines

Proposers are instructed to insert the completed Tab forms (**Attachment D – Proposal Response Tabs**) in the corresponding Tab sections as a part of their response to the Technical Proposal. **The CCPH expects that Proposers will include additional proposal content beyond simply completing the forms and worksheets provided through this RFP.**

The following table contains the organization guidelines for Proposal responses.

Table: Technical Proposal Organization Guidelines

Proposal Order	Technical Proposal Section
Attachment A	Proposal Cover Sheet
Attachment C	Certification Regarding Debarment, Suspension and Other Responsibility Matters Form
Attachment D	<i>Proposal Response Tabs (outlined below)</i>
Tab 1	Company Introduction
Tab 2	Software Solution
Tab 3	Project Approach and Implementation Methodology
Tab 4	Key Proposed Personnel and Team Organization
Tab 5	Project Schedule
Tab 6	System and Application Architecture
Tab 7	Data Conversion Plan
Tab 8	Security and Software Hosting
Tab 9	Testing and Quality Assurance Plan
Tab 10	Training Plan
Tab 11	References
Tab 12	Sample Contracts, Warranty, and Escrow
Tab 13	Exceptions to Project Scope and Contract Terms
Tab 14 (Attachment E)	Functional and Technical Requirements Response

Content for Tabs 1 – 14

Attachment D – Proposal Response Tabs is a Word document that provides detailed instructions and requirements for the Proposer as it relates to the documents to be submitted as their RFP response and Services required for the Project.

Proposers are instructed to organize Proposals in a tabbed format and to insert the completed Tab forms (**Attachment D – Proposal Response Tabs**) in the corresponding Tabs as a part of their response to the Proposal. In addition to the information captured through the questions and tables in **Attachment D – Proposal Response Tabs**, Proposers are requested to provide

complementary narrative information, diagrams, and images to help substantiate and support their proposal response to each Tab section.

Attachment E – Functional and Technical Requirements/Capabilities is an Excel document that provides detailed requirements and capabilities related to software features and functions, as well as potential interfaces and data conversion requirements.

a) Tabs 1 – 13

These tabs are to include the Proposers response as detailed in **Attachment D – Proposal Response Tabs**, including any supplemental attachments or documents identified in **Attachment D – Proposal Response Tabs**. Proposers are directed to **Attachment D – Proposal Response Tabs**, which includes forms, tables, and questions that are to be completed by the Proposer and inserted into each applicable tab of the RFP response (Tab 1 – 13).

b) Tab 14

This tab is to include Proposer's response as detailed in **Attachment E – Functional and Technical Requirements/Capabilities**, which is an Excel document to be filled out by the Proposer. Proposers are required to use the following legend for completing **Attachment E – Functional and Technical Requirements/Capabilities**.

When providing responses to the requirements in **Attachment E – Functional and Technical Requirements/Capabilities**, Proposer shall use the response indicators contained in the following table.

Proposers are instructed to enter only one response indicator in response to each requirement. Responses to an individual requirement that contain more than one indicator (e.g., C/T) will be treated as a response of "N" feature/function not provided.

If a Proposer is not proposing on certain functionality, a response of "No Bid" shall be provided for all applicable areas. A response of "No Bid" should not be used as a replacement for an "N" response. Requirements submitted without a response will be treated as a response of "N" feature/function not provided.

Table: Requirements Response Indicators

Indicator	Definition	Instruction
S	Standard: Feature/Function is included in the current software release and will be implemented by the planned phase go-live date as part of the proposal from Vendors in accordance with agreed-upon configuration planning with the CCPH.	Proposers are encouraged, but not required, to provide additional information in the Comments column to further demonstrate the system's ability to meet the requirement.
F	Future: Feature/Function will be available in a future software release available to the CCPH by January 1,	If a response indicator of "F" is provided for a requirement that will be met in a future software

Indicator	Definition	Instruction
	2023, at which point it will be implemented in accordance with agreed-upon configuration planning with the CCPH.	release, the Proposer shall indicate the planned release version, as well as the time the release will be generally available.
C	Customization: Feature/Function is not included in the current software release, and is not planned to be a part of a future software release. However, this feature could be provided with custom modifications . All related customization costs should be indicated in Attachment G – Cost Worksheet.	If a response indicator of “C” is provided for a requirement that will be met through a custom modification, the Proposer shall indicate the cost of such a modification.
T	Third Party: Feature/Function is not included in the current software release, and is not planned to be a part of a future software release. However, this feature could be provided with integration with a third-party system . This system should be specified.	If a response indicator of “T” is provided for a requirement that will be met by integration with a third-party system, the Proposer shall identify this third-party system and include a cost proposal to secure this system. If the third-party system is a part of the proposal, the third-party shall respond to the appropriate requirements with a clear notation that the responses are provided by the third-party.
N	No: Feature/Function cannot be provided.	N/A

c) Proposal Supplements

Any Proposer-submitted materials or documentation not specifically requested through this RFP may be included as Supplements appended to the Proposal.

Price Proposal

The Proposer’s Price Proposal shall consist of two sections, as further described below:

1. The completed Cost Worksheets as contained in **Attachment G – Cost Worksheets**. Proposers shall not modify the worksheets in any way.
2. A narrative description of the proposed costs in response to **Attachment F – Cost Narrative**, including:
 - The Proposer’s standard travel and expense policy.
 - The Proposer’s pricing as provided in vendor’s standard quoting/pricing format.