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COOK COUNTY HEALTH (CCH)

REQUEST FOR PROPOSAL RFP# H20-0038

TITLE: CMS Interoperability and Patient Access Final Rule

GENERAL DESCRIPTION: Health Plan Services is requesting proposals for an Application Programming Interface (API) that is compliant with the CMS Interoperability and Patient Access Final Rule and provides an integrated solution that will standardize the exchange of healthcare information that will enable healthcare providers and payers to easily share patient information.

DATE ISSUED: November 2, 2020

VENDOR QUESTIONS DUE DATE: November 10, 2020 by 2:00 p.m. CT

RESPONSE/ PROPOSAL DUE DATE: December 4, 2020 by 2:00 p.m. CT

Responses to this RFP shall be delivered after 8:00 AM (CT) but no later than 2:00 PM (CT) to:

Cook County Health C/O John H. Stroger, Jr. Hospital
1969 West Ogden Ave., Lower Level Room # 250A
Chicago, IL 60612
Attention: Supply Chain Management Department

Please note that it takes approximately 20 minutes to pass security and walk to room 250A.

Pre-Proposal Conference /Field Inspection:

Cook County Health, Health Plan Services
600 W Jackson, 4th floor
Chicago, IL 60661

Delivery of RFP must include the **RFP Acknowledgement Form** included at the end of this document.

All questions regarding this RFP should be directed to purchasing@cookcountyhhs.org

The RFP and related Addenda will be posted at the <http://www.cookcountyhealth.org> website under the "Doing Business with Cook County Health" tab.

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1. Background

1.1 Cook County Health

Cook County Health (CCH) provides a wide range of health care services and operates the John H. Stroger, Jr. Hospital of Cook County, a tertiary, acute care hospital and Provident Hospital of Cook County, a community acute care hospital. Cook County Health is also comprised of:

- 16 community health centers offering primary and specialty care and diagnostic services
- The Cook County Department of Public Health (CCDPH), a certified local public health department serving most of suburban Cook County
- Cermak Health Services of Cook County, which provides health care services to the detainee in the Cook County Sheriff's Department of Corrections and to the residents of Cook County's Juvenile Temporary Detention Center
- The Ruth M. Rothstein CORE Center, a comprehensive care center for care of HIV and other infectious diseases, and
- CountyCare, the largest Medicaid managed care plan in Cook County and one of the largest in the northeast region of the state.

CCH history and mission to care for all, regardless of the ability to pay, dates back to 1835. In that time, CCH has cared for millions of people, trained thousands of doctors, and conducted important research that has contributed to modern day practices in hospitals. We have centers of excellence in trauma, burn and emergency care, oncology, endocrinology, infectious disease and other areas. We have long been the safety net to the safety net when it comes to caring for the uninsured, a mission that remains today despite the new healthcare environment in which we operate.

CCH is one of the largest public health systems in the United States. As a provider of care, CCH sees approximately 300,000 unique patients annually through more than 1 million outpatient visits and more than 20,000 admissions, including 77,000 detainees at the Cook County Department of Corrections and residents of the Juvenile Temporary Detention Center. We are the largest provider of HIV care in the Midwest and one of the largest in the nation. On an average day, CCH fills nearly 20 times as many outpatient prescriptions than the average commercial pharmacy. The CCDPH is a state and nationally certified public health authority serving the majority of suburban Cook County.

CCH firmly believes that to obtain the true benefits provided by the Patient Protection and Affordable Care Act (ACA) health care transformation must go beyond simply increased access to health insurance and must extend to health practice as well. The launch of CountyCare in fall 2012 under the ACA's Early Enrollment Option set the course for CCH's transformation. In the two years since, CCH has seen a dramatic shift in its Payer mix such that a majority of CCH Patients is now insured – the first time this has been the case in CCH's 180-year history of direct care.

1.2 About Health Plan Services

Health Plan Services (HPS) is a Department within CCH that manages two lines of business: CountyCare, an Illinois Medicaid managed care plan, and MoreCare, a portfolio of Medicare Advantage plans including a Medicare Advantage Part D Plan, a Chronic Special Needs Plan (C-SNP) for members with HIV, an Institutional Special Needs Plan, and an Institutional Equivalent Special Needs Plan (IE-SNP).

In 2013, CCH launched CountyCare, as a demonstration project through the Centers for Medicare and Medicaid Services (CMS) 1115 Waiver granted to the state of Illinois Medicaid agency to enroll eligible low income Cook County adults (ACA adults) into a Medicaid managed care program. In July 2014, CountyCare

transitioned from the federal waiver authority and subsequently became a Medicaid managed care plan under the State's County Managed Care Community Network (2018 County MCCN) rules. This transition allowed CountyCare to expand beyond the newly eligible ACA adult population to include traditional Medicaid populations in Family Health Plans (FHP), Managed Long Term Services and Supports (MLTSS), Special Needs Children (SNC), and Integrated Care Program (ICP).

CountyCare receives a capitated per member (enrollee) per month rate for every enrollee in its health plan. Many of the enrollees we enrolled have long been our patients whose costs were previously part of our uncompensated care expenses. The ACA, through CountyCare, has significantly reduced CCH's reliance on local taxpayers. CountyCare currently has over 370,000 Enrollees and over 450 Medicare beneficiaries in Cook County.

The CountyCare provider network includes all CCH facilities, every Federally Qualified Health Center (FQHC) in Cook County, and more than 60 hospitals. For CountyCare, innovation remains a theme in its development and growth. With a consistent focus on establishing itself as a pioneering provider-led and governed health plan, CountyCare has:

- Provided a real-time, online notification system to its care coordinators and medical homes consisting of real-time information regarding enrollee discharge at over 25 hospitals in Cook County
- Launched high-risk care coordination for special needs children
- Integrated care coordination into provider practices
- Provided application assistance and linkage services for justice-involved enrollees

Recently, CCH also developed a strategy to provide the system's long-standing patients with continuity of care as they age into Medicare. In January 2020, CCH launched its Medicare Advantage Program, MoreCare, a partnership between CCH and Medical Home Network. At present, MoreCare has 455 members and offers the following products to Medicare-eligible residents of Cook County:

- MoreCare for You: A Medicare Advantage plan with prescription drug coverage (MAPD)
- MoreCare+: A chronic conditions special needs plan for residents diagnosed with HIV (C-SNP/HIV-SNP)
- MoreCare Home: An institutional special needs plan for residents living in long-term care facilities/nursing homes (I-SNP)
- MoreCare at Home: An institutional equivalent special needs plan for residents who are receiving or will need nursing facility or skill nursing facility level of care but reside at home or in the community (IE-SNP)

The accomplishment of these and future innovations requires an infrastructure that is nimble and supportive of creative approaches, while also ensuring compliance with its managed care contracts, and state and federal regulations and guidelines. CountyCare will demonstrate its commitment to provider-led health care by:

- Providing clinical support and care coordination at the sharpest point of care, by frontline clinical teams wherever feasible;
- Supporting and empowering its Enrollees by offering consumer-friendly interfaces and self-management support for Medicaid and Medicare products.

1.3 CMS Interoperability and Patient Access Requirements

On March 9, 2020, the Center for Medicare and Medicaid Services (CMS) released final regulations –CMS Interoperability and Patient Access Final Rule or the CMS Final Rule (CMS-9115-F), to implement extensive

requirements of health plans serving Medicaid, Medicare Advantage and the Federally Facilitated Exchanges. Beginning July 1, 2021, health plans will be required to share health information – at the direction and approval of enrolled members, with third-party applications in a more accessible and timely manner. The primary goals of the CMS Final Rule are to ensure patients have seamless access to their health information, and that information follows them on their healthcare journey.

CCH HPS is seeking an integrated solution that can implement and support the health plan requirements described in the CMS Final Rule for all Medicaid and Medicare lines of business.

CMS is mandating that health plans must have the following:

- An API that:
 - Allows members to access their own administrative and clinical data. At a minimum, the data classes and elements in the US Core Data for Interoperability document
 - Claims: 1 day after the encounter is received
 - Adjudicated claims: 1 day after adjudication
 - Clinical data: 1 day after received
 - Health Plan Provider directory
 - Contracted providers
 - Any changes must be posted within 30 days
 - Drug benefit data
 - Within 1 day of effective date for covered drug list
 - Formulary data
- Routine testing and monitoring
- Accessible API documentation
- Privacy/Security
 - Compliance with HL7 SMART App Launch Framework standards
- The ability to share data with third-party app vendors upon member consent

2. Purpose

Health Plan Services is seeking a cost-effective solution that integrates with internal systems and data sources to enable compliance with the interoperability requirements described in the CMS Interoperability and Patient Access Final Rule (CMS-9115-F) for both Medicaid and Medicare lines of business. The solution must also be flexible enough to support future business requirements and regulatory changes. The goal is to begin implementation of the new software vendor by January 15, 2021 for a successful launch of the new software by July 1, 2021. HPS will work closely with the vendor to ensure successful planning and implementation of the new system.

The business need for this procurement is primarily driven by:

- The need to be compliant with the CMS Interoperability and Patient Access Final Rule
- The need for an integrated system to serve CCH's growing membership and its strategic plan
- The need for a system that is dynamic and responsive to changing population, program, and Medicaid and Medicare requirements
- The need for a system that can be customized to reflect our unique situation as provider-driven health plan with two hospitals, 16 community health centers, the County's department of public health, and a correctional health program, among other services
- Expected future growth into additional lines of business

2.1 Term of Services

The term of services shall be for thirty-six (36) months with two optional two (2) year extensions. The award agreement may be terminated by CCH for convenience following sixty (60) calendar days' prior written notice of termination.

2.2 Basis of Award

The basis of award shall be to a single proposer based on the highest rated proposal offering the best value to CCH that meets the specifications, terms, and conditions as assessed using the evaluation criteria set forth in section 7 of this RFP.

3. Schedule

CCH anticipates the following schedule:

Activity	Estimated Date
RFP posted to the website	11/2/2020
Proposer Inquiry Deadline	11/10/2020 by 2:00 p.m. CT
CCH response to Vendor Questions-Tentative	11/20/2020
Proposal Due Date	12/4/2020 by 2:00 p.m. CT
Evaluation of RFP (Tentative)	12/4/2020-12/18/2020
System Demonstrations (Tentative)	12/4/2020-12/18/2020
System References (Tentative)	12/4/2020-12/18/2020
Notification of Decision (Tentative)	12/30/2020

4. Scope of Services

4.1 Services Overview

HPS plans to select one vendor that offers a solution that integrates internal systems and data sources in compliance with interoperability requirements set forth in the CMS Interoperability and Patient Access Final Rule (CMS-9115-F). The Plan will select a vendor that has the capacity to provide all major system components, installation, customization, integration, reporting, migration of clinical data, training, technical assistance, enhancements, and maintenance.

Health Plan Services is requesting proposals for interoperability that meet the following criteria.

4.2 Qualifications:

Applicants must meet the following minimum qualifications:

	Minimum Qualifications	Response (Y/N)
1	Solution is compliant with the Patient Access API described in CMS Interoperability and Patient Access Final Rule (CMS-9115-F)	
2	Demonstrated track record of implementing a fully operational API in five (5) months or less	
3	Ability to provide ongoing system support and maintenance over three-year contract period	
4	Knowledge of and experience with Medicaid managed care	

Minimum Qualifications		Response (Y/N)
5	Knowledge of and experience of Medicare Part D	
6	Advanced data integration capabilities, including integration of real-time data feeds	
7	Advanced data analytics and reporting capabilities, including real-time and self-service reporting options	
8	Flexibility to adapt to new and changing industry and regulatory standards	
9	Strong references that attest to the quality, reliability, and integrity of the applicant – both in terms of its team and its products/services	
10	Demonstrated IT security following recognized industry framework(s)	
11	Demonstrated experience with FHIR API	

In addition, successful applicants will likely meet some of the following preferred qualifications:

Preferred Qualifications		Response (Y/N)
1	Demonstrated system scalability	
2	Experience partnering with public sector organizations	
3	Experience in the Illinois Medicaid Managed Care market	
4	Customization at the state and client level	
5	Industry-recognized accreditation and/or certifications (please list)	
6	Demonstrated experience with EHR integration	

Applicants should explicitly address the above qualifications in their response to this RFP. If the response is “No” to any of the above qualifications, please provide comment and additional detail in less than 3 pages single spaced.

4.3 Service Requirements and Responsibilities Matrix

Applicants should include and explicitly address the below System Requirements and Responsibilities Matrix in their response to this RFP. Please use the corresponding response codes listed below in your RFP response. If the response is “D/M/T/N” to any of the below qualifications, please provide comment and additional detail in less than 10 pages single spaced.

Response code	Category
Y	Yes (operational today). This response indicates that the line item on the checklist is an operational feature that exists in a production environment. This functionality can be demoed at HPS’ request.
D	Under Development. This response indicates that the line item on the checklist is currently under development and will be included as part of the next software release scheduled to occur within the next six months. Responses in this category should include the release number and release date.
M	Modify. This response means that the vendor is willing to develop the feature as part of a new system component or as a modification to an existing system component. The cost of this enhancement should be itemized and included in the vendor’s projected cost of the system implementation.

Response code	Category
T	Third Party. This response means that the functionality is available from a third party partner of the vendor and an integrated solution exists in a production environment. If third party products are proposed, please include an itemized list in the projected costs.
N	No. Place an N in the box if none of the above descriptions are true.

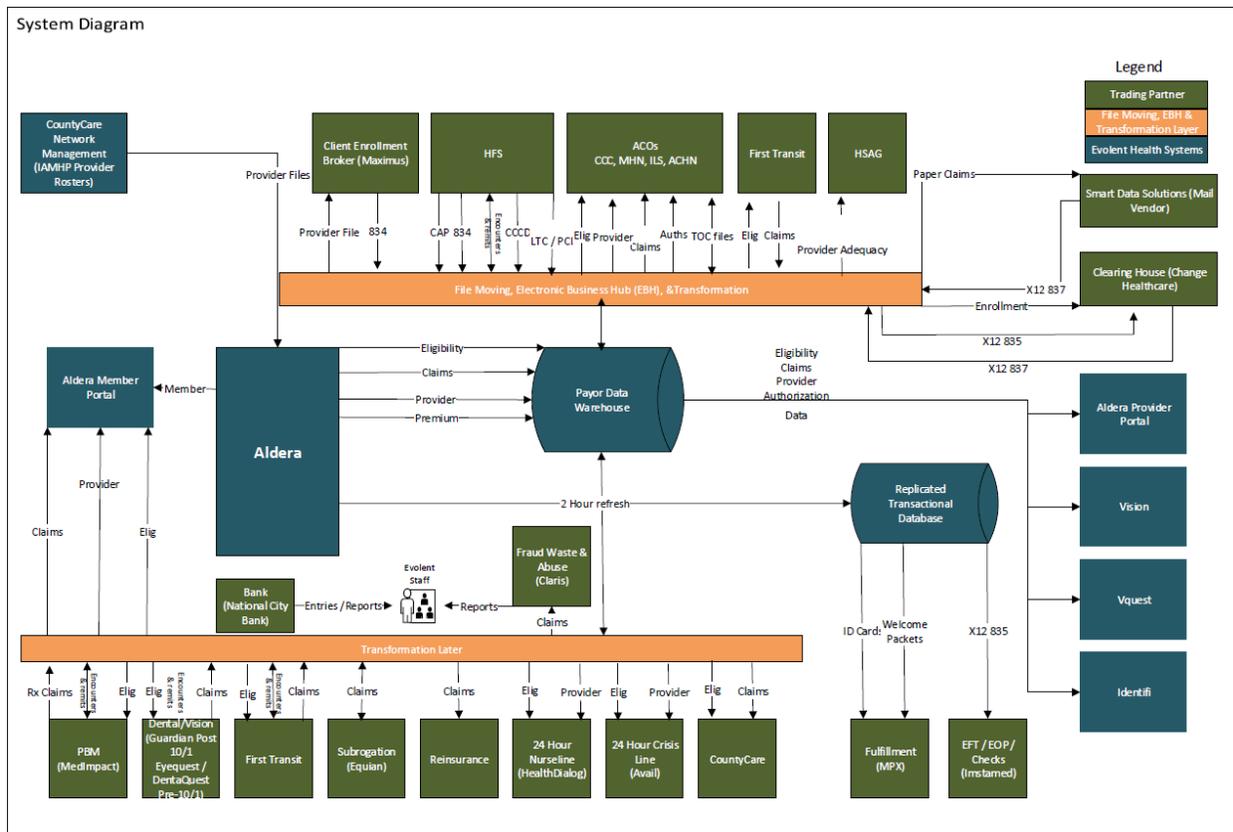
Functional Requirements		Response code (Y/D/M/T/N)
1	FHIR API System Requirements	
Solution is compliant with the Patient Access API described in CMS Interoperability and Patient Access Final Rule (CMS-9115-F)		
1.1	Cloud-hosted FHIR API server supporting FHIR version 4.0.1 and subsequent versions	
1.2	FHIR API server supporting FHIR version 4.0.1 – we will evaluate proposals cloud-hosted solutions	
1.3	Facade or Repository data model	
1.4	Makes available source data for claims, encounter, clinical data (based on USCDI) and formulary data using publicly available implementation guides	
1.5	Data for claims, encounters and clinical data are updated within one (1) business day	
1.6	Data for the formulary are updated monthly	
1.7	24/7 availability	
1.8	Ongoing maintenance and testing	
2	Consent and Identity Management	
Solution is compliant with the Patient Access API described in CMS Interoperability and Patient Access Final Rule (CMS-9115-F)		
2.1	Obtain HPS member consent of 3 rd -party applications and ability for each HPS member to view, track and modify their consent	
2.2	Ability to integrate with existing HPS member portal	
2.3	Able to support identity verification and authentication via member matching on discreet member identifiers in eligibility data	
2.4	Support SMART on FHIR authorization process (Application Launch Framework Implementation Guide Release 1.0.0 and subsequent releases) for secure authorization of 3 rd -party application access to the Patient Access API	
2.5	Customer service support for member questions and trouble-shooting	
3	Third-Party Application Support	
Solution is compliant with the Patient Access API described in CMS Interoperability and Patient Access Final Rule (CMS-9115-F)		
3.1	Registration and onboarding process for 3rd-party applications to connect to the Patient Access API	
3.2	API documentation is publicly available	
3.3	3rd-party attestation process that obtains information about a 3rd-party application’s privacy policy and shares that information with HPS members	
3.4	Security risk assessment of 3rd-party applications to evaluate and approve access to CountyCare and MoreCare’s Patient Access API	

Functional Requirements		Response code (Y/D/M/T/N)
3.5	Ability for HPS administrators to revoke or discontinue API access	
3.6	Customer service support for 3rd-party developer questions and troubleshooting	
3.7	Dedicated developer portal or “sandbox” for 3 rd -party developers to test with sample HPS data	
4	Provider Directory API	
Solution is compliant with the Provider Directory API described in the CMS Interoperability and Patient Access Final Rule (CMS-9115-F)		
4.1	FHIR API System Requirements	
4.1.1	<ul style="list-style-type: none"> Cloud-hosted FHIR API server supporting FHIR version 4.0.1 	
4.1.2	<ul style="list-style-type: none"> Makes available source data for physician and pharmacy network using publicly available implementation guides 	
4.1.3	<ul style="list-style-type: none"> Data are updated monthly 	
4.1.4	<ul style="list-style-type: none"> Publicly accessible API endpoint 	
4.1.5	<ul style="list-style-type: none"> 24/7 availability 	
4.1.6	<ul style="list-style-type: none"> Ongoing maintenance and testing 	
5	Payer-to-Payer Data Exchange	
Solution is compliant with the Payer-to-Payer Data Exchange described in the CMS Interoperability and Patient Access Final Rule (CMS-9115-F)		
5.1	Support data exchange between HPS and another health plan for current and former HPS members – source data based on the USCDI standard	
5.2	Track member request and authorization	
5.3	Ongoing maintenance and testing	
Support Services		Response code (Y/D/M/T/N)
6	Technical support and training	
The HPS team will require training at the time of implementation and at least quarterly thereafter. HPS will work with the selected vendor on the training outline and will require self-service training materials to be made available, including, but not limited to PowerPoints or training recordings. Ongoing technical assistance and training may be required off cycle when there are system enhancements.		
6.1	Offer technical support and training for the platform, and modules, and user provisioning options	
6.2	Able to provide initial and quarterly training to HPS users	
6.3	Will provide self-service training materials (e.g. PowerPoint slides, recorded webinars) covering core system functionality, and reporting	
6.4	Responds to requests for technical support within 1 business day	
7	System Maintenance	
The selected vendor will be responsible for ongoing system and database administration and software improvements for the duration of the contract period. Issue or incident reporting will be made available for the HPS administrators and other end users and errors will be resolved as expediently as possible. A calendar or roadmap for system enhancements and maintenance updates will be provided by the selected vendor.		
7.1	Ongoing technical support, system/ database administration and automated software updates for the duration of the contract period	

Functional Requirements		Response code (Y/D/M/T/N)
7.2	Provides system for incident or error reporting that can be submitted by administrator or other end-users	
7.3	Depending on issue severity, issues resolved in an expedient manner	
7.4	Provides calendar for service package, enhancement, or maintenance updates	
7.5	Alerts end users to changes in system	
7.6	Provides HPS staff with access to test environment	
8	Account Management	
A primary point of contact will help support the day-to-day operations of the system, including issue escalations and solutions. The selected vendor will have an account manager that works closely with and partners with HPS to ensure that the system supports the workflows and needs of HPS.		
8.1	Account manager assigned to account as primary point of contact for contract oversight, and issue and escalation resolution	
8.2	Will maintain a log of enhancements and issues for prioritization and implementation	
9	Implementation Services	
HPS will partner with the selected vendor to: 1) prepare a project plan, 2) develop reporting and business requirements documentation (BRD), 3) establish connectivity and required data interfaces, 4) implement requirements according to the BRDs, 5) implement testing, including user acceptance testing, 6) train HPS trainers and end-users, and 7) go-live within the required timeframe.		
9.1	Successful and timely development of the Business Requirements Document (BRD) detailing all data and IT requirements, data interfaces/flows, file formats, data exchange cadences and solution integration in advance of implementation	
9.2	Establish connectivity and data interfaces for complete capture of data required	
9.3	Project Management services including the development, implementation, and monitoring of the project plan through execution over the entire project lifecycle.	
9.4	A Project Manager will be dedicated to the project and serve as point of contact to client for project management related activities.	
9.5	The PM is responsible for managing risks and issues, communication plans, meeting minutes, and change control, and implementation	
9.6	Develop a mutually agreed acceptance criteria for each module/ product implemented prior to the acceptance testing and in accordance with the project plan to ensure adherence to the go-live requirements	
9.7	Develop test plan, and execute on testing, including user acceptance testing prior to go-live	

4.4 Overview of Existing Infrastructure

The selected solution must integrate with and leverage our existing infrastructure. The diagrams and information below are provided for context and to inform your proposal.



Evolent is the third party administrator for CountyCare and MoreCare and is delegated for the following functions, including but not limited to: 1) enrollee services, 2) grievances and appeals, 3) claims processing and payment services, 4) provider services, 5) benefits/utilization management including pre- and post-payment reviews, 6) health plan state regulatory reporting, and 7) actuarial accounting and analytics. Health Plan Services also utilizes Evolent systems to facilitate enrollee and provider satisfaction surveys and analytics, and fulfillment services for new enrollees, such as ID card and welcome letter distribution. Information technology supports each of these functions and CountyCare must ensure that all data systems supporting the health plan comply with federal Medicaid managed care requirements at 42 CFR Part 438.

As CountyCare and MoreCare’s third party administrator, Evolent maintains a multi-faceted data platform, which is illustrated in the figure above. An Enterprise Business Hub (EBH) receives health plan enrollment information from the state’s contracted broker (Maximus) and confirmed members from the state, along with capitated payment information and historical utilization data from the Department. The EBH receives claims data from Change Healthcare (formerly Emdeon), which serves as a claims clearinghouse and transfers it to the claims processing platform. The EBH also receives a weekly Provider File Load from the Department that identifies Medicaid approved providers, Care Coordination Claims Data (CCCD) from the State and care management information from HPS’s delegated care management entities (CMEs): Medical Home Network ACO, ACCESS Community Health Network, CCH’s internal Complex Care Coordination (CCC), DSCC (a specialized care coordination unit of the University of Illinois at Chicago), and Independent Living Systems (ILS). The information from the CMEs passes to the EBH through their own data platforms, MHNConnect, ACCESS’s EMR, Texture, ClientTrack, and eCare Prime, respectively. The EBH is also the means through which required information, including encounter claims

and reports, is transmitted to the Department. Extracts of paid claims as well as information about enrollee and provider eligibility are maintained in a Payer Data Warehouse.

Claims data related to services reimbursed through CountyCare’s delegated entities and providers, MedImpact (Pharmacy Benefits Manager), Guardian Avesis (Dental and Vision), and First Transit (Transportation) are also maintained in the Payer Data Warehouse.

Most data applicable to the Patient Access API are available in our centralized data warehouse, but in non-standardized data formats. Clinical data, including prior authorization data, may be a challenge because they are stored in disparate systems as documents and unstructured data. Health Plan Services will request vendor to be flexible on format type. File formats such as, JSON format of CARIN CPCDS and/or USCDI v1, are currently being reviewed but pending final feedback on standards.

4.5 Core Business Applications and Systems

Application	Description	Vendor
Aldera (Evolent Product)	Medical claims processing	Evolent Health
MedAccess	Rx claims	MedImpact
	Dental and vision claims	Guardian/Avesis
Aldera (Evolent Product)	Eligibility and enrollment	Evolent Health
MHNConnect	Care management	Medical Home Network ACO
Epic		ACCESS
CMIS		Complex Care Coordination
ClientTrack		DSCC
eCare		Independent Living Systems
Texture		Health Plan Services Care Management

5. Required Proposal Content

This RFP provides potential proposers with sufficient information to enable a proposer to prepare and submit proposals. CCH is supplying a base of information to ensure uniformity of responses. It must be noted, however, that guidelines are not intended to stifle the creativity of any proposer response.

This RFP also contains the instructions governing the submittal of a Proposal and the materials to be included therein, which must be met to be eligible for consideration. All Proposals must be complete as to the information requested in this RFP in order to be considered responsive and eligible for award. Proposers providing insufficient details will be deemed non-responsive. CCH expects all responses to reflect exceptional quality, reasonable cost and overall outstanding service.

Any page of a proposal that proposer asserts to contain confidential proprietary information such as trade secrets or proprietary financial information shall be clearly marked “CONFIDENTIAL PROPRIETARY INFORMATION” at the top of the page. Additionally, the specific portions of the page that are asserted to contain confidential proprietary information must be noted as such. However, note that ONLY pages that are legitimately confidential should be marked Confidential. CCH will return proposals that mark all pages Confidential or are copyrighted. All proposals submitted to CCH are the property of CCH.

Further, the proposer is hereby warned that any part of its proposal or any other material marked as confidential, proprietary, or trade secret, can only be protected to the extent permitted by Illinois Statute.

Proposals shall not contain claims or statements to which the proposer is not prepared to commit contractually. The information contained in the proposal shall be organized as described in this section.

5.1 Executive Summary/Cover Letter

Please limit this to one page. The cover letter shall be signed by an authorized representative of the proposer. The letter shall indicate the proposer’s commitment to provide the services proposed at the price and schedule. Do not forget to sign your cover letter.

5.2 Response to Scope of Services

Please insert your response to the Scope of Services, Section 5 in this section.

5.3 Proposer’s Profile and Track Record

Proposer must include a **description** of the organization’s track record as follows:

Company Profile	Response
a. Legal Name	
b. Assumed Names if any	
c. Legal Structure (e.g. sole proprietor, partnership, corporation, joint venture)	
d. If a subsidiary, provide the same RFP about the Parent Company as required in this table format.	
e. Date and State where formed.	
f. Proposer's principals/officers including President, Chairman, Vice Presidents, Secretary, Chief Operating Officer, Chief Financial Officer, and related contact RFP.	
g. Point of contact for this RFP including contact information	
h. Proposer Business background and description of current operations	
i. Number of employees	
j. Number of years in business	
k. Total number of years providing the proposed services	
l. Is Proposer a licensed business to perform the work in scope? If so, please specify relevant certifications.	
m. Proposer's Federal Employee Identification Number (or Social Security Number, if a sole proprietorship)	
n. Is proposer authorized to conduct business in Illinois? Provide Registration Number issued by the Illinois Secretary of State, a copy of the Certificate of Good Standing, and include Cook County Assumed Business Name Certificate, if applicable.	

Product Portfolio	Response
a. Total current customers:	
b. Percent of customers across various products:	
c. Total membership supported by your products/services:	
d. Percent of total membership supported across product/service lines:	
e. Lines of Business supported by your products/services:	
System Specifications	Response
a. Application name:	
b. Version number:	
c. Programming language(s):	
d. Database:	
e. Application first install date:	
f. Version first install date:	
g. Version last install date:	
h. Number of clients on proposed application by version:	
i. Percent of total revenue generated from sales and service from this proposed solution:	
j. Percent of total customers on proposed solution:	
k. Average size of clients on proposed application in terms of membership and revenue:	
l. Types of products currently being supported by current clients of the proposed system:	
m. Number of clients that have terminated license since 1/1/2017:	
n. Required third party components:	
o. Available API's:	
p. Data conversion utilities:	
q. Key integration partners:	

5.4 Vendor Solution Capabilities and Services – Narrative

5.4.1 Solution Overview and Experience

- 5.4.1.1 Provide an overview of your solution architecture and describe how it supports the CMS Final Rule and HPS business requirements outlined in the Scope of Work – specifically the:
- 5.4.1.1.1 Patient Access API
 - 5.4.1.1.2 Provider Directory API
 - 5.4.1.1.3 Payer-to-Payer Data Exchange
- Include a visual diagram that represents your solution architecture.
- 5.4.1.2 Describe up to two (2) case studies with an existing customer that demonstrate your experience with implementing a FHIR-based solution that connects with third-party applications for health plan claims, encounters, and/or clinical data. What are some challenges, best practices and lessons learned that HPS should consider in its implementation?

- 5.4.1.3 How much of your solution is owned and performed by your company, and which components or services are subcontracted to another company? If any subcontractors or third-party applications are used to fulfill the requirements of your solution, please identify them by their company and application name, and their contribution to your solution. Describe your experience working with each subcontractor or third-party application.
- 5.4.1.4 Describe your direct experience with each of the following FHIR interoperability initiatives, including how your solution supports each initiative (if at all) and how your solution builds on that experience?
- CMS Blue Button 2.0
 - Da Vinci Project
 - CARIN Alliance
 - Argonaut Project
- 5.4.1.5 Why should HPS choose your solution over other competitors?
- 5.4.2 FHIR API Server
- 5.4.2.1 Describe your overall hosting and deployment options, and include the pros and cons to each option. Based on your knowledge of HPS, what do you recommend for HPS and why?
- 5.4.2.2 For cloud-hosting, what cloud vendor(s) does your solution currently support and where is the data center located?
- 5.4.2.3 Briefly describe how your solution is built to support future needs and growth, and can be scaled in a cost-effective way without compromising performance. Indicate the largest production environment that your solution currently supports – such as total number of health plan lives in your FHIR API solution, size of data managed, supported transactions per second, etc.
- 5.4.2.4 HPS data warehouse is currently hosted in the cloud. Does your solution support implementation within a private cloud environment (i.e., managed deployment)? If yes, what factors and/or limitations are worth noting.
- 5.4.2.5 Does your solution support FHIR Facade or Repository data model (or both) – i.e., does your solution store a full copy of the source data and make that available, or does it connect to a health plan's data and transform it into FHIR upon request? What are the pros and cons to each option? Based on your knowledge of HPS, what do you recommend for HPS and why?
- 5.4.3 Data Transformation to FHIR
- 5.4.3.1 Describe your experience converting health care data to the FHIR standard. What FHIR implementation guides do you support for claims, encounters, clinical, formulary and provider directory data?
- 5.4.3.2 Does your solution have pre-built or out-of-the-box FHIR adapters for health plan data? If yes, what data formats and standards are supported?
- 5.4.3.3 Does your solution have pre-built integrations with any of HPS core applications or systems listed in the Scope of Work? If yes, describe the extent of that integration and how it might benefit HPS.
- 5.4.3.4 HPS has certain clinical data that is stored in documents such as PDFs and scanned images – shared by providers as part of the care coordination and prior authorization process. How do you support FHIR conversion from documents and unstructured data?

5.4.4 Consent Management

- 5.4.4.1 Describe your consent management approach and options that are supported, including how consumers are informed and how consent can be obtained, stored, and modified (i.e., revoked) by consumers. Include a visual diagram or workflow showing how various users and technologies interact to support the consent management process.
- 5.4.4.2 What customer support do you provide if HPS members have questions or problems with the consent process?
- 5.4.4.3 Describe a case study with an existing customer that demonstrates your experience with implementing a process for consumers to authorize and manage their consent with third-party applications and their healthcare data. What are some challenges, best practices and lessons learned that HPS should consider in its implementation?

5.4.5 Identity Management

- 5.4.5.1 Describe how your solution can integrate with the HPS' existing member portal to verify and authenticate members, including support of two-factor authentication and OpenID Connect. Please include a visual diagram or workflow showing how various users and technologies interact to support the identity management process including using discreet fields provided within eligibility data.
- 5.4.5.2 What customer support do you provide if HPS members have questions or problems with the authentication process?
- 5.4.5.3 Describe a case study with an existing customer that demonstrates your experience with implementing an identify management process. What are some challenges, best practices and lessons learned that HPS should consider in its implementation?

5.4.6 Third-Party Application Support

- 5.4.6.1 Describe your third-party application registration and onboarding process, including key steps that each third-party application must follow and specific information, tools, resources and other support available to help a third-party developer connect to HPS Patient Access API. If available, include sample copies or screenshots of developer support resources.
- 5.4.6.2 Does your solution currently connect to and support third-party applications, including consumer-based mobile applications, health plan applications and/ or provider-based applications? If so, list the application name, company name, and the application's primary function.
- 5.4.6.3 What customer support do you provide if third-party developers have questions or problems with the Patient Access API or the Provider Directory API?
- 5.4.6.4 Describe a case study with an existing customer that demonstrates your experience with third-party applications connecting to your solution via FHIR API. What are some challenges, best practices and lessons learned that HPS should consider in its implementation?

5.4.7 Security and Privacy

- 5.4.7.1 Indicate whether your solution meets any of the following (yes/ no):
 - 5.4.7.1.1 HIPAA compliance
 - 5.4.7.1.2 SOC 2 Type certification
 - 5.4.7.1.3 HITRUST certificationIf yes, include a copy of your latest audit report summary.
- 5.4.7.2 What are the most common or most significant threats to unauthorized access to the FHIR API Server, and how does your solution specifically prevent or mitigate those security threats?

- 5.4.7.3 Have you or your direct affiliates had any security breaches in the last five years? If so, please describe.
 - 5.4.7.4 Do you conduct security risk assessments of third-party applications seeking to connect to your solution? If so, describe your assessment process and resources – including assessment tool and criteria to approve/ deny access, and criteria to discontinue access.
 - 5.4.7.5 How does your solution allow HPS administrative users the ability to revoke or discontinue API access?
- 5.4.8 Implementation, Testing and Training
- 5.4.8.1 Describe and include a copy of your proposed implementation plan, including details on:
 - 5.4.8.1.1 key tasks
 - 5.4.8.1.2 the sequence of those tasks
 - 5.4.8.1.3 dependencies between tasks, if any
 - 5.4.8.1.4 responsible parties for each task – vendor, subcontractor, or HPS
 - 5.4.8.1.5 estimated time to complete each task
 - 5.4.8.1.6 key milestones and deliverables
 - 5.4.8.2 What are the expected roles and responsibilities of staff from both your organization and HPS related to project management, communication, and issue resolution? Specifically, list start-up requirements and support that HPS will be required to provide for successful project delivery.
 - 5.4.8.3 Describe a case study with a recent health plan customer that demonstrates your experience with implementing the CMS interoperability requirements. What are some challenges, best practices and lessons learned that HPS should consider in its implementation?
 - 5.4.8.4 What are the qualifications and experience of the staff you plan to use for implementation? Provide the name, title and resume of the primary person responsible for ensuring that HPS goals and objectives are met.
 - 5.4.8.5 Do you offer a “Proof of Technology” (POT) option prior to a full implementation – to allow HPS to engage with your company to test and confirm the functionality of your solution before committing to a long-term agreement? If so, please describe a POT project.
 - 5.4.8.6 HPS is targeting January 2021 to start implementation with a selected vendor. What is your ability to support this start date? If your company and solution are selected by other health plans during this same timeframe, describe your staffing capacity to expand and support HPS as well as other potential customers?
 - 5.4.8.7 What is your testing process to ensure a) the FHIR API Server is available and connecting properly to third-party applications, and b) individual members can only access data that belongs to that individual only?
 - 5.4.8.8 Describe your training approach and knowledge transfer to HPS staff. List all training and/ or educational courses offered and their schedules, including end-user and IT related offerings. Please identify courses that are mandatory, recommended or optional – and which ones are included as part of this proposal. Include a copy or screenshot of sample training materials.
- 5.4.9 Ongoing API Management and Support
- 5.4.9.1 What administrator dashboard and reporting capabilities are built into the solution – including, but not limited to, viewing API logs and data activity, member consent and business analytics. Include sample copies or screenshots of the HPS administrator dashboard and reports.

- 5.4.9.2 After implementation and Go-Live, how will you monitor progress and performance on this account?
 - 5.4.9.3 Describe the workflow process for managing ongoing support and services between your organization and HPS. How do you support changes to the solution, including system upgrades and enhancements, and additional regulatory requirements in the future? For example, HPS business requirements may change based on additional regulations, and standards such as FHIR and USCDI may be updated.
 - 5.4.9.4 What Service Level Agreements (SLAs) will you provide and how will they be measured and reported. Include an example of your standard SLAs in your contracts, as well as proposed SLAs specific to this proposal. SLAs should include both incentives and penalties for performance thresholds.
- 5.4.10 Add-on Services and Capabilities
- 5.4.10.1 What additional services and solution capabilities does your company offer that is not mentioned in this RFP and may be of value to HPS. Briefly describe their use case and how they could benefit HPS.
 - 5.4.10.2 Are those add-on services and capabilities a part of this proposal?
 - 5.4.10.3 What additional capabilities and features are part of your solution's 3-year technology roadmap. Briefly describe their use case and how they could benefit HPS in the future. Are those future capabilities and features a part of this proposal?
- 5.4.11 Alternatives
- 5.4.11.1 List and describe alternative options you would like to offer that would meet HPS business requirements outlined in the Scope of Work.

5.5 Vendor Solution Capabilities and Services Matrix

Instructions

For each solution capability or feature listed below, identify and briefly comment on the current state of your solution based on the following definitions:

1. **Production.** Is currently being used or implemented by a health care organization today. If requested by HPS, Proposer can demo this capability or feature, and share supporting business process work flows and a client reference.
2. **Prototype.** Is being actively designed and tested now, and will be feature complete and production ready before July 1, 2021. If requested by HPS, Proposer can demo a functioning prototype and share development and testing plans.
3. **Roadmap.** Is not currently supported, but is part of Proposer’s solution technology roadmap over the next 2-3 years.
4. **Unsupported.** Is not currently supported by Proposer’s solution and is not part of the solution roadmap over the next 2-3 years.

Vendor Solution	Current State	Vendor Comments
<i>EXAMPLE</i>	<i>1. Prototype</i>	<i>Expect to be feature complete and in-production by January 1, 2021</i>
CMS Final Rule		
Patient Access API		
Provider Directory API		
Payer-to-Payer Data Exchange		
FHIR API Server		
FHIR Release 4.0.1		
Cloud-hosted by vendor		
Cloud-hosted by HPS		
On-premise installation		
FHIR facade data model		
FHIR repository data model		
Claims data in FHIR R4		
Encounter data in FHIR R4		
Clinical data based on USCDI and in FHIR R4		
Formulary data in FHIR R4		
Provider Directory data in FHIR R4		
Consent and Identity Management		

Vendor Solution	Current State	Vendor Comments
Obtain, view and modify consumer consent		
Support for OpenID Connect		
Integrates with HPS member portal system		
Support member identify verification and authentication		
Support SMART on FHIR Application Launch Framework		
Customer service support for member questions and troubleshooting		
Third-Party Application Support		
App registration and onboarding process		
Developer portal or sandbox to test API connectivity		
API documentation		
Third-party attestation		
Third-party risk assessment		
Ability for HPS admin to revoke or discontinue API access		
Customer service support for Third-party developer questions and troubleshooting		
Additional Solution Capabilities and Services		
List/ Define		
List/ Define		
List/ Define		

5.5 Key Personnel

- 5.6.1 Provide a table with the following information:
 - 5.6.1.1 Proposed project resources
 - 5.6.1.2 Roles
 - 5.6.1.3 High level skills (project alignment)
 - 5.6.1.4 Proposed work location for each resource (onsite/offsite)
 - 5.6.1.5 Time commitment to the project if awarded
- 5.6.2 Describe internal standards, policies and procedures regarding hiring, training and professional development.

5.6.3 Provide copies of each associates current job description

The Chief Procurement Officer reserves the right to reject any key personnel proposed if it is determined not to be in CCH's best interest. The evaluation of proposals includes the qualifications of the personnel proposed; therefore, proposers must name key personnel as part of their response. Key Personnel must not be replaced during the project without the approval of the Chief Procurement Officer.

5.6 MBE/WBE Participation

The Proposer may be comprised of one or more firms as to assure the overall success of the project. The proposer must present a team chart that clearly identifies each team member and specify their role in the project (this should be more detailed than the information provided in the executive summary). For each subcontractor, provide the name of the firm(s), brief company background, level of participation, MBE or WBE if applicable, the type of services each resource, from each firm, will provide. For each MBE/WBE certified firm proposed, provide the appropriate information in the Economic Disclosure Statement Forms (in a separate envelop).

The Chief Procurement Officer reserves the right to accept or reject any of the team members if in The Chief Procurement Officer's sole opinion replacement of the team member, based on skills and knowledge, is in the best interest of the County. Consistent with Cook County, Illinois Code of Ordinances (Article IV, Division 8, and Section 34-267), and CCH has established a goal that MBE/WBE firms retained as subcontractors receive a minimum **35% MBE/WBE of this procurement**. The Office of Contract Compliance has determined that the participation for this specific contract is **35% MWBE participation**.

The Proposer shall make good faith efforts to utilize MBE/WBE certified firms as subcontractors. In the event that the Proposer does not meet the MBE/WBE participation goal stated by CCH for this procurement, the proposer must nonetheless demonstrate that it undertook good faith efforts to satisfy the participation goal. Evidence of such efforts may include, but shall not be limited to, documentation demonstrating that the proposer made attempts to identify, contact, and solicit viable MBE/WBE firms for the services required, that certain MBE/WBE firms did not respond or declined to submit proposals for the work, or any other documentation that helps demonstrate good faith efforts. Failure by the proposer to provide the required documentation or otherwise demonstrate good faith efforts will be taken into consideration by CCH in its evaluation of the proposer's responsibility and responsiveness.

5.7 Cost Proposal

Proposers must submit pricing RFP in a separate sealed envelope clearly marked with the RFP number and the label "Pricing RFP." Proposers are required to submit one (1) paper copy (original) and one (1) electronic copy emailed to the email addresses specified on the cover page).

The pricing information must include any supplemental options or schedules offered by the proposer. All pricing ***must include all assumptions*** to facilitate Analysis. Proposers should include elements or references to the pricing RFP **only in this section and separate the pricing RFP according to the instructions above**.

Provide a detailed narrative of your proposed reimbursement methodology and include a cost estimate for "ALL" costs associated with the services you are proposing and any potential fees that HPS may incur over the length of the contract – including, but not limited to, start-up and implementation fees, license fees and ongoing maintenance fees.

Summarize all costs items using a matrix table and showing a clear breakdown of all itemized costs. All costs must be accounted for.

Each cost item must include a short description, the costs per unit/ quantity, and be identified as:

- Upfront/ one-time costs or annual ongoing costs
- Fixed or variable costs – for variable costs, note the factors that impact or trigger variable costs
- Base service/ feature or add-on service/ feature – for add-on service or feature, note the additional costs if selected by HPS

CCH makes no guarantee that the services or products identified in this RFP will be required. The proposer must provide sufficient pricing details to permit CCH to understand the basis for the RFP.

CCH is neither obligated to purchase the full quantities proposed by the proposer, nor to enter into an agreement with any one proposer.

5.8 Financial Status

- A. Provide the audited summary financial statements for the last two fiscal years. State whether the proposer or its parent company has ever filed for bankruptcy or any form of Reorganization under the Bankruptcy Code, and, if so, the date and case number of the filing.
- B. Provide a copy of an independent report showing the financial condition of your company (e.g., Dun & Bradstreet).
- C. State whether the proposer or its parent company has ever received any sanctions or is currently under investigation by any regulatory or governmental body.

5.9 Conflict of Interest

Provide information regarding any real or potential conflict of interest. Failure to address any potential conflict of interest upfront may be cause for rejection of the RFP.

If no conflicts of interest are identified, simply state “[Company X] has no conflict of interest.”

5.10 Contract

Sample Contract General Terms and Conditions are available in the Doing Business with CCH website. Execution of the Contract is not required at the time the qualifications are submitted. However, if the proposer disagrees with any Contract provisions, or is proposing alternate language, it shall include the language for consideration by submitting the proposed redlines on the sample Contract General Terms and Conditions document. CCH will not consider any exceptions or proposed alternate language to the Contract General Terms and Conditions if the proposer does not include these objections or alternate language with the proposal. CCH shall not be deemed to have accepted any requested exceptions by electing to engage a Proposer in negotiations of a possible Contract.

5.11 Legal Actions

Provide a list of any pending litigation in which the proposer may experience significant financial settlement and include a brief description of the reason for legal action.

If no Legal actions are identified, simply state “[Company X] has no pending legal actions in which our firm will experience any significant impact to this Contract.”

History of Legal Actions for the last 36 months:

Action	Date

5.12 Confidentiality of Information

The Selected proposer may have access to confidential RFP, including Protected Health Information (PHI) to perform the functions, activities, or services for, or on behalf of, CCH as specified in this RFP. The Proposer must acknowledge that if awarded there is a high likelihood that the selected proposer may have access to PHI, in paper or electronic form, and thus, it shall sign a Business Associate Agreement with CCH. As a Business Associate, the selected proposer will agree to comply with all federal and state confidentiality and security laws and regulations, including HIPAA, HITECH, the Medicaid Confidentiality Regulations, as defined herein, and all other applicable rules and regulations. The proposer must commit to require all staff, including drivers, Attendants, and other personnel, and Subcontractors to complete HIPAA training upon hire, and no less frequently than annually thereafter. CCH reserves the right to review and accept the training program prior to implementation, or require the selected proposer to use HIPAA materials or training sessions supplied by CCH.

5.13 Economic Disclosure Statement

Execute and submit the Economic Disclosure Statement (“EDS”). The EDS form can be found at <https://cookcountyhealth.org/about/doing-business-with-cook-county-health/>. The EDS must be submitted with the pricing proposal in a separate envelope.

5.14 Security Questionnaire

The Proposer must complete the Security Questionnaire in Appendix B. The Security Questionnaire allows Cook County Health to determine the level of risk the organization may be assuming by engaging with a vendor or partner and to make suggestions to improve security practices and enhance the service provided. The Proposer must include the completed Security Questionnaire with the RFP response.

5.15 Addenda

Since all Addenda become a part of the proposal, all Addenda must be signed by an authorized proposer representative and returned with the proposal. Failure to sign and return any and all Addenda acknowledgements shall be grounds for rejection of the proposal. Addenda issued prior to the proposal due date shall be made available via Cook County Health website: <http://www.cookcountyhealth.org/about-Cook-County-Health/doing-business-with-Cook-County-Health/>

6 Evaluation and Selection Process

An Evaluation Committee comprised of the CCH and County personnel will evaluate all responsive Proposals in accordance with the selection process detailed below.

6.1 Proposal Assessment

The Evaluation Committee will review all Submittals to ascertain that they are responsive to all submission requirements.

6.1.1 Proposal Evaluation

The RFP provides requirements and data, which will be used as a basis for a written presentation of qualifications of the firm(s) and proposed staff, project approach, systems and methodologies for delivery of the Project. CCH will evaluate the Proposals to establish a list of qualified Proposer for Shortlist.

6.1.2 Shortlist Proposer Presentation

The Evaluation Committee, at its option, may invite one or more proposers to make presentations and/or demonstrations. The Evaluation Committee may request that all or a shortlisted group of proposers engage in proactive pricing feedback, submit clarifications, schedule a site visit of their premises (as appropriate), provide additional references, respond to questions, or consider alternative approaches.

6.1.3 System Demonstrations

Bidders will be requested to perform or display a number of scenarios during the demonstration designed to test key processes, test vendor responses to the RFP and provide vendors a forum to display their product functionality. Some scenarios will be provided to the Bidder no later than one (1) week prior to the demonstration being scheduled. Vendors will be invited to select their demonstration date in the order that RFP's were received, such that the vendor who submits their RFP first selects their demo date first and so on. Demonstrations will also be conducted to determine application integration. Bidders will receive adequate notification to prepare for the demonstration of scenarios. Bidder demonstrations must be performed only with software products that are currently available on the market. If the Bidder is demonstrating different distinct applications as part of the overall solution, the integration of the various components must also be currently available. Bidder demonstrations must not be a Power Point presentation or other presentation application; rather, Bidders must show actual screen functionality and features in real time.

6.1.4 Site Visits/Reference Calls

HPS may request a reference site visit and/or conference call with an existing client utilizing the proposed system(s). Bidders are requested to provide three (3) current clients for potential site visits and/or reference calls that have been live on the proposed product as well as one (1) that is engaged in the implementation of the product for at least one (1) year from this RFP date. The third reference is at the discretion of the Bidder. These clients should match the profile of HPS in terms of membership volume, population, and strategic direction. Those vendors that do not provide references will be disqualified from further consideration.

6.2 Right to Inspect

CCH reserves the right to inspect and investigate thoroughly the establishment, facilities, equipment, business reputation, and other qualification of the proposer and any proposed subcontractors and to reject any RFP regardless of price if it shall be administratively determined that in CCH's sole discretion the

proposer is deficient in any of the essentials necessary to assure acceptable standards of performance. CCH reserves the right to continue this inspection procedure throughout the life of the Contract that may arise from this RFP.

6.3 Consideration for Contract

Any proposed contract including all negotiations shall be subject to review and approval of CCH management, CCH Legal and CCH's Board of System Board. Proposed Contracts are also subject to review by the Cook County Office of Contract Compliance.

Following finalization of Contract documents to the satisfaction of CCH executive management, CCH shall secure appropriate reviews and may approve the proposed Contract for execution in its sole discretion. The identity of the successful proposer shall be posted on the website.

7 Evaluation Criteria

7.1 Responsiveness of Proposal

The Proposal(s) will be reviewed for compliance with and adherence to all submittal requirements requested in this RFP. Proposal(s) which are incomplete and missing key components necessary to fully evaluate the RFP may, at the discretion of the Chief Procurement Officer or designee, be rejected from further consideration due to "Non-Responsiveness" and rated Non-Responsive.

Proposer must be compliant with all the submission requirements of the RFP. The evaluation committee will evaluate all responsive Proposal in accordance with the evaluation criteria detailed below.

7.1.1 Criteria Proposal

Proposals will be reviewed and selected based on qualifications of the Proposer to successfully perform the Services for the County throughout the course of the contract as evidenced by the following criteria:

- 7.1.1.1 Ability to achieve the CCH's business goals, objectives, and Scope of Work described in this RFP, by providing a succinct and feasible description of the proposed implementation approach.
- 7.1.1.2 Qualifications and experience of the proposer to successfully perform and provide the services described in this RFP, as evidenced by the successful provision of similar services in similar environments and in compliance with all applicable laws.
- 7.1.1.3 Relevant Experience
- 7.1.1.4 Reasonableness of Overall Price
- 7.1.1.5 Price will be evaluated separately for overall reasonableness and competitiveness.

7.1.2 In addition, the Evaluation Committee may review and consider the information and evidence Proposer's responsiveness to the following categories:

- 7.1.2.1 MWBE Utilization Plan (EDS forms);
- 7.1.2.2 Financial Status;
- 7.1.2.3 Conflict Interest;
- 7.1.2.4 Insurance Requirements;
- 7.1.2.5 Contract Terms and Conditions (objections and/or suggested alternate language);
- 7.1.2.6 Legal Actions;
- 7.1.2.7 Addenda acknowledgement (See Addenda Section)

8 Instructions to Proposers

These instructions to proposers contain important RFP and should be reviewed carefully prior to submitting the Required RFP Content. Failure to adhere to the procedures set forth in these instructions, failure to provide positive acknowledgement that the proposers will provide all services and products or failure to provide acceptable alternatives to the specified requirements may lead to disqualification of the submitted RFP.

8.1 Questions and Inquiries

Questions regarding this RFP will be submitted in writing to the contact(s) email listed on the cover page of this RFP no later than the date stated in the [Schedule](#).

Question must be submitted in the following format, **in MS Excel**, and the subject of the email should reference the RFP#, Title and Proposer's Name.

ID	Vendor Name	RFP Section	Question
1.			
2.			
3.			

Should any proposer have questions concerning conditions and specifications, or find discrepancies in or omissions in the specifications, or be in doubt as to their meaning, they should notify the Supply Chain Management Office via the email provided on the cover sheet no later than the date stated on the [Schedule](#) and obtain clarification prior to submitting a RFP. Such inquires must reference the RFP due date and CCH RFP number.

8.2 Pre-RFP Conference (if Applicable)

CCH will hold a Pre-RFP conference call on the date, time, and location indicated on the cover page. Representatives of CCH will be present to answer any questions regarding the goods or services requested or RFP procedures. If a mandatory pre-RFP conference is required, the proposer must sign the pre-RFP conference or site inspection sheet and include a copy of this sign-in sheet in the response to the RFP.

8.3 Number of Copies

Proposers are required to submit one (1) original hard copy, and one (1) electronic copy (emailed to the email addressed on the cover page) and no later than the time and date indicated in the RFP.

NOTE: One (1) paper copy of the pricing proposal and one (1) EDS copy must be submitted separate from the rest of the response.

Each submission must then be separated as follows:

1. One (1) technical hard copy - the original - excluding Pricing and EDS forms;
2. One (1) Pricing and EDS hard copies in a separate envelope;
3. One (1) complete electronic response package (including excel pricing file and EDS) emailed to the email addresses on the cover page. The technical response must be a single electronic file (do not submit a file per RFP section). The email must clearly indicate the RFP Number and Title.

Please see the Proposal Receipt Acknowledgement form at the end of this file for the form required at delivery time.

8.4 Format

Hardcopies of the RFPs should be submitted in a separate envelop (or electronic file) except pricing which may be submitted in a separate envelop. Material should be organized following the order of the Required RFP Content Section separated by **labeled tabs**. Expensive paper and bindings are discouraged since no materials will be returned. **Numbered titles and pages are required.**

CCH reserves the right to waive minor variances.

8.5 Time for submission

RFP shall be submitted no later than the date and time indicated on the cover page of this RFP. **Late submittals will not be considered.**

8.6 Packaging and Labeling

The outside wrapping/envelope shall clearly indicate the RFP title, proposer's Name, proposers address, and point of contact RFP. **The Price RFP and EDS shall be submitted in a separate sealed envelope.** The envelope shall clearly identify the content as "Price RFP". All other submission requirements shall be included with the Technical RFP.

8.7 Timely delivery of RFP

The RFP(s) must be either delivered by hand or sent to CCH through U.S. Mail or other available courier services to the address shown on the cover sheet of this RFP. Include the RFP number on any package delivered or sent to CCH and on any correspondence related to the RFP. If using an express delivery service, the package must be delivered to the designated building and drop box. Packages delivered by express mail services to other locations might not be re-delivered in time to be considered. CCH assumes no responsibility for any RFP not so received.

8.8 Availability of Documents

CCH publishes competitive bid, RFP, and other procurement notices, as well as award RFP, at www.CookCountyheath.org under the "Doing Business with CCH" tab. Proposers intending to respond to any posted solicitation are encouraged to visit the web site above to ensure that they have received a complete and current set of documents.

8.9 Alteration/Modification of Original Documents

The proposer certifies that no alterations or modifications have been made to the original content of this Bid/RFP or other procurement documents (either text or graphics and whether transmitted electronically or hard copy in preparing this RFP). Any alternates or exceptions (whether to products, services, terms, conditions, or other procurement document subject matter) are apparent and clearly noted in the offered RFP. Proposer understands that failure to comply with this requirement may result in the RFP being disqualified and, if determined to be a deliberate attempt to misrepresent the RFP, may be considered as sufficient basis to suspend or debar the submitting party from consideration from future competitive procurement opportunities.

8.10 Cost of Proposer Response

All costs and expenses in responding to this RFP shall be borne solely by the proposer regardless of whether the proposer's RFP is eliminated or whether CCH selects to cancel the RFP or declines to pursue a Contract for any reason. The cost of attending any presentation or demonstration is solely the proposer's responsibility.

8.11 Proposer's Responsibility for Services Proposed

The proposer must thoroughly examine and read the entire RFP document. Failure of proposers fully to acquaint themselves with existing conditions or the amount of work involved will not be a basis for requesting extra compensation after the award of a Contract.

8.12 RFP Interpretation

Interpretation of the wording of this document shall be the responsibility of CCH and that interpretation shall be final.

8.13 Specifications and Special Conditions

The specifications in this document provide sufficient RFP for proposers to devise a plan and provide pricing. Minor variations from those specifications will be considered as long as proposers identify any instance in which their services specifications differ from those set forth in the RFP documents.

8.14 Errors and Omissions

The proposer is expected to comply with the true intent of this RFP taken as a whole and shall not avail itself of any errors or omission to the detriment of the services or CCH. Should the proposer suspect any error, omission, or discrepancy in the specifications or instructions, the proposer shall immediately notify CCH in writing, and CCH will issue written corrections or clarifications. The proposer is responsible for the contents of its RFP and for satisfying the requirements set forth in the RFP. Proposer will not be allowed to benefit from errors in the document that could have been reasonably discovered by the proposer in the process of putting the RFP together.

8.15 Proposal Material

The material submitted in response to the RFP becomes the property of CCH upon delivery to the Supply Chain Management Office and may become part of a Contract.

8.16 Confidentiality and Response Cost and Ownership

All information submitted in response to this RFP shall be confidential until CCH has executed a Contract with the successful proposer or has terminated the RFP process and determined that it will not reissue the RFP. Any page of a Proposal that Proposer asserts to contain confidential proprietary information such as trade secrets or proprietary financial information shall be clearly marked "CONFIDENTIAL PROPRIETARY INFORMATION" at the top of the page. Additionally, the specific portions of a page that are asserted to contain confidential proprietary information must be noted as such. However, note that ONLY pages or specific information that are/is legitimately confidential should be marked confidential and Proprietary. CCHHS will return proposals that mark all pages Confidential or are copyrighted. All proposals submitted to CCHHS are the property of CCHHS.

Further, the Proposer is on notice that any part of its Proposal or any other material marked as confidential, proprietary, or trade secret, can only be protected to the extent permitted by Illinois law, including but not limited to the Illinois Freedom of Information Act [5 ILCS 140 et seq.]

8.17 Awards

CCH may, at its discretion evaluate all responsive proposals. CCH reserves the right to make the award on an all or partial basis or split the award to multiple proposers based on the highest rated Proposer and best value to CCH meeting the specifications, terms and conditions in accordance with the evaluation criteria set for in this RFP. If a split award impacts the outcome of the project it must be so stated in the proposal.

8.18 CCH Rights

CCH reserves the right to reject any and all offers, to waive any informality in the offers and, unless otherwise specified by the proposer, to accept any item in the offer. CCH also reserves the right to accept or reject all or part of your RFP, in any combination that is in the best interest of CCH.

8.19 Cancellation of RFP; Requests for New or Updated Information

CCH, in its sole discretion, may cancel the RFP at any time and may elect to reissue the RFP later. CCH may also issue an Addendum modifying the RFP and may request supplemental RFP or updated or new RFP.

9 Definitions

Abuse” means (i) a manner of operation that results in excessive or unreasonable costs to the Federal or State health care programs, generally used in conjunction with Fraud; or (ii) the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, generally used in conjunction with Neglect.

“Appeal” means a request for review of a decision made by proposer with respect to an Action, the following definitions shall apply to this RFP:

“Addendum” or “Addenda” shall refer to a one or more documents posted to the website by which modifies this Request for Proposal or provides additional information.

“Board” or “Cook County Health” shall refer to the Board of Directors of the Cook County Health or Cook County Health and Hospitals System.

“Contract” shall mean a properly executed Contract that has been negotiated between CCH and a proposer for some or all of the Deliverables described in this RFP.

“Contractor(s)” and “Selected Proposer” shall mean the individuals, businesses, or entities that have submitted a Proposal and have negotiated a Contract that has been properly executed on behalf of the Contractor and CCH.

“County” shall mean the County of Cook, Illinois, a body politic and corporate.

“Deliverables” shall refer to the items, supplies, equipment, or services that will be provided pursuant to any Contract entered into as a result of this RFP.

“Fraud” means knowing and willful deception, or a reckless disregard of the facts, with the intent to receive an unauthorized benefit.

“General Conditions” shall mean the terms and conditions posted to the website. “Proposal” shall mean the document(s) submitted by Proposer(s) in response to this RFP that constitute a Proposer's offer to enter into contract with CCH under terms consistent with this RFP, subject to the negotiation of a contract and approval by the Board.

“Procurement Director” or “System SCM Director” shall mean the System Director of Supply Chain Management who serves as chief procurement officer for the CCH.

“Proposer(s)” shall mean the individuals or business entities, if any, submitting a Proposal in response to this RFP.

“Request for Proposals” or “RFP” shall refer to this solicitation of proposals by CCH that may lead to the negotiation of a Contract

10 Appendix A – RFP Receipt Acknowledgement Form

RFP Receipt Acknowledgement Form

This acknowledgement of receipt should be signed by a representative of Supply Chain Management located at Stroger Hospital, 1969 W. Ogden Avenue, lower level (LL) Room 250A, Chicago IL, 60612.

The outside wrapping shall clearly indicate the RFP Number and Title, Proposer’s Name, Proposers Address, and Point of Contact RFP. **Prefill the first two lines prior to submission.**

Solicitation Number and Title:		

Vendor Name:		

Accepted By:		

Date:		

Time (if time machine is not	A.M	P.M
available, hand write the		
time):		

RFP shall be submitted no later than the date and time indicated on the cover page of the RFP. **Late submittals will not be considered.** Proposers must cut this sheet in two. SCM will time-stamp top and bottom sections. SCM will keep one section and the proposer will keep the other section.



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Time Stamp Here

Time Stamp Here

11 Appendix B – Security Questionnaire

Security Questionnaire

The Proposer must complete the Security Questionnaire in Appendix B. The Security Questionnaire allows Cook County Health to determine the level of risk the organization may be assuming by engaging with a vendor or partner and to make suggestions to improve security practices and enhance the service provided. The Proposer must include the completed Security Questionnaire with the RFP response.



CCH - Information -
Security - Questionn