COOK COUNTY HEALTH (CCH)

REQUEST FOR PROPOSAL (RFP) # H20-0029

TITLE: Health Plan Services Care Management System

GENERAL DESCRIPTION: Health Plan Services is requesting proposals for a care management software system that is compliant with federal, state, and the National Committee of Quality Accreditation (NCQA) standards and provides an integrated solution that will support and facilitate proactive coordination of care that improves health and quality outcomes for its members.

DATE ISSUED: October 1, 2020

VENDOR QUESTIONS DUE DATE: October 13, 2020 by 5:00 p.m. CT

RESPONSE/ PROPOSAL DUE DATE: November 6, 2020 by 5:00 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.

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.

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.

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). Currently, CountyCare has over 370,000 enrollees.

The CountyCare provider network includes all CCH facilities, every 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 the provider practice
- 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, accreditation standards, and state and federal regulations and guidelines.

1.3   Health Plan Services' Care Management Model

The overarching goal of HPS' care management program is to achieve an optimal level of wellness and improve coordination of care while providing cost effective, non-duplicative services. HPS is committed to a member-centered approach that provides high quality, coordinated service delivery.

The primary goals of the care management (CM) program are to:

1) Ensure the population receives tiered and further individualized CM interventions by identifying and engaging members through data integration and universal health risk screening
2) Link individuals to primary care and other outpatient services that improve outcomes and reduce hospitalization and readmissions
3) Close gaps in preventive care and decrease inequities in the social determinants of health
4) Integrate with providers and embed care management within the medical home and clinical treatment team wherever possible
5) Support and facilitate person centered care planning and member engagement with health plan designee and integrated care team.
6) Minimize institutionalization by supporting the unique needs of members in the long-term services and supports (LTSS) program, including those receiving home and community based waiver services (HCBS)

2. Purpose

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 upon 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 meeting the specifications, terms and conditions in accordance with the evaluation criteria set for in this RFP.

3. Business Goals and Objectives

Health Plan Services is issuing this Request for Proposal (RFP) to care management platform vendors with the intent of selecting a vendor. The goal is to begin implementation of the new software vendor by January 1, 2021 for a successful launch of the new software by May 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 for an integrated system to serve County Care's growing membership and its strategic plan
- Centralizing care management for CountyCare members that are not currently being provided medical home-based care coordination services, including members receiving long term services and supports (LTSS) such as members with HCBS waiver services or residing in Nursing Facilities
- The addition of several new populations to Illinois managed care, including special needs children and youth in the custody of the Department of Children and Family Services (DCFS)
- The need for a system that is dynamic and responsive to changing population, program, and Medicaid requirements
- The need for a system that can be customized to reflect our unique situation as provider-driven health plan with value-based provider contracts and internal provider services, including 2 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
- Desire to attain accreditation of our Long-Term Services and Supports program
- Commitment to serving as a market leader in innovation and excellence in care management

4. Schedule

CCH anticipates the following schedule:

Activity	Estimated Date
RFP posted to the website	10/01/2020
Proposer Inquiry Deadline	10/13/2020
CCH response to Vendor Questions-Tentative	10/21/2020
Proposal Due Date	11/6/2020
Evaluation of RFP (Tentative)	11/9/2020-11/20/2020
System Demonstrations (Tentative)	11/9/2020-11/20/2020
System References (Tentative)	11/20/2020-12/04/2020

Notification of Decision (Tentative)	12/11/2020

5. Services Overview

HPS plans to select one vendor that provides an integrated and comprehensive tool to facilitate and support the needs of its complex care management program, in alignment with Centers for Medicare & Medicaid (CMS), Healthcare and Family Services (HFS), and National Committee for Quality Assurance (NCQA) standards. Alth **Health Plan Services is requesting proposals for care management software system that meets the following criteria:**

A. Comprehensive
- o Provides an integrated solution that will support and facilitate proactive coordination of care that improves health and quality outcomes for its members
- o Serves the needs of various populations with specific program requirements, including home and community based (HCBS) waiver members, special needs children, and youth in the custody of the Department of Children and Family Services
- o Integrates with health plan operations and is able import and export critical and actionable enrollee data via data interface including, but not limited to, medical and Rx claims; prior authorizations; quality indicators; and admission, discharge, and transfer (ADT) data

B. Compliant
- o Maintains compliance with the National Committee of Quality Accreditation (NCQA) standards as well as applicable state and federal requirements over the course of the contract term
- o Meets all Long-Term Services and Supports NCQA accreditation requirements
- o Incorporates IT and data security consistent with industry-recognized frameworks and standards, and state and federal requirements
- o HIPAA and other privacy regulations
- o Cultural competency standards

C. Powerful
- o Uses technology to organize and guide CM staff toward efficient and impact-driven activity
- o Minimizes screen, keyboard and click activities to maximize staff human interactions
- o Linked to external resources to support use of evidence and community assets
- o Surfaces trends to drive program developments

D. Transparent
- o Provides accurate and actionable reporting allowing for program improvement and timely reporting to the State of Illinois and CMS for relevant Medicaid and Medicare metrics
- o Provides valued output for providers and partners

E. Innovative
- o Uses predictive analytics to proactively identify members that require intervention
- o Incorporates provider- and member-centric features
- o Provides unique platform extensions that support better member outcomes and greater efficiency/productivity

5.1   Qualifications:

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 for this section.**

Applicants <u>must</u> meet the following minimum qualifications:

	Minimum Qualifications	Response (Y/N)
1	Care management system that satisfies core requirements outlined in Section 5.1	
2	Demonstrated track record of implementing a fully operational care management system in four (4) months or less	
3	Ability to provide ongoing system support and maintenance over three-year contract period	
4	Knowledge of and demonstrated experience with Medicaid managed care	
5	Knowledge of and demonstrated experience with long-term services and supports program (LTSS), which includes a home- and community-based services (HCBS) waiver program	
6	Advanced data integration capabilities with algorithms for filtering actionable data, including integration of real-time data feeds (e.g. admission, discharge, transfer notifications)	
7	System architecture that supports scalability, segmentation and flexibility to adapt system to changing business needs and industry and regulatory standards	
6	Advanced data analytics and reporting capabilities, including real-time and self-service reporting options with data visualization	
7	Expertise in relevant care managements standards, including those maintained by NCQA, Illinois HFS, and CMS	
8	Nimble and flexible client service model for all phases of implementation and contract lifespan	
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	Capacity for interoperability with external software	
11	Capacity for interactive features with external stakeholders e.g. member/provider portal	
12	Demonstrated IT security following recognized industry framework(s)	
13	Is not owned or operated by a managed care organization	

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 integration with electronic health record (EHR) system, telecom/multi-media software, quality tools and/or resource directories	
7	Demonstrated integration with providers in non-traditional care settings (i.e. schools, jails)	
8	Workflows and/or reporting that leverage advanced analytical techniques – such as use of predictive analytics or artificial intelligence	

5.2   Service Requirements and Responsibilities Matrix

Please use the response codes below in your RFP response to the Service Requirements and Responsibilities.
Applicants should include and explicitly address the below System Requirements and Responsibilities Matrix in
their response to this RFP. **If the response is "D/M/T/N" to any of the below qualifications, please provide a
narrative response with comment and additional detail in less than 10 pages single spaced for this section.**

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.
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	**General Requirements**	
The care management system must be a web-based portal that allows for care management and care coordination documentation, assessment, worklists, and reporting. The system must allow for the segmentation of populations with varying requirements and key performance indicators (KPIs), as well as access at various user profile levels (e.g. read-only access).		
1.1	A web-based portal that allows for care management and care coordination documentation, assessment, worklists, and reporting.	
1.2	Supports population segmentation and reporting with member flagging and tagging using imported data variables and customization (e.g. housing insecurity)	
1.3	Can perform segmentation of members with varying requirements and key performance indicators (KPIs) for user access, reporting and program cohorts	
1.4	Allows for access at various user profile levels (e.g. segmented populations, limited data access, read only format)	
1.5	Has searchable enrollee profiles for members by a variety of demographic identifiers, enrollment profiles or clinical/program attributes	
1.6	Has fields for key individuals linked to member and roles	
1.7	Can link guardian and child records	
1.8	Displays relevant historical member information and attributes (e.g. changes in eligibility, program enrollment, etc.)	

1.9	Able to integrate and highlight relevant and actionable data for enrollee profiles, including demographics and eligibility data	
1.10	Within enrollee profile, able to customize and update key demographic information (e.g. telephone numbers, addresses, preferred language or pronouns), program, and care team information (i.e. integrated care team)	
1.11	Allows for the upload and export of pertinent enrollee supplemental documentation, including, but not limited to pdfs, word documents, and excel files.	
1.12	Able to perform bulk or individual assignment of members (i.e. caseload) to a specific care manager or platform user.	
1.13	Able to efficiently document care manager activities within enrollee record (i.e. outreach/contacts, care plan review) into structured fields mapped to reporting capability	
1.14	Offers module(s) for critical incidents, grievances and/or quality of care	
1.15	The system allows for >200 active users of the system	
1.16	System administrator users able to grant or revoke access	
2	**Care Management Tools: Screenings, Assessments, Care Plans, Service Plans and other care management activities and interventions**	
	HPS expects integrated tools that allow for screening, assessment, care planning, service planning, and care coordination activity documentation consistent with CMS, HFS, and NCQA requirements and the incorporates critical information on the social determinants of health.	
2.1	Has a customizable integrated health risk screening tool that allows for questions on the enrollees' physical, behavioral, psychological, and social health.	
2.2	Has a customizable integrated health risk screening tool that allows for questions to be tailored to specific populations (e.g. pediatric screening).	
2.3	Has a customizable comprehensive assessment of the Enrollee's health history, current psychosocial, medical, behavioral, cognitive, functional and self-management status, other assets/strengths, risks and needs, medication use.	
2.4	Has a customizable integrated assessment tool that allows for questions to be tailored to specific populations (e.g. pediatric assessment)	
2.5	The health risk assessment allows for assessment "add-ons" (e.g. PHQ9) and smart prompting functionality based on other data elements	
2.6	Portions of the assessment are able to be pre-loaded with answers from the health risk screening.	
2.7	Assessment can be continuously updated with time/date tracking for each portion with prior content accessible with reassessment content	
2.8	Has a customizable care plan to include contractually required fields, including, (but not limited to): enrollee arrangements, preferred characteristics, barriers and obstacles, strengths, risks, and wellness program plans.	
2.9	Care plan has smart functionality prompting recommended content based on assessment data, with portions of the care plan pre-loaded with content from the comprehensive assessment and the service plan	
2.10	Has a care plan has person-centered framework that includes a menu of short- and long-term self-management, treatment and service goals address the Enrollee's needs and preferences and to facilitate monitoring of the Enrollee's progress and evolving service needs	
2.11	Care plan includes goals that can be prioritized or ranked, specific timeframes and responsible parties	
2.12	Care plan uses SMART structure with barriers integrated	

2.13	The care plans allows for "add-ons" (e.g. crisis safety plan) and smart prompting functionality based on other data elements, including the service plan	
2.14	The care plan and service plan allows for electronic signature and recorded verbal statement by the member and/or provider.	
2.15	Has a customizable service plan for home and community based services (HCBS) for care managers for the documentation of authorized services (e.g. personal assistants (PAs), homemaker, and home delivered meals) for members with waivers	
2.16	Service plans include detailed parameters for: • All covered HCBS waiver services • Waiver service amount (including total cost per month) • Member Service Cost Max • Waiver service frequency (including the number of hours each task is to be provided each week/month) • Service Plan authorization start and end date • Confirmed provider start date • Named back-up • Signatures (see 2.10)	
2.17	Health risk screenings, assessments, care plans, and service plans can be downloaded in a readable format to be distributed/transmitted to members and providers.	
2.18	Has task and follow-up activities assignable to individuals within team	
2.19	Has a menu of care management member-facing activities and interventions (e.g. health education, Personal Assistant Evaluation, POSM Survey, referral, wellness check, reflective listening) as well as the option to draft unique statements	
2.20	Has a menu of care management service/treatment provider/agency-facing activities and interventions (e.g. provider notification, health information gathering, mandated reporting, service validation, advocacy) as well as the option to draft unique statements	
2.21	Has a menu of care management ICT activities (e.g. care conferencing, care plan collaboration, appointment) as well as the option to draft unique statements	
2.22	Has a menu of care management transition of care activities	
2.23	Has medication adherence tools including medication reconciliation	
2.24	Care management activities are time-stamped by the system and signature	
2.25	Contact documentation fields capture varied contact attempts, locations and outcomes with smart functionality to support outreach success	
2.26	Separate incident, grievance and quality of care module that can populate with member data and toggle to member record for follow-up activities as well	
3	**Risk Stratification**	

All members must be stratified as high (level 3), moderate (level 2), or low (level 1). HPS expects that the care management system can auto-stratify members using predictive modeling based on screening scores, claims, and other data provided by the plan, with adjustable thresholds within segmented populations, and then updated using care manager clinical judgement. HPS will work closely with the selected vendor to develop the business requirements for risk level auto-stratification and adjustment.

3.1	Able to stratify enrollees as high (level 3), moderate (level 2), or low (level 1) risk using predictive modeling scores provided by the plan and health risk screening data.	

3.2	Able to use artificial intelligence including health risk screening data, claims, authorization, and risk scores to stratify enrollees (optional)	
4	**Workflow Optimization**	

The care management system should provide decision support for clinical workflows, such as prompting the assigned care managers to meet contractual timelines for key activities such as screenings, assessments, reassessments, care plans, service plans, and outreach for their assigned membership. Programs with the Illinois state Medicaid program require care management activities to take place within specific timeframes that vary by program. The care management system will be required to segment the membership by program and allow for workflows to be optimized by program using worklists. During implementation, HPS will partner with the selected vendor and provide clear requirements to ensure that workflows are supported.

4.1	Uses population segmentation and prioritized worklists to help support care managers to meet performance metrics within timeframes.	
4.2	Able to drive worklists off of risk stratification information (i.e. worklist to complete an assessment and care plan for members that stratify level 3 – high risk)	
4.3	Uses predictive analytics to proactively identify members requiring intervention and puts them into a queue for follow up	
4.4	Has dedicated workflows for new members in need of initial screening and/or assessment, member transfers in status, case closure	
4.5	Has a full-set of standard and customizable member material templates that can be merged with member and provider data fields (letters, emails, health education materials, maps) and utilizes translation software	
4.6	Standard and customizable prompts and alerts, including for recommended or needed care by age, condition, population	
5	**Real-time reporting**	

On demand, real-time reporting will be required to ensure that the program is effectively meeting its required outcomes. HPS will work closely with the selected vendor to understand standard, out-of-the-box reporting, as well as opportunities for custom reporting on KPIs, care manager staffing to caseload ratios, and care gap reporting. As part of your narrative response, please list the standard reports that are offered by the program or attach a copy of standard reports in the Appendix.

5.1	On demand reporting available on KPIs at the care manager, program, and line of business (LOB) levels with dashboard visualization features	
5.2	Surfaces indicators of changes in population and changes of condition	
5.3	Caseload reporting available to ensure staffing ratios are contractually compliant	
5.4	Productivity reporting that can be segmented and pivoted for varied staff, teams, time, and activity	
5.5	Member lists available through on demand reporting allowing for selection of specific member and service attributes, time periods and output formats including imbedded lists toggling to member records (e.g. member contacts, assessments, or reassessments.	
5.6	Trended data visualization at member, staff, program and account level (risk, utilization, performance).	
5.7	Exception reporting and audit tools	

6	**Data/System Integration (please see section 5.2.1 below for detail):**	
	HPS expects ready access to its data via (a) real-time web service interfaces and/or (b) bulk data transfers with core systems. In its narrative response, the proposer should address the areas outlined below in section 5.2.1.	

6.1	Care Management system is able to integrate and display the following information from external sources in an actionable format (please include response code for each bullet):
	    a. Eligibility Data including specialized program eligibility
	    b. Provider/Vendor Data
	    c. Medical and Behavioral Claims Data
	    d. Pharmacy prescription claims data
	    e. Authorizations
	    f. Admission, discharge, and transfer data
	    g. CCCD data
	    h. Health risk screening data
	    i. Care gaps
	    j. Division of Rehabilitation Services (DRS) Pull file	

6.2	Care management system is able to export the following information in a specified format (please include response code for each bullet): • Member status updates (demographics, pregnancy status) • CM activities • Screen/assessment information • Care plan information • KPI and performance data for state reporting • HCBS waiver prior authorization data (i.e. service plan data) • Service Plan Layout (for DRS Push file)	
	Support Services	**Response code (Y/D/M/T/N)**
7	**Technical support and training**	
	The HPS team will require training on the care management system at the time of implementation and then no less frequently than quarterly. 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.	
7.1	Offer technical support and training for the platform, and modules, and user provisioning options	
7.2	Able to provide initial and quarterly training to HPS users and "super users"	
7.3	Offers a training and demo environment with realistic but mock data	
7.4	Will provide self-service training materials (e.g. PowerPoint slides, recorded webinars, guidance document for application) covering core system functionality, and reporting	
7.5	Self-service training materials are available within core system for care managers and other end-users	
7.6	Tracking of self-service tools is available within core system as well as reporting on care management trainings completed	
7.7	Responds to requests for technical support within 1 business day	
8	**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 through the care management system will be made available for the care managers 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.

8.1	Ongoing technical support, system/ database administration and automated software updates for the duration of the contract period	
8.2	Provides system for incident or error reporting that can be submitted by care managers and other end-users	
8.3	Emergency and downtime procedures, depending on issue severity, issue escalation and resolution timeframe	
8.4	Provides calendar for service package, enhancement, or maintenance updates	
8.5	Alerts end users to changes in system	
8.6	Provides HPS staff with access to test environment	
8.7	Server capacity, security and back-up	
8.8	Extensive HIPAA features and safeguards to leverage technology over individual behavior to prevent privacy breach	
8.9	Extensive security features and safeguards	
9	**Account Management**	

A primary point of contact will help support the day-to-day operations of the care management 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 the care management team and enable improved member outcomes.

9.1	Dedicated account management team assigned to account with primary point(s) of contact for contract oversight, and issue and escalation resolution	
9.2	Will maintain a log of enhancements and issues for prioritization and implementation	
9.3	Available for joint operations meetings (for system and program alignment and improvement) as often as weekly	
9.4	Produces reporting on contract KPIs and stretch targets	
9.5	Has end-user and consumer input forums and user/client evaluation procedures to inform product and service development	
10	**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 on the care management system within the required timeframe.

10.1	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	
10.2	Establish connectivity and data interfaces for complete capture of data required	
10.3	Project Management services including the development, implementation, and monitoring of the project plan through execution over the entire project lifecycle.	

10.4	A Project Manager will be dedicated to the project and serve as point of contact to client for project management related activities.	
10.5	The PM is responsible for managing risks and issues, communication plans, meeting minutes, and change control, and implementation	
10.6	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	
10.7	Develop test plan, and execute on testing, including user acceptance testing prior to go-live	
Innovation		**Response code (Y/D/M/T/N)**
11	**Innovative offerings**	
HPS is interested in partnering with organizations that are committed to advanced use of technology and innovation in care management. Examples are below. In addition to providing a response code for each item listed here, the vendor should use their narrative response to highlight any innovations not listed below.		
11.1	Integrates directly with provider electronic health records; if yes, please indicate which EHR(s) are supported	
11.2	Offers HEDIS and/or integration with existing population health tools	
11.3	Offers telecommunications capabilities for care management staff (e.g. auto-dialing, video calling, etc.)	
11.4	Provides advanced analytics and reporting related to staff activities and productivity (e.g. geo-mapping staff activity by service area)	
11.5	Provides member-centric services, such as member portal, bidirectional use of care management tools	
11.6	Provides provider-centric services, such as provider portal, bidirectional use of care management tools	
11.7	Integrates directly with online community resource directories, such as NowPow, Purple Binder, Aunt Bertha, etc.	
11.8	Uses artificial intelligence for high risk member identification	

5.2.1   Data Integration Requirements

Required data integration/interface points with the new Care Management System, enterprise data warehouse (EDW) are outlined below:

- Eligibility Data – Member eligibility determines if member is eligible with the Plan and provides demographic, caregiver, program and other data critical for care management. Eligibility will need to be maintained in the Care Management system through data exchange with the core system at minimum, weekly.
- Provider/Vendor Data – Provider/vendor elements define provider status with a health plan, (e.g., participating or non-participating). Provider data will need to be maintained in the Care Management system through data exchange with the core system.
- Claims Data – Viewing paid, and adjudicated but not yet paid, claims history and the transfer of utilization data is necessary in managing patient care through the Care Management system and feeds from the core system. This will require the creation of a process for viewing claims and maintaining utilization data within the Care Management system through data feeds from the benefits administration system or data warehouse.
- Pharmacy prescription claims data - Pharmacy prescription data is critical for medication reconciliation and supporting medication adherence and must be visible in the Care Management system and is made

available through data feeds from the pharmacy benefits manager (PBM) benefits administration system or data warehouse.

- Care Management System Reporting – CM system must be able to support the export of care management data in a specified format, as well as care plans, goal status, outcomes, and/or 'gaps in care' supported via data exports for the purposes of state reporting and MCO-to-MCO transitions in care, and to meet state requirements associated with posting member care plans in the member and provider portals.
- Authorizations – The Care Management System must support the importing and exporting of Authorizations via data interface. Additionally, outbound authorization data must be produced in a format that allows for importing into the benefit administration system to allow for accurate adjudication during claims processing for services authorized by care coordinators (Service Package II, home and community based waiver services).
- Service Plan Data – The CM system must support inbound and outbound data interfaces (state "push-pull process") with the State for members with service plans and receiving long-term services and support.

In its narrative response, the proposer should address the following areas:

a. List all interface standards that are employed (e.g. HL7, FHIR).
b. Detail import/export functionality by platform and the support of external data (e.g. extracts, data dumps, file transfers, etc.).
c. Describe in detail your history of integrating and interfacing with systems outside of your current system solution.

Any additional supporting information should be included in the proposer's appendix.

Medicaid Care Management System Data Interfaces	Source Entity	Destination Entity	Direction	Frequency
Eligibility File	TPA	CM System	Outbound	Weekly
Provider File	TPA	CM System	Outbound	Weekly
Pharmacy Claims File	TPA	CM System	Outbound	Daily
Medical Claims File	TPA	CM System	Outbound	Weekly
State Reports File	CME	TPA	Inbound	Monthly
MCO to MCO Transition of Care - Care Plan File (for requested prior members)	CME	TPA	Inbound	Weekly
MCO to MCO TOC Goals File (for requested prior members)	CME	TPA	Inbound	Weekly
MCO to MCO Transition of Care - Care Plan File (for new members)	TPA	CM System	Outbound	Monthly
MCO to MCO Transition of Care - Goals File (for new members)	TPA	CM System	Outbound	Monthly
Prior Authorization File	TPA	CM System	Outbound	Daily
Home and Community Based Services Waiver Prior Authorization File	CM System	TPA	Inbound	Daily
Care Plan Metafiles	CM System	TPA	Inbound	Weekly
Care Plan pdfs	CM System	TPA	Inbound	Weekly
Health risk screening data	Text vendor	CM System	Outbound	Daily
Admission, Discharge, Transfer Feed	ADT Vendor	CM System	Outbound	Hourly or Real-time
DRS Pull file	TPA	CM System	Inbound	Weekly
Service plan layout (DRS Push file) – in state required format	CM System	TPA	Outbound	Twice Weekly

5.3   Technical Requirements

Proposers should explicitly address the technical requirements in no more than 10 pages single spaced, with up to 5 additional pages for solution diagram(s). Any additional supporting information should be included in the proposer's appendix.

5.3.1   Solution Overview

Proposers must present a brief description and diagram(s) describing the components of the proposed solution, all proposed logical and physical models, expected interfaces, network infrastructure, and other key elements that will help CCH's technology team better understand the proposed solution. This section must include:

a. Diagram(s) depicting the required software modules and backend architecture (include modules, servers, PCs, mobile devices, network, interfaces, storage components, etc.);

b. **Brief** description of the proposed software, including 3rd party components;

c. Other information that would help the Evaluation Committee determine the advantages of selecting the proposed solution, including but not limited to:

    i.   Technical requirements (desktop, server, database, OS, browser or any other required technology) to implement and support the solution

    ii.   All database and/or file management systems that your system solution works with. Please include version and release numbers

    iii.   Any additional products that need to be licensed with the system solution.

    iv.   Other software applications, software libraries or systems that must be in place to support your system solution.

5.3.2 Solution maintenance

Proposers should describe their approach to product maintenance. At minimum, the proposer's response will address the following:

a. How is the product development agenda determined, and what role does the customer play in this process?

b. What is the average frequency of system solution updates and patches?

c. Please explain the quality control/release management process for making these modifications.

d. Describe how you support bug/issue reporting, tracking and your resolution process.

5.3.3 Hosting

Proposers must provide at a minimum:

a. Brief description of the hosting provider;

b. Diagram and/or description of Tier III Data Centers[1] addressing;

    i.   Location of at least two geographically diverse data centers that do not share common threats (e.g. the data centers cannot be in the same earthquake zone, likely hurricane path, same flood zone, etc.);

    ii.   Hardware redundancy;

    iii.   Power redundancy;

    iv.   Telecommunications redundancy;

    v.   Building integrity (HVAC, Security, Fire Suppression, etc.).

5.3.4 Audit Requirements

Proposers must review each of the following and state whether their firm can meet the requirements, or describe the reason why it cannot meet them:

a. The Proposer can provide annual SOC 2 audit reports to CCH or otherwise upon CCH's request;

b. The Proposer can provide corrective action plans or actions taken to resolve any exceptions, material weaknesses and/or control deficiencies identified in the SOC report.

c. CCH will have the right to access and audit proposer's System and Hosting;

d. CCH will have the right to request reasonable adjustments at the proposer's expense where those requests are based upon audit findings pertaining to the System or Hosting.

5.3.5 Hosting Transition Out and Exit Requirements

In the event the Vendor-Client contractual relationship ends, proposers must provide the procedure to import and transition all CCH data to a location of choice from the vendor's hosted solution, and CCH responsibilities in the event CCH would want to transition to on premise hardware. This section is not requesting a detailed plan, but it requires:

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[1] Data Center's Tier III is the minimum standard required.

a. A list of expectations in bulleted format, including documentation and costs that would have to be estimated in the event of a transition.
b. Commitment that upon termination of the contract and CCH request, the proposer will transition and then destroy CCH Data, including backups and copies thereof, according to all applicable standards or as otherwise directed by CCH.

Note that the Selected Proposer shall automatically and without limitations transfer all CCH data in a format specified by CCH.

5.3.6   Backup and Disaster Recovery

Proposers must describe the proposed **automatic backup and recovery capability** for the data and application, ensuring continuous operation without interruption or degradation of services including at minimum the information listed below.

a. Description of the backup and recovery plan, including:
    i. Data backup and recovery capabilities;
    ii. Application backup and recovery approach and capabilities;
    iii. Backup and recovery testing frequency;
b. Backup and Recovery Plan Execution procedure (in the event of an incident):
    i. Key tasks;
    ii. Key roles and responsibilities for CCH and for the Proposer;
    iii. Proposed Recovery Time Objective (RTO) and Recovery Point Objective (RPO).
    iv. In the event of a technology or other failure at the primary data center, Proposer should state if the alternate system can meet the requirement listed, or one of the following, for which CCH's use should be identical regardless of which location is processing CCH's work. If the Proposer cannot meet this requirement, it must state its proposed tiers.

Category	Alternate system characteristics
High Availability	Continuous operation without interruption or degradation in service.
Standard Availability	Available for CCH use within 48 hours with no degradation in service.
Non-Critical Availability	Available for CCH use within 96 hours with no degradation in service.

5.3.7   Software Licensing

The proposal shall include a clear, high-level, non-legalese explanation of its software licensing. At a minimum, the explanation shall answer the following questions:

a. What type of software license will CCH receive? For example, would CCH own licenses after the term of the proposed agreement?
b. How many licenses are recommended for CCH and why?
c. Who are the licensors? For example, is the Proposer reselling or integrating a third party's software?
d. In an appendix, the proposal shall attach complete copies of software licensing agreements related to the proposal including agreements for 3rd party software.

5.3.8   Data Security

The proposer must also provide a reasonably detailed explanation as to how the proposal protects the System and CCH Data within each of the following additional data security categories. Describe how security roles are defined within the system solution, including definition and modification of roles by administrator.

a. Password configurations (e.g., complexity, aging, etc.);

b. Authentication configurations (e.g., active directory, encrypted data exchange, hash, etc.);
c. Encryption configurations (e.g., symmetrical AES-256, asymmetrical RSA 2048, etc.) for both data at rest and data in motion;
d. Logging/Auditing capabilities (e.g., verbose user tracking and reporting, etc.);
e. Personnel security (e.g., extensive background checks, annual recheck, etc.);
f. Physical security (e.g., 24-hour security, alarms, restricted access, etc.);
g. Web Application configurations (e.g., SQL injection protection, buffer overflow, etc.);
h. Network transmission security (LAN and VPN);
i. Data that is to be transmitted off-site must be encrypted end to end.
j. Lastly, the proposer shall confirm that, under its proposal, all data-at-rest will not be stored outside of the continental United States

5.3.9   Remote Security

CCH only permits secure connectivity between a vendor and the County and all data transmitted must be encrypted. This type of connection is referred to as a "nailed up" connection and requires a one-time setup. Vendor access to CCH for purposes of support, either application or network hardware, is achieved by the use of Cisco's remote access VPN client and Cisco's VPN adaptive security appliance (ASA) firewalls. This allows for encrypted data to traverse between the remote client and the specific County network device or application. All time reporting data that is transmitted to and from devices must be encrypted. Data that is to be transmitted off-site must be encrypted end to end. Access to hosted applications either internal or external to CCH, must be securely connected using a non-standard TCP port and the devices will limited to only the necessary site(s). CCH reserves the right to impose more restrictive network access controls.

6. 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 the guidelines should not be considered so rigid as to stifle the creativity of any Proposer responding.

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.

6.1 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.

6.2 Response to Scope of Services

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

6.3 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. Address Headquarter (Street Address, City, State , Zip) Base of Operations (Street Address, City, State , Zip)	
d. Legal Structure (e.g. sole proprietor, partnership, corporation, joint venture)	
e. If a subsidiary, provide the same RFP about the Parent Company as required in this table format.	
f. Date and State where formed.	
g. Proposer's principals/officers including President, Chairman, Vice Presidents, Secretary, Chief Operating Officer, Chief Financial Officer, and related contact RFP.	
h. Point of contact for this RFP including contact information	
i. Proposer Business background and description of current operations	
j. Number of employees	
k. Number of years in business	
l. Total number of years providing the proposed services	
m. Is Proposer a licensed business to perform the work in scope? If so, please specify relevant certifications.	
n. Proposer's Federal Employee Identification Number (or Social Security Number, if a sole proprietorship)	
o. 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:	

6.3.1 Key Personnel

a. Provide a table with the following information:

    i. Proposed project resources

    ii. Roles

    iii. High level skills (project alignment)

    iv. Proposed work location for each resource (onsite/offsite)

    v. Time commitment to the project if awarded

b. Describe internal standards, policies and procedures regarding hiring, training and professional development.

c. 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.

6.4 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% MBE/WBE 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.

6.5   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**.

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.

6.6   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. State whether the proposer or its parent company has ever received any sanctions or is currently under investigation by any regulatory or governmental body.

6.7   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."

6.8   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.

6.9   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

6.10   Confidentiality of Information

The Selected proposer may have access to confidential information, 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.

6.11   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.

6.12   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/

7   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.

7.1   Proposal Assessment

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

7.1.1   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.

7.1.2. 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.

7.1.3 System Demonstrations

Proposers 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 Proposer 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. Proposers will receive adequate notification to prepare for the demonstration of scenarios. Proposer demonstrations must be performed only with software products that are currently available on the market. If the Proposer is demonstrating different distinct applications as part of the overall solution, the integration of the various components must also be currently available. Proposer demonstrations must not be a Power Point presentation or other presentation application; rather, Proposers must show actual screen functionality and features in real time.

7.1.4 Site Visits/Reference Calls

HPS may request a reference site visit and/or conference call with an existing client utilizing the proposed system(s). Proposers 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 Proposer. 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.

7.2 Selection Process

Upon review of all information provided by shortlisted Proposers, the evaluation committee will make a recommendation for selection to the Chief Procurement Officer of the Office Supply Chain Management for concurrence and submission to the Cook County Health Board. CCH may engage in negotiations and may select one or more Proposer(s) that best meets the needs of CCH and provides the best overall value in the interest of CCH.

7.3 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.

7.4 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.

8   Evaluation Criteria

8.1 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.

8.1.1   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:

A. 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.
B. 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.
C. Relevant Experience
D. Reasonableness of Overall Price
    Price will be evaluated separately for overall reasonableness and competitiveness.

In addition, the Evaluation Committee may review and consider the information and evidence Proposer's responsiveness to the following categories:
1. MWBE Utilization Plan (EDS forms);
2. Financial Status;
3. Conflict Interest;
4. Insurance Requirements;
5. Contract Terms and Conditions (objections and/or suggested alternate language);
6. Legal Actions;
7. Addenda acknowledgement (See Addenda Section)

9   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.

9.1 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.

9.2   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.

9.3   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.

9.4   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.

9.5   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.**

9.6   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.

9.7   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.

9.8   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.

9.9   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.

9.10   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.

9.11   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.

9.12   RFP Interpretation

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

9.13   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.

9.14   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.

9.15   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.

9.16   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. 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 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.].

9.17   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.

9.18   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.

9.19   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.

10 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 conjugation with Neglect.

"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.

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

"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

11 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 available, hand write the time):	A.M P.M

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.**

Time Stamp Here

✂ -

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