	PROCEDURE: *Vendor Management Procedure*	PROCEDURE NUMBER: *SVMS-PRO-014.001*
SACVALLEY MEDSHARE	Author: Elizabeth L Steffen	Origination Date: 12/18/2015
	Revised By:	Revised Date:

Purpose:

   SacValley MedShare (SVMS) must protect the Participant's patients right to privacy and confidentiality and to establish safety guidelines for the presence and participation of industry representatives involved with PHI.

Procedure:

1. Vendor Due Dilligence
   a. Complete the Request for Proposal (RFP), (Attachment A, a 5 page Microsoft® Word® document).
   b. Print RFP, and the RFP Technical Architecture Supplement (Attachment B, an 8 page Microsoft® Word® document) to PDF and send to potential vendor.
   c. The RFP, BAA, and any other compliance documentation is due back with the RFP.
   d. Review all documentation
   e. Present to Development/Executive committee for discussion and approval.
   f. Present to Board for final approval.
   g. All documentation is to be scanned to BOX and the originals kept at a secure location.

Authorization	Name	Signature	Date
Board Chair	Myron Machula	*[signature]*	02.04.2016
Executive Director			
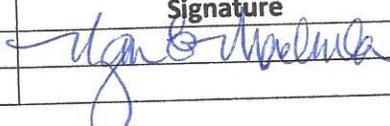
Reference:
HIMSS. (2009.) Healthcare Information and Management Systems Society. *HIMSS Model RFP*

Attachment(s):
   A: *Request for Proposal (5 pages)*
   B: *Request for Proposal – Technical Architecture Supplement (8 pages)*

Version	Date	Author	Comment
.001	02.04.2016	E. Steffen	Initial Release

Attachment A: Request for Proposal – Page 1

SacVALLEY MedShare

The Health Information Exchange
for California's North Central Valley
P.O. Box 9217
Chico, CA 95927-9217

CORPORATE DUE DILIGENCE: REQUEST FOR PROPOSAL

1. **CONFIDENTIALITY**
   The Request for Proposal (RFP) process and all information contained within this document are the property of SacValley MedShare (SVMS). Responses to the RFP become the property of the issuing organization. SVMS has the right to use any or all information represented in the responses unless the vendor designates the information as proprietary. Each response containing proprietary information must be clearly marked "PROPRIETARY". SVMS will not release information identified as proprietary except as required by law.

2. **INTRODUCTION**
   This Request for Proposal (RFP) solicits vendors that could potentially supply us with a/an ▓▓▓▓▓▓. We will select finalists to demonstrate their system. We will conduct a customer site visit of the vendor that provides the best the demonstration. We reserve the right to abandon this procurement process at no cost to us.

   While this RFP focuses on a [complete HIS, we may opt to maintain current ancillary systems and accordingly, vendors will be expected to provide interfaces from their systems to incumbent system ancillary applications]. In addition, while we seek to acquire a system through one (1) vendor, we may choose to accept part of a vendor's offering as opposed to the offering in its entirety.

   The timeline for this procurement is as follows:

Description	Expected Date
Issue RFP	
Conduct Bidders Teleconference	
Receive Letters of Intent (not mandatory, but highly desirable)	
Receive Vendor Questions	
Complete Proposal Evaluations	
Conduct Demonstrations	
Complete Reference Checks	
Conduct Site Visits	
Select apparent successful vendor subject to contract negotiations	
Commence Vendor Contract Negotiation(s)	

Attachment A: Request for Proposal – Page 2

![SACVALLEY MEDSHARE logo]

[INSERT PERSON'S NAME] will be leading this project on our behalf. Please contact [INSERT PERSON'S NAME] with any RFP questions. Please do not contact any other of our personnel regarding this document without the approval of the [INSERT PERSON'S NAME]. Failure to comply with this and any other guidelines in the RFP are cause for exclusion from the process.

Contact Information for Project Leader:
[PROJECT LEADER'S FULL NAME]
[TITLE]
[MAILING ADDRESS]
[STREET ADDRESS]
[OFFICE PHONE NUMBER]
[MOBILE PHONE NUMBER]
[FAX PHONE NUMBER]
[ELECTRONIC MAIL ADDRESS]

3. **ISSUING ORGANIZATION**
General Background: SacValley MedShare, along with the California Association of Health Information Exchanges (CAHIE) serves the 12-county region of California, north of Sacramento, which includes the North Central Valley and the surrounding mountainous terrain. Its region is largely rural and mountainous, with travel limited by climate and season in much of the area. Good communication is critical to coordinate care between primary care, specialists, hospital providers, and skilled nursing care facilities that fulfil a vital role in post-discharge care for many patients.

The region is comprised of Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Sutter, Tehama, Trinity, and Yuba counties. The region covers over 28,428 square miles, and serves a little over 800,000 in population. As such, it has the problems associated with serving the largest geographically-contiguous region of all of the California Health Information Exchange (HIE's), with one of the lowest population and provider densities. Much of its population lies in medically-underserved rural areas, while there are a few larger urban centers scattered along the Sacramento Valley. None of these centers exceed 100,000 in population, and most are much smaller. Its seven larger acute-care hospitals are either non-affiliated community not-for-profit entities (three), or are part of larger hospital networks (Adventist, Dignity, and Prime). With the exception of Redding, with two larger acute-care hospitals, most urban areas are served by a single facility. Acute care in the smaller communities is provided by rural Critical Access Hospitals.

Long-term care is provided by forty Skilled Nursing Facilities scattered throughout the region. Many have no Electronic Health Record (EHR) system and there is no electronic health exchange beyond fax machines.

The region averages only one physician per twenty-two square miles, with the vast majority of those located in the few urban areas and their immediate surrounds. Most of its providers are in small or solo practices, widely scattered geographically. Currently, many have non-compliant EHRs; some have

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Attachment A: Request for Proposal – Page 3

no EHR at all. There are several networks of federally-funded health clinics, helping to provide care to all, including a significant part of the safety-net care.

Even in our most populated counties with the most access to medical care, our region scores very poorly on health statistics. Butte County Public Health reported in 2010 on their county statistics; they looked at Butte County (2014 population: 224,241, over ¼ of SVMS's regional total), as compared to the 58 counties in California:

With 1 as best, and 58 as worst:
- For all cancers, Butte County ranked 56; prostate cancer 57, breast cancer 49, lung cancer 52
- Chronic liver and respiratory disease ranked 51
- Drug-induced deaths ranked 56
- Mortality ranked 44
- Overall, it ranked 55 out of 58 counties.

The SVMS web page can be visited at https://sacvalleyms.org.

Technical Background: SVMS currently has no onsite technology.

4. **BUSINESS PRACTICES**
In order to facilitate the analysis of responses to this RFP, vendors are requested to prepare their proposals in accordance with the following format:

4.1 - Provide a description of your company
> 4.1.1 - Provide a organization chart of you company focusing on the portion responsible for the proposed solution
> 4.1.2 - Describe the organization chart provided above

4.2 - Indicate the specific senior executive responsible for this project success
> 4.2.1 - Provide a resume, years' experience supporting projects like ours and years of experience with the company
> 4.2.2 - Indicate number of other customer accounts this person may be responsible for during our project
> 4.2.3 - Provide profiles of the project team personnel that are anticipated for this project, including resume, years' experience supporting projects like ours and years of experience with the company
> 4.2.4 - Indicate number of other customer accounts the project team members person may be responsible for during our project

4.3 - Describe the approach you would use to carry out this project
> 4.3.1 - Identify project management best practices you previously employed in other projects involving the proposed solution, which you will use during our project
> 4.3.2 - Include studies, lessons learned reports that support your recommended approach

Attachment A: Request for Proposal – Page 4

4.3.3 - Describe the methods you use that demonstrate the effectiveness of this approach, e.g., timely completion of similar projects within scope, on budget and according to the agreed upon quality standards

4.4 - Describe project and change management procedures that will be used for this project

4.4.1 - Describe the approval, prioritization, and governance procedures

4.4.2 - Provide an description of the decision-making chain of command you will use during project implementation and post-project on-going support this

4.4.3 - How are end-users involved in the decision process?

4.4.4 - Include a proposed work plan, with an associated schedule to complete the work for this project successfully

4.4.5 - Describe the risks and risk responses identified in this project

5. **CORPORATE DUE DILIGENCE**

The purpose of this section is to identify the general requirements of a viable vendor. Please provide the information requested in the following format:

5.1 - Legal name of organizational responding

5.2 - Address of organization responsible for completing this project successfully

5.3 - Detailed organization chart focusing on the organization units responsible for completing this project successfully

5.4 - Company ownership - public or private

5.5 - Define the legal structure, e.g., corporation, partnership, LLC

5.6 - Year founded

5.7 - How long has the company been in business providing the proposed products and services?

5.8 - How long has the company been providing healthcare software applications?

5.9 - How many employees in the company dedicated to the proposed products and services?

    5.9.1 - United States

    5.9.2 - International

    5.9.3 - Percentage dedicated to proposed project in this RFP

5.10 - How many employees in the healthcare division(s) responsible for developing, implementing and supporting the proposed applications?

    5.10.1 - Customer Service

    5.10.2 - Client Support for the product line proposed

    5.10.3 - Percent employees within Client Support for the product line proposed employed for greater than 12 months

    5.10.4 - User Training

    5.10.5 - Installation/Implementation for the product line proposed

    5.10.6 - Percent employees within Installation/Implementation for the product line proposed employed for greater than 12 months

    5.10.7 - Research and Development

    5.10.8 - Percent employees within Research and Development for the product line proposed employed for greater than 12 months

    5.10.9 - Quality Control / Audit for the product line proposed

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5.10.10-Percent employees within Quality Control for the product line proposed employed for greater than 12 months

5.11-Please include three references for the proposed applications currently in production and in use for a minimum of three years in organizations similar in size and complexity when compared to us.

    5.11.1-Name of Organization

    5.11.2-Mailing Address

    5.11.3-Telephone & Fax Number and email address

    5.11.4-Contact Name and Title

    5.11.5-Length of time you have been doing business with this organization

5.12-Please indicate which of the proposed references you recommend for a site visit.

5.13-The proposed system is a standalone, Commercial Off-The-Shelf (COTS) system

5.14-Installed client base running applications proposed for this RFP

5.15-Total customers

5.16-Total customer sites and products being used.

    5.16.1-Hospitals (Identify, by hospital size, the number of hospitals currently using your applications)

    5.16.2-Extended Care Facilities

    5.16.3-Home Care

    5.16.4-Physician Offices

5.17- How many de-installs has your company had in the last 12 months and why?

5.18-Will your company sign a Business Partner Agreement incorporating the Business Partner and Chain of Trust components as defined in the HIPAA regulations?

5.19-Please provide a letter of credit equal to your proposed five-year costs that will remain in effect during the five-year contract period.

5.20-List of all previous, pending or threatened litigation, arbitration, administrative or other proceedings involving the Company, any subsidiary or any joint venture involving the Company or any subsidiary, or any officer or director (including parties, remedies sought and nature of action)

5.21-List and description of all previous, pending or threatened government or other investigations involving the Company, any subsidiary or any officer or director

5.22-List any regulatory or compliance issues previously or currently being addressed by the company where there were any notices or other correspondence concerning any known or alleged violation of Federal, state or local laws, regulations, agreements and/or commitments.

6. **TECHNICAL ARCHITECTURE**

Complete the *Technical Architecture* supplement and return with this RFP.

Attachment B: Request for Proposal – Technical Architecture Supplement – Page 1

SacVALLEY MEDSHARE

The Health Information Exchange for California's North Central Valley
P.O. Box 9217
Chico, CA 95927-9217

CORPORATE DUE DILIGENCE: REQUEST FOR PROPOSAL:
TECHNICAL ARCHITECTURE SUPPLEMENT

1. System Infrastructure and Scalability

Requirement	Vendor Response		
	Yes	No	Comments
1. Hardware configuration operates on industry standard servers, i.e. HP, Dell, IBM.	☐	☐	
2. Operating system environment support industry standard minimum requirements, i.e. Microsoft Windows Server 2008 R2, Linux.	☐	☐	
3. System can be configured with complete redundancy with no single point of failure as well as Active-Passive set-up where both nodes will be handling different types.	☐	☐	
4. Use clustering software to load balance and demonstrate quick, automatic failover across all servers.	☐	☐	
5. Support web-based interface.	☐	☐	
6. Support Citrix or other terminal services platform.	☐	☐	
7. Hardware platform provides capability for hot swappable, mirrored/raided disk drives.	☐	☐	
8. Support the ability to conduct routine backup procedures without the users having to be off of the system.	☐	☐	
9. Delivery options for a host-based environment (SaaS).	☐	☐	
10. Data elements can be viewed, printed, interfaced, updated, reported on and/or listed as needed.	☐	☐	

Attachment B: Request for Proposal – Technical Architecture Supplement – Page 2

Requirement (Continued)	Vendor Response		
	Yes	No	Comments
11. Provide Common Reporting Tools and Analytics that are compatible with recognized, industry standard reporting tools such as Microsoft SQL, Crystal Reporting.	☐	☐	
12. Vendor provides load testing tools and load testing as part of their implementation.	☐	☐	
13. System is scalable to accommodate additional utilization, users, transactions and/or additional local/remote sites.	☐	☐	
14. Support multiple environments including test, production and training.	☐	☐	
15. Provide a data dictionary.	☐	☐	
16. Database tools are provided to allow end-user access for queries and extraction or output of data into other file formats.	☐	☐	
17. Allow for server virtualization	☐	☐	
18. Application can be monitored via common enterprise monitoring systems.	☐	☐	
19. Application provides an alerting and monitoring utility.	☐	☐	
20. Application exposes data via Web Services.	☐	☐	

1. Does your solution employ a true Service Oriented Architecture (SOA)? Explain.

2. In the context of a true SOA, explain how your data and service modeling is done and what advantages it provides to the customer.

3. Describe the vendor's approach to data integrity and redundancy.

Attachment B: Request for Proposal – Technical Architecture Supplement – Page 3

4. Describe the vendor's approach and tools for backup, recovery and SAN/NAS recommendations.

5. Detail the number of environments that are recommended for implementation and their purposes, ex. Test, Development, QA, Production?

6. Describe the process of environment management and migrating from one environment to another.

7. What is the source code for the application written in?

8. How many application releases per year does the vendor provide?

9. How are minor and major releases communicated and provided to the client?

10. Detail the printing process for the application.

Attachment B: Request for Proposal – Technical Architecture Supplement – Page 4

2. Network Capabilities

Requirement	Vendor Response		
	Yes	No	Comments
1. Each server must have an appropriate Network Interface Card (NIC) to connect to the Local Area Network.	☐	☐	
2. In Ethernet environments, all servers should be placed on dedicated 100 Mbps or 1Gbps Full-Duplex switch ports for maximum throughput and performance.	☐	☐	
3. Critical data (security/authentication data) is passed between various layers using 256 bit encryption. The browser/server communication can also be set using SSL based authentication.	☐	☐	
4. Capable of using IP and the standard network protocol.	☐	☐	
5. Required network devices can be managed from a central location.	☐	☐	
6. Support Network Load Balancing to offer higher throughput for increased user load.	☐	☐	
7. Support Layer 3 switching	☐	☐	

1. Please describe your LAN/WAN network requirements.

2. On the Wide Area Network, what is the minimum bandwidth requirement?

3. Describe in detail the remote access methods you currently support for your application and how you would support devices at remote locations.

4. What are the throughput response time requirements?

Attachment B: Request for Proposal – Technical Architecture Supplement – Page 5

3. Security

Requirement	Vendor Response		
	Yes	No	Comments
1. Support Role Based Access	☐	☐	
2. Support task-based and object-based user authorization profiles.	☐	☐	
3. Provide an audit trail that can be used to identify transactions or data accesses that have been performed by:	☐	☐	
• Function	☐	☐	
• Terminal	☐	☐	
• Client	☐	☐	
• User	☐	☐	
4. Provide Audit Log reporting features.	☐	☐	
5. Log all unsuccessful logons and lock out users after a certain number of unsuccessful attempts as defined by the customer.	☐	☐	
6. Provide a "time out" feature that automatically signs off a user if a workstation has been left unattended for a user-defined time period.	☐	☐	
7. Support Active Directory and/or LDAP	☐	☐	
8. Provide functions to restrict access to specific patient records for individual users.	☐	☐	
9. Authenticate user based upon a minimum of one-factor authentication utilizing one or more of the following in combination with a User ID:	☐	☐	
• Password	☐	☐	
• Biometric Identification	☐	☐	
• Proximity Controls (RFID)	☐	☐	
• Token	☐	☐	
10. Provide interoperability with patient context (CCOW).	☐	☐	
11. Permit the security administrator to specify that User IDs and passwords must contain a combination of alphabetic, numeric, and special characters.	☐	☐	

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Attachment B: Request for Proposal – Technical Architecture Supplement – Page 6

Requirement (Continued)	Vendor Response		
	Yes	No	Comments
12. Permit the security administrator to specify that passwords must adhere to strong password guidelines.	☐	☐	
13. Permit the security administrator to specify a minimum password length that will be enforced by the system.	☐	☐	
14. Force a user to select a password at initial sign-on and when the password has been reset.	☐	☐	
15. Prohibit the reuse of User IDs and passwords per user based upon security administrator controllable setting.	☐	☐	
16. Support the encryption of the password file and password information.	☐	☐	
17. Permit the security administrator to set events that are considered security violations as well as provide real-time notification of any violations.	☐	☐	

1. Discuss the system's ability to define and control user and role profiles within and across facilities.

2. Describe the system user name and password structure and the ability to enforce it.

3. Discuss the authentication process including encryption and wireless devices.

4. How does your system support single sign-on?

5. Does the system provide audit logs/error logs to detect unauthorized access or activity?

6. Describe the system components in place that support a user/client's adherence to the HIPAA security regulations.

SVMS-FORM-058.001 Request for Proposal Technical Architecture Supplement   CONFIDENTIAL   Page 6 of 8

Attachment B: Request for Proposal – Technical Architecture Supplement – Page 7

4. Interoperability

Requirement	Vendor Response		
	Yes	No	Comments
1. Support the use of industry standard interface engines.	☐	☐	
2. Provide pre-defined interfaces that expedite interface development time and automatic wizards that can be used to implement model definitions.	☐	☐	
3. Support standard HL7 interfaces.	☐	☐	
4. Support industry standards such as DICOM and XML.	☐	☐	
5. Interface with legacy systems, departmental systems, repository systems, foreign systems, modalities and devices.	☐	☐	
6. Software logic is parameterized or table driven for convenient modification by EPT, tables, and external database query.	☐	☐	
7. Users can view a display of archived transactions and audit file as well as the transactions as they are being processed.	☐	☐	
8. Provide a custom adapter development kit such as COM or API, making it possible for a user to create utilities and applications that can communicate directly.	☐	☐	
9. The generation of alert messages can be configured by the time of day and day of week, for each interface via user-defined peak, off-peak and scheduled downtimes.	☐	☐	
10. Alert messages can be sent to any device including, mobile devices and printers as well as to other interfaces. Alerts can also be configured based on change of interface status, idle time and excessive transaction backlog.	☐	☐	
11. Support data mapping and conditional routing.	☐	☐	
12. The following data types are supported: ASCII, BLOB, EBCDIC, hex16, hex32, printable, raw, signed binary and unsigned binary.	☐	☐	

Attachment B: Request for Proposal – Technical Architecture Supplement – Page 8

Requirement (Continued)	Vendor Response		
	Yes	No	Comments
13. Error Monitoring provides an alert subsystem which generates alert messages that are stored and viewable online and can be routed via various mechanisms such as e-mail and mobile devices.	☐	☐	
14. Holds message waiting to be processed in memory and writes them to disk. Each message is flagged with a status that indicates whether it has been processed and received by the destination system.	☐	☐	

1. Provide your definition and vision of interoperability and how you are incorporating interoperability within your solutions.

2. Describe your method for establishing HL7 connectivity as well as the version you support.

3. Describe your overall design approach to developing, testing, implementing and upgrading system interfaces.

4. Describe how you support systems without standard interfaces.

5. What tools does your system provide to allow monitoring and guaranteed delivery of your interfaces?

6. What interface engines have your existing clients used?

7. Describe the auditing capabilities to verify the counts of records sent or received by your system.