



# COOK COUNTY HEALTH

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## COOK COUNTY HEALTH (CCH)

### REQUEST FOR PROPOSAL RFP# H22-0055

**TITLE:** Population Health Services

**GENERAL DESCRIPTION:** Health Plan Services (HPS) is seeking to identify competitive qualified entity(ies) that can provide unique and innovative services to address the health needs of our membership with diabetes, hypertension, heart diseases, asthma/COPD and obesity with a population-based approach.

**DATE ISSUED:** September 1, 2022

**VENDOR QUESTIONS DUE DATE:** September 6, 2022 by 2:00 p.m. CT

**RESPONSE/ PROPOSAL DUE DATE:** September 30, 2022 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.***

***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](mailto: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:

- More than a dozen 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
- Health Plans Services operating CountyCare Health Plan, the largest Medicaid managed care plan in Cook County (CountyCare) and supporting other health plan products, such as the Medicare Advantage plan MoreCare

CCH's history and mission to care for all, regardless of the ability to pay, dates 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 Health Plan Services in fall 2012 under the ACA's Early Enrollment Option set the course for CCH's transformation. Since the inception of Health Plan Services, CCH has seen a dramatic shift in its Payer mix such that a majority of CCH Patients are now insured – the first time this has been the case in CCH's 186-year history of direct care.

### 1.2 About Health Plan Services

In 2013, CCH launched HPS as a demonstration project through the Centers for Medicare and Medicaid Services (CMS) 1115 Waiver granted to the State of Illinois Medicaid agency, the Illinois Department of Healthcare and Family Services (DHFS), to enroll eligible low income Cook County adults (ACA adults) into a Medicaid managed care program. In July 2014, HPS 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 administered by DHFS. This transition allowed HPS 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).

HPS receives a capitated per member (enrollee) per month rate for every enrollee in its health plan. HPS currently has over 430,000 Medicaid enrollees.

The HPS provider network includes all CCH facilities, every Federally Qualified Health Center (FQHC) in Cook County, and more than 60 hospitals. For HPS, 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.

Diabetes, hypertension, heart diseases, asthma/COPD and obesity remain in the top conditions for CountyCare members. CountyCare works with both high-risk members and the moderate to low-risk members in order to assist members with self-management and screening of these conditions.

## 2. Purpose

Health Plan Services (HPS) is seeking to identify competitive qualified entity (ies) that can provide unique and innovative services to address the health needs of our membership specifically for one or more of the following conditions: diabetes and pre-diabetes, hypertension, heart diseases, asthma/ COPD and obesity with an estimated implementation date of April 1, 2023 (may be subject to change). Services provided must include at minimum data driven population health interventions, ability to connect members to a needed services including home bound population and self-management tools.

### 2.1 Term of Services

The term of services shall be for thirty-six (36) months with two optional one (1) year extensions. The award agreement may be terminated by CCH for convenience following one hundred twenty (120) calendar days' prior written notice of termination. Termination for convenience is an essential term to any CCH Contract as a government entity.

### 2.2 Basis of Award

The basis of award shall be to at minimum one 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:

RFP Activity	Estimated Date
<b>RFP posted to the website</b>	09/01/2202
<b>Proposer Inquiry Deadline</b>	09/6/2022
<b>CCH response to Vendor Questions (Tentative)</b>	Week of 9/7/2022
<b>Proposal Due Date</b>	09/30/2022
<b>Evaluation of RFP (Tentative)</b>	10/4/2022 - 10/13/2022
<b>Demonstrations (Tentative)</b>	10/20/2022 - 10/24/2022
<b>Contacting of References (Tentative)</b>	10/20/2022 - 10/24/2022

#### 4. Scope of Services

##### 4.1 Services Overview

CCH plans to select at minimum one vendor that can provide innovative services to address the health needs of our membership with a population-based approach as outlined below.

##### 4.2 Qualifications:

**Applicants must meet the following minimum qualifications:**

Minimum Qualifications		Response (Y/N/NA)
1	A minimum of one (1) year of experience in providing services for Medicaid and/or Medicare plans.	
2	Must have an arrangement with Illinois board certified ophthalmologist to read the images for the diabetes eye exam tests (for diabetes program only).	
3	Ability to provide proposed services in Illinois.	

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

Preferred Qualifications		Response (Y/N)
1	Experience partnering with public sector organizations	
2	Experience providing services in Illinois Medicaid Managed Care market	
3	Industry-recognized accreditation and/or certifications (please list)	
4	Expertise, knowledge, and flexibility to adapt to new and changing industry and regulatory standards.	
5	Strong references that attest to the quality, reliability, and integrity of the applicant – both in terms of the account team and the products/services offered. References with contact information must be provided with Proposer’s RFP response.	

**Proposer 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. Please mark N/A if requirement is condition specific that proposer is not interested in providing services for.**

##### 4.3 Scope and Goals

Proposer should include and explicitly address how proposer will help CCH meet our goals or why proposer cannot achieve these goals in their response to this RFP. If the proposer will be utilizing a third party, proposer must explicitly provide the names of the organizations that will be providing that service on the proposer’s behalf. Proposers should articulate their responses in a succinct and direct manner. The responses should refrain from statements not directly related to the question and general statements should be supported by factual proof points. Successful proposers will demonstrate innovative, out of the box solutions for Health Plan Services’ distinctive populations.

#### 4.3.1 Goals

Responses to section 4.3.1 shall not exceed 20 pages maximum. Mark N/A if goal is specific to the condition that a proposer is not offering to participate in.

Goals		Response (Y/N/NA)
4.3.1.1	Outreach 100% of Members of the list given to the Proposer on a quarterly basis for diabetic retinal eye exam/HbA1c/KED tests (for diabetes program only)	
4.3.1.2	Outreach 100% of Members of the list given to the Proposer on a quarterly basis for self-management program.	
4.3.1.3	For diabetic retinal eye exams meet the benchmark of a minimum of 85% readable scans/images (for diabetes program only)	
4.3.1.4	Maintain a Member satisfaction rating of a minimum 90% satisfaction with the program measured by a mutually agreed upon tool.	
4.3.1.5	95% of scans must be read within 48 working hours of capture (for diabetes program only)	
4.3.1.6	Follow up with 100% of members who had test results that require provider office visit within 2 weeks of receipt of results.	
4.3.1.7	Assist members with scheduling a provider appointment	

#### 4.3.2 Requirements:

Applicants should state if they will commit to these requirements (using Y, N or NA). Applicants should include and explicitly address *how* proposer will meet or *why* proposer cannot meet each of the below requirements in their response to this RFP. Please use the corresponding response codes listed below in Applicant’s RFP response. Responses with “T” in any of the below requirements should explicitly provide the names of the organizations that will be providing that service on applicant’s behalf. Applicants should articulate their responses in a succinct and direct manner. The responses should refrain from statements not directly related to the question and general statements should be supported by factual proof points. Responses to section 4.3.2 shall not exceed 45 pages maximum.

Response code	Category Description
<b>Y</b>	Demonstrated (operational today). This response indicates that the process/technology described is in use by the Proposer for that product. If requested by CCH, Proposer can provide outcomes and/or examples of how the process/technology is currently deployed. If the proposer is leveraging another organization’s expertise, process, or technology then a “T” should be used.
<b>D</b>	Under Development. This response indicates that the process/technology described is currently under development and/or designed but is not yet operational in any of the Proposer’s operational markets.
<b>M</b>	Modify. This response means that the Proposer is willing to develop the process/technology. Any cost of this enhancement to CCH should be itemized and included in the Proposer’s projected cost of implementation.
<b>T</b>	Third Party. This response means that the functionality is available from a third party partner of the vendor. If third party products are proposed, please include an itemized list in the projected costs along with any projected costs chargeable to CCH.
<b>N</b>	This response indicates the Proposer does not have an applicable process/technology.

	Functional Requirements	Will commit to meeting requirement (Y/N/NA)	Response code (Y/D/M/T/N)
<p>Diabetes Care Screening Services. Commencing on the Effective date, Proposer will provide diabetes care testing or screenings, including but not limited to retina scan, HbA1c test, and/or Nephropathy screening, and/or other lab services as requested by CCH. To provide such services, Proposer will successfully reach out to members via phone, text, or email to provide education and encouragement to receive recommended diabetes care testing or screenings and/or other lab services. For members who accept, schedule and complete in-home appointments for the applicable testing services as indicated by HPS for each member. Images will be taken, and samples will be analyzed in the Member's place of residence. Proposer will have qualified staff or arrangements with such to be able to analyze the results and eye scans. No results will be provided during the home visit and without a board-certified physician's interpretation.</p>			
4.3.2.1	Performs in home Diabetic Retinal Eye Exams.		
4.3.2.2	Performs in home HbA1c Lab Test.		
4.3.2.3	Performs in home Kidney Health Evaluation Lab Tests - estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR).		
4.3.2.4	Contacts members to schedule any appropriate in-home retina scan, HbA1c test, and/or Kidney Evaluation screening, as requested by HPS.		
4.3.2.5	Assists members with a PCP or specialist appointment scheduling if one is required based on the test results.		
4.3.2.6	Obtain an image of the retina using fundus photography and transmit the image to the Software to enhance the image.		
4.3.2.7	Transfers the enhanced retinal images to a software platform in which the proposer's ophthalmologist will review the image and document a diagnosis for each eye, patient instructions and recommended follow-up.		
4.3.2.8	Advise Members to follow up with their primary care provider for eye exam results and follow up care. Mails results report to the member. Proposer will notify member if image is unreadable and provide follow-up options for member to receive Diabetic Retinal Eye exam. (Using an agreed upon line of communication).		
4.3.2.9	Obtain blood sample and/or urine specimen as applicable, and analyze samples in the member's home using CLIA-approved equipment.		
4.3.2.10	Provide lab results to the Member onsite and advise member to follow up with his/her primary care provider for interpretation.		
4.3.2.11	Proposer will share a copy of the Member's diabetes care testing or screening results report with the Member's primary care physician using an agreed-on mode of communication (fax, mail, phone, email, other). Primary care physician contact information will be provided by CCH to Proposer.		

	Functional Requirements	Will commit to meeting requirement (Y/N/NA)	Response code (Y/D/M/T/N)
4.3.2.12	Proposer shall verify receipt of abnormal diabetes care testing or screenings results reports by the Member's primary care physician using an agreed-on mode of communication (fax, certified mail, phone, email, other). Proposer shall provide primary care physician with information for CCH Central Scheduling for specialist follow up, if needed. If using phone communication, Proposer will make three (3) attempts to reach the primary care physician for follow up. Proposer will notify HPS of any medical homes/primary care providers not reachable after three (3) documented attempts.		
4.3.2.13	Proposer will submit a zero dollar claim for each of the services utilizing HEDIS codes for Eye Exam for Patients with Diabetes (EED) and Kidney Health Evaluation for Patients with Diabetes (KED). Proposer will submit invoices for CCH for services provided at a fee as detailed in Section 5 Fees and Payment Schedule.		
4.3.2.14	Provide CCH a non-exclusive, non-transferable, royalty-free license to access the Software.		
4.3.2.15	Proposer will also provide to CCH a monthly report listing all exams completed including Member name, ID, DOB, breakdown of services, date of service, diagnosis of retinopathy/no retinopathy and unreadable scans.		
4.3.2.16	Provide periodic senior level update and planning meetings no less than quarterly unless otherwise requested in writing by CCH.		
4.3.2.17	Provide service representatives to respond to telephone or e-mail inquiries from CCH trained users regarding the Software.		
4.3.2.18	Arrange for telephone interpretation services as needed for non-English speaking Members and invoice CCH for interpretation services used for Members.		
4.3.2.19	Provide update on Members with non-working or wrong phone numbers for follow up by CCH.		
4.3.2.20	Proposer agrees to evaluate with CCH the potential to enter into a "value-based agreement" for value added services such as member re-determination, health risk assessment, etc. at the request of CCH.		
4.3.2.21	Proposer may purchase testing and screening equipment as approved by CCH in writing.		
<b>Population Health Monitoring for Rising Risk</b> ("Rising Risk Members" means Members who have a chronic condition including Diabetes, Asthma, or Hypertension, but are not classified by HPS as High Risk Members.) Commencing on the Effective Date, Proposer shall provide Population Health Monitoring Administration Services for HPS's population health monitoring program. In this capacity, Proposer shall handle agreed upon logistics, program measurement, and provide guidance to HPS on structure and work flows.			
4.3.2.22	Provide timely insight into how well Members' chronic conditions are being managed, help identify Rising Risk Members who have support needs, and provide tools and protocols to encourage and support condition management.		

	Functional Requirements	Will commit to meeting requirement (Y/N/NA)	Response code (Y/D/M/T/N)
4.3.2.23	Members take health status readings on devices owned by Member and enters measurements via a web-based application from Member's smartphone, tablet, or computer with internet access or via Member's telephone through an interactive voice response system.		
4.3.2.24	Proposer shall provide Members access to a web-based application for Member to enter readings, respond to health status questions, access educational videos and health tips, submit requests for information, obtain medication and testing reminders, and access referrals to HPS resources.		
4.3.2.25	Proposer shall provide to HPS a bi-weekly or quarterly population health management report that includes but is not limited to the following information: biometric flags, adherence with testing care plan, and information reported by Members such as treatment barriers, medication issues, questions, preventive care visits, behaviors such as tobacco and alcohol use. The specific data gathered will be determined in conjunction with HPS. Proposer shall also provide a monthly individual report to the primary care provider for each Member on the population health monitoring program subject to HPS or Member providing up-to-date information on Member's primary care provider.		
4.3.2.26	Proposer shall provide an end of the year evaluation of # of members participating in each program.		
4.3.2.27	Proposer shall provide HPS a non- exclusive, non-transferable, royalty-free license to access the monitoring web portal.		
4.3.2.28	Proposer shall handle ongoing Member support in the form of a help desk number for Members to contact Proposer. HPS may refer technical support inquiries to the Proposer's help desk.		
4.3.2.29	Proposer, at its sole cost, shall provide to HPS initial training on the Hosted Software which includes setting up rules for exceptions, accessing and viewing Data, and generating reports.		
4.3.2.30	Proposer shall provide service representatives to respond to telephone, e-mail, and facsimile inquiries from HPS trained users regarding the Hosted Software. Telephone service will be provided during the hours of 8:30 A.M. to 5:30 P.M. Central Time, Monday through Friday, excluding Proposer holidays		
4.3.2.31	Proposer shall arrange for telephone interpretation services as needed for non-English speaking Members and invoice HPS for interpretation services used for Members.		
4.3.2.32	Proposer will provide periodic senior level update and planning meetings no less than quarterly unless otherwise requested in writing by HPS.		
4.3.2.33	Proposer shall not be responsible for furnishing devices to Rising Risk Members.		

	Functional Requirements	Will commit to meeting requirement (Y/N/NA)	Response code (Y/D/M/T/N)
4.3.2.34	Proposer may, upon request by HPS, provide battery replacements for member devices as necessary and invoice HPS for batteries replaced, associated shipping charges, and a service fee as detailed in the agreement. Proposer shall initiate providing battery replacement services to Members only upon written request from HPS.		
<b>Services of Proposer for Remote Monitoring for CCH Patients.</b> Commencing on the Effective Date, Proposer shall provide Program Administration Services and Monitoring Services for CCH's remote monitoring program. In this capacity, Proposer shall provide patient portal account set up, onboarding and training, technical support, and clinical triage.			
4.3.2.35	Schedule Patients for onboarding.		
4.3.2.36	Provide Patient onboarding via in-person training on correct method to take measurements and guidance for device placement in the home and establishing a measurement routine.		
4.3.2.37	Verify readings from alerts.		
4.3.2.38	Gather information on recent behaviors and symptoms.		
4.3.2.39	Assess clinical needs and provide immediate nurse-level care advice.		
4.3.2.40	Identify patient questions, areas of confusion, and compliance barriers.		
4.3.2.41	Document interventions.		
4.3.2.42	Reach out to patients to encourage adherence with taking measurements.		
4.3.2.43	Provide technical and user support via telephone. CCH may refer any and all technical support inquiries to the Proposer's help desk.		
4.3.2.44	Troubleshoot all System issues.		
4.3.2.45	Refer patients to provider for appointments and to address treatment barriers. Coordinate with providers or care management entities for follow up.		
4.3.2.46	Proposer will initiate providing in-home troubleshooting service upon written request from CCH. If in-home troubleshooting service initiated, Proposer will provide this service to individual Patients when needed as determined by Proposer technical support specialist.		
4.3.2.47	Proposer will replace batteries in System components as necessary and invoice CCH for batteries replaced and associated shipping charges.		
4.3.2.48	Enroll patients in the monitoring web portal, and dis-enroll patients upon program completion.		
<b>Services of Proposer for Tele-visit Technology Check Outreach.</b> Commencing on the Effective Date, Proposer shall perform outreach to CCH Patients who are scheduled for tele-visits so that Proposer may provide tele-visit technology checks.			

	Functional Requirements	Will commit to meeting requirement (Y/N/NA)	Response code (Y/D/M/T/N)
4.3.2.49	Call Patients from a CCH Patient list in advance of a tele-visit.		
4.3.2.50	Send link to Patient for Cook County Connect via text or email.		
4.3.2.51	Guide Patient through utilizing the link to access a Cook County Connect tele-visit.		
4.3.2.52	Perform a trial visit with the Patient.		
4.3.2.53	Provide basic troubleshooting such as checking internet availability and appropriate device type.		
4.3.2.54	For Patients who refuse to remain on the line for a full technology check, obtain attestation of internet service, appropriate device, and competency for utilizing a link.		
4.3.2.55	Refer Patients to provider or other CCH resources for non-applicable questions or concerns.		
4.3.2.56	Send notification to CCH designee for any cancellation or rescheduling requests.		
<b>Services of Proposer for outbound outreach.</b> Commencing on the Effective Date, Proposer shall perform outreach to HPS members that are targeted for specific campaigns including, but not limited to:			
4.3.2.57	<ul style="list-style-type: none"> <li>• <b>Primary care connection and member support with a focus on members that have not completed their annual visit:</b> <ul style="list-style-type: none"> <li>○ Primary care provider (PCP) validation</li> <li>○ Education on the annual primary care visit and Preventive care</li> <li>○ Support scheduling the visit with the member’s assigned PCP</li> <li>○ Support changing the member’s empaneled PCP by calling member services</li> </ul> </li> </ul>		
4.3.2.58	<ul style="list-style-type: none"> <li>• <b>Demographic information validation with a focus on members that have incomplete member records</b> <ul style="list-style-type: none"> <li>○ Demographic information validation in English and Spanish, including but not limited to validation of address, phone number, email, preferred language, race, and ethnicity data</li> </ul> </li> </ul>		
4.3.2.59	<ul style="list-style-type: none"> <li>• <b>Follow up after medical or behavioral health inpatient hospitalization and emergency department visit</b> <ul style="list-style-type: none"> <li>○ Use admission, discharge, and transfer (ADT) data or other targeted data provided by CCH to follow up with members following each inpatient hospitalization or emergency department visit</li> <li>○ With member, set up follow up visit with PCP and/or behavioral health provider</li> <li>○ Complete screening for social determinants of health and connect member to social services, as applicable</li> <li>○ Refer members that would like additional support to care management</li> </ul> </li> </ul>		

	Functional Requirements	Will commit to meeting requirement (Y/N/NA)	Response code (Y/D/M/T/N)
4.3.2.60	<ul style="list-style-type: none"> <li>• <b>Health Risk Screening</b> <ul style="list-style-type: none"> <li>○ Complete health risk screenings within the HPS care management system for members that are 1) new to health plan and within their first 60 days as a HPS member; or 2) have not completed a health risk screening for members assigned to the Health Plan care management department</li> </ul> </li> </ul>		
4.3.2.61	<ul style="list-style-type: none"> <li>• <b>Closure of care gaps for critical HEDIS measures</b> <ul style="list-style-type: none"> <li>○ Develop campaign to close care member care gaps as directed by the Director of Population Health and Performance Improvement.</li> </ul> </li> </ul>		
	<b>Quality Assurance</b>		
4.3.2.62	Proposer will maintain a comprehensive quality assurance program with prospective, concurrent, and retrospective review and monitoring programs in order to ensure the delivery of high-quality services to members.		
4.3.2.63	Whenever a potential quality issue is identified, the Proposer will conduct appropriate follow-up, including taking corrective action as necessary to remedy a deficiency within one quarter.		
4.3.2.64	<p>The Proposer’s quality assurance program will include process and outcomes measurement, evaluation, and management for each program and annual reporting. This will include but not be limited to:</p> <ul style="list-style-type: none"> <li>(1) measuring Member satisfaction with the Proposer’s programs</li> <li>(2) Proposer will ensure that programs are continuously updated to include nationally recognized, evidence-based and industry best practices.</li> <li>(3) and incorporate these activities and practices into the activities performed under the Contract</li> <li>(4) The Proposer will ensure the quality and competency of technicians with annual training and oversight of testing.</li> <li>(5) The Proposer will inspect equipment daily prior to seeing patients.</li> <li>(6) The Proposer will conduct internal audits to ensure codes and testing align on a quarterly basis.</li> <li>(7) The Proposer will submit all claims for the month by the date as identified by the Contractor</li> </ul>		
	<b>General</b>		
4.3.2.65	Proposer will be responsible for education and outreach materials management with approval by HPS.		
4.3.2.66	Proposer is responsible for all interactions with individual members irrespective of interaction modality – e.g., phone, text, email, online inquiry, chat, mail, or fax		

	Functional Requirements	Will commit to meeting requirement (Y/N/NA)	Response code (Y/D/M/T/N)
4.3.2.67	Proposer will supply report on a quarterly basis regarding information about self-management program, this could include specific lifestyle counseling, disease management, or weight management programs in which individual members are enrolled, including program participation start and end/opt-out date(s) and all events (including material distribution) associated with their participation in the program.		
4.3.2.68	Proposer shall provide and maintain a comprehensive information retention plan.		
4.3.2.69	Proposer's systems shall contain controls to maintain information integrity. These controls shall be in place at all appropriate points of processing. The controls shall be tested in periodic and spot audits following a methodology to be mutually agreed upon by the Contractor.		
4.3.2.70	Audit trails shall be incorporated into all systems to allow information on source data files and documents to be traced through the processing stages to the point where the information is finally recorded.		

### 4.3.3 Narrative Questions

4.3.3.1. Provide a brief, descriptive statement detailing evidence of the Respondent's ability to deliver the goods or services sought under this RFP (e.g., prior experience, training, certifications, resources, program and quality management systems, etc.).

4.3.3.2. Provide a narrative description of the proposed project team, its members, and organizational structure along with an organizational chart identifying the key people who will be assigned to deliver the goods or services required by this RFP.

4.3.3.3 Describe your quality assurance process

4.3.3.3.1. How is success with your disease management and wellness programs measured? What data is collected to measure program success? Cite evidence of the effectiveness of your lifestyle behavior change programs.

4.3.3.3.1 What metrics do you report on to improve engagement, participation, etc.?

4.3.3.3.2 Does your organization provide accommodations, where applicable, for disabled individuals (e.g. completion of the health questionnaire, use of web portal)? If yes, please explain

4.3.3.4 **Subcontractors:** Provide a statement of whether the Respondent intends to use subcontractors to meet the Respondent's requirements of any contract awarded pursuant to this RFP, and if so, detail:

4.3.3.4.1 the names of the subcontractors along with the contact person, mailing address, telephone number, and e-mail address for each;

4.3.3.4.2 a description of the scope and portions of the goods each subcontractor involved in the delivery of goods or performance of the services each subcontractor will perform; and

4.3.3.4.3 a statement specifying that each proposed subcontractor has expressly assented to being proposed as a subcontractor in the Respondent's response to this RFP

4.3.3.5. **Commitment to Diversity:** Provide documentation of the Respondent's commitment to diversity as represented by the following:

4.3.3.5.1 Business Strategy. Provide a description of the Respondent's existing programs and procedures designed to encourage and foster commerce with business enterprises owned by minorities, women, service-disabled veterans, and small business enterprises. Please also include a list of the Respondent's certifications as a diversity business, if applicable.

4.3.3.5.2 Business Relationships. Provide a listing of the Respondent's current contracts with business enterprises owned by minorities, women, service-disabled veterans and small business enterprises. Please include the following information: (i) contract description; (ii) contractor name and ownership characteristics (i.e., ethnicity, gender, service disabled); (iii) contractor contact name and telephone number. (c) Estimated Participation. Provide an estimated level of participation by business enterprises owned by minorities, women, service-disabled veterans, and small business enterprises if a contract is awarded to the Respondent pursuant to this RFP.

NOTE: Respondents are encouraged to demonstrate a commitment to diversity.

**4.3.3.6 Information Systems:** Describe the specific information systems that the Proposer will use for this Contract. Specifically address:

4.3.3.6.1. Any modifications to existing hardware and software that will be required.

4.3.3.6.2. The extent to which these information systems are already in operation.

4.3.3.6.3. The timeframe for any implementation of components not currently in operation.

4.3.3.6.6. The capabilities and the expertise of the staff/personnel dedicated to support information system operations.

4.3.3.6.7. Your business continuity and disaster recovery plans for all information systems including your system back-up processes.

4.3.3.6.8. Your safeguards to protect the privacy and confidentiality of all members and to prevent unauthorized use or disclosure of Protected Health Information (PHI) that you create, receive, transmit, or maintain related to the medical benefits covered in this Contract.

4.3.3.6.9. Any security breaches involving more than one hundred (100) members during the last two (2) years and explain the corrective actions that you are taking or have taken to mitigate risks for any future breaches

**4.3.3.7 Reporting & Systems Access**

4.3.3.7.1. Describe your ability to not only track data but monitor and provide measurable metrics and outcomes for all aspects of the program.

4.3.3.7.2. Would state staff have access to de-identified data on your system to run our own queries and reports?

4.3.3.7.3. Attach a sample of the management and utilization reports that would be provided to the state. Are these reports customizable?

4.3.3.7.4. How do you track and report on customer satisfaction levels?

4.3.3.7.5. Describe your ad-hoc reporting capabilities and time frames for requesting special data runs.

**4.3.3.8 Implementation:** Describe:

4.3.3.8.1. The implementation tasks you deem to be the most critical and your ability to successfully manage these tasks.

4.3.3.8.2. What you consider to be the biggest implementation risks of this program and how you will mitigate these risks.

4.3.3.8.3. Provide a project implementation plan describing the steps that the Proposer will take to be prepared to assume all responsibilities.

4.3.3.8.4. Include the following:

- i. The project timeline including all standard tasks involved in the successful implementation of the program;
- ii. A schedule of milestones and deliverables and the responsibilities
- iii. Assumptions and expectations for each key component of the Implementation Plan

## 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 Proposer’s cover letter

### 5.2 Response to Scope of Services

Please insert Proposer’s response to the Scope of Services, Section 4 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.	

### 5.4 Key Personnel

Provide a table with the following information:

- a. Proposed project resources
- b. Roles
- c. High level skills (project alignment)
- d. Proposed work location for each resource (onsite/offsite)
- e. Time commitment to the project if awarded
- f. Describe internal standards, policies and procedures regarding hiring, training, and professional development.
- g. 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.

### 5.5 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).

A. It is the policy of the County of Cook to prevent discrimination in the award of or participation in County Contracts and to eliminate arbitrary barriers for participation in such Contracts by local businesses certified as a Minority Business Enterprise (MBE) and Women-owned Business Enterprise (WBE) as both prime and sub-contractors. In furtherance of this policy, the Cook County Board of Commissioners has adopted a Minority- and Women-owned Business Enterprise Ordinance (the "Ordinance") which establishes annual goals for MBE and WBE participation as outlined below:

B. The County may set contract-specific goals, based on the availability of MBEs and WBEs that are certified to provide commodities or services specified in this solicitation document. The MBE/WBE participation goals for each Contract are stated in the Special Conditions. A Bid, Quotation, or Proposal shall be rejected if the County determines that it fails to comply with this General Condition in any way, including but not limited to: (i) failing to state an enforceable commitment to achieve for this contract the identified MBE/WBE Contract goals; or (ii) failing to include a Petition for Reduction/Waiver, which states that the goals for MBE/WBE participation are not attainable despite the Bidder or Proposer Good Faith Efforts, and explains why. If a Bid, Quotation, or Proposal is rejected, then a new Bid, Quotation, or Proposal may be solicited if the public interest is served thereby. 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.

### 5.6 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.

### 5.7 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 Proposer’s 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.

### 5.8 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.”***

### 5.9 Contract

A representative Master Services Agreement is described in **Appendix B** of this RFP. CCH reserves the right to make modifications to its form agreement during contract negotiations. Execution of the Contract is not required at the time the qualifications are submitted. However, Proposer’s redlined response to the CCH Master Services Agreement is required at the time of RFP submission. Proposer’s response to the Master Services Agreement will be considered during the selection process. 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. CCH acknowledges that the Master Services Agreement may not address all substantive legal requirements applicable to PBM contracts. Proposer should, as part of its redlined response include as proposed Exhibits to the Master Services Agreement any additional terms and conditions it wishes CCH to consider. To the extent that those proposed Exhibits conflict with the terms in the Master Services Agreement, appropriate changes to the Master Services Agreement must be redlined. Changing the Order of Precedence is not permitted. **NOTE: Please do not renumber the template document.** If a Proposer believes that an entire provision is inapplicable to its business, CCH Requests that Proposers “[Reserve]” such section and provide appropriate comment in support of that position in a comment box. **All responses must be provided in a Microsoft Word compatible format with redline.** Contract responses must be printed with the Proposer’s RFP response and submitted via email to: [purchasing@cookcountyhhs.org](mailto:purchasing@cookcountyhhs.org).

### 5.10 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 “[Proposer 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

### 5.11 Corrective Actions

Provide a list of any Corrective Action plans in the last 36 months. CCH recognizes that corrective action plans have different titles/terminology across the industry, but Proposer should list any request for improvement plans from a client due to a deficiency identified. "Corrective Action Plans" include but are not limited to: Deficiency Action Plans, Corrective Action Plans, Improvement Plans, Cure Notices.

***If no Corrective Actions are identified, simply state "[Proposer X] has no corrective actions within the last 36 months."***

Deficiency	Date Opened	Current Status	Brief Description of Improvement Plan

### 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/>

### 5.16 Vendor Insurance

Proposer must furnish evidence CCH certificates of insurance or other documentation sufficient to evidence Proposer's ability to obtain Vendor Insurance.

**Vendor-Required Insurance:** the Selected Proposer at its sole cost and expense shall maintain in full force and effect for the Term, at least the following insurance, through policies with reputable and financially sound

insurance organizations or through a program of self-insurance acceptable to CCH, to cover loss and damage arising from the furnishing of Services and Deliverables (collectively, "Vendor-Required Insurance"):

- a. Workers' compensation insurance in accordance with the Laws of the State of Illinois and any other applicable jurisdiction, with at least the following coverage: (i) employer's liability with minimum limits of \$1,000,000 each accident and \$1,000,000 each employee by disease, and minimum \$1,000,000 policy limits by disease; and (ii) broad form all States.
- b. Commercial general liability insurance for bodily injury and property damage, including loss of use, with minimum limits of \$1,000,000 per occurrence and \$3,000,000 aggregate for bodily injury and property damage combined. The commercial general liability insurance must include at least the following coverage: (i) all premises and operations; (ii) broad form blanket contractual liability; (iii) products and completed operations; (iv) broad form property damage liability; and (v) cross liability.
- c. Comprehensive automobile liability insurance for all owned, non-owned and hired automobiles, trucks and trailers, with at least the following coverage: (i) for all automobiles, minimum limit of \$1,000,000 per occurrence for bodily injury and property damage combined; and (ii) for uninsured motorists, in accordance with the Laws of the State of Illinois.
- d. Umbrella and excess liability insurance with minimum limits of \$2,000,000 per occurrence for all liability and \$2,000,000 aggregate per policy year separately for products and completed operations.
- e. Professional liability and errors and omissions insurance for all activities Vendor undertakes pursuant to this Services Agreement with minimum limits of \$1,000,000 per occurrence and \$3,000,000 aggregate and a retroactive date on or before execution of this Services Agreement.
- f. Cyber liability insurance with minimum limit of \$10,000,000 aggregate and no sub-limits under \$1,000,000 for CCH's costs and expenses related to or liability arising from any of the following:
  - (i) Unauthorized access to, or use, disclosure, or acquisition of personal, confidential or health-related information (including Confidential Information and Protected Health Information) and any related forensic, crisis management, legal, public relations and investigation costs;
  - (ii) Unauthorized access to, use of, or tampering with computer or network systems or programs, including inability of an authorized third party to gain access to services, denial of service attacks, or other hacker incidents;
  - (iii) Introduction of malware or a computer virus into, or otherwise causing damage to, a third party's computer or network system, or similar computer-related property and damage or loss of the data, software, and programs thereon;
  - (iv) Any government fines, penalties, audits, investigations or other inquiries resulting from the alleged or actual unauthorized access to or use, disclosure, or acquisition of personal, confidential or health-related information (including Protected Health Information) or network security liability incident;
  - (v) Third-party breach response, notification, call center, printing and credit-monitoring costs;
  - (vi) Multi-media and technology professional liability; and
  - (vii) Business interruption loss due to any of the foregoing exposures or incidents.

**Additional Requirements.** Selected Proposer-Required Insurance must meet the following additional requirements:

- a. Vendor-Required Insurance must be primary to and non-contributory with respect to any other insurance or self-insurance that may be maintained by CCH, and must contain cross-liability coverage and a separation of insureds or severability-of-interest clause.
- b. Vendor will procure waivers of subrogation in favor of CCH applicable to all Vendor-Required Insurance.
- c. Any Vendor-Required Insurance written on a “claims-made,” rather than an “occurrence” basis, must include an extended reporting period, or “tail,” of no less than five (5) years following expiration or termination of this Services Agreement.

## 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

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 Bidder no later than one (1) week prior to the demonstration being scheduled. Proposers will be invited to select their demonstration date in the order that RFPs 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. 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, Proposers 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). 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 Bidder. These clients should match the profile of HPS in terms of membership volume,

population, and strategic direction. These references, with contact information must be included in the Bidder's RFP response. Bidders 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.

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 Redlined Response to the CCH General Terms and Conditions as represented in the attached Master Services Agreement (willingness to work on this template, comply with CCH terms, demonstration of appropriate redlining and submission of Proposer Exhibits)

- 6 Legal Actions;
- 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 an RFP. Such inquires must reference the RFP due date and CCH RFP number.

### 8.2 Pre-RFP Conference (if Applicable)

CCH may 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](http://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 in the near future. Following such actions, the contents of RFP response may be disclosed in response to requests made pursuant to the provisions of the Illinois Freedom of Information Act ("FOIA"). If a proposer wishes to preserve the confidentiality of specific proprietary information set forth in its RFP, it must request that the RFP be withheld by specifically identifying such information as proprietary in its RFP. CCH shall have the right to determine whether it shall withhold RFP upon receipt of a FOIA request, and if it does so pursuant to a proposer request, the proposer requesting confidential treatment of the RFP shall bear the costs of asserting that there is a proper exemption justifying the withholding of such information as proprietary in any court proceeding which may result. This notwithstanding, proposer is on notice that the CCH is subject to the FOIA and that any documents submitted to the CCH by the proposer may be released pursuant to a request under the FOIA.

### 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 Proposer's 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

Definitions not otherwise defined in this RFP are defined in the Master Service Agreement, including all of its Addenda, Attachments, Schedules, or Exhibits.

**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.

**Proposer(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 Proposer 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 in the CCH Master Services Agreement attached to this RFP. "

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

**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.

**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 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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Time Stamp Here

## 11 Attachments

The following Appendices are included electronically to this RFP.

Proposer(s) may access the following attachments by 1) download and save this RFP file to a local drive and 2) open the RFP document using Adobe application, 3) expand the navigation pane (left of window) and click on the paper-clip icon.

### **Appendix B – CCH Sample Master Service Agreement CCH Sample Master Service Agreement**

Proposer(s) may review a representative Master Services Agreement, *file name CCH Master-Service-Agreement-NP\_091521.docx* Proposer's redlined response to the CCH Master Services Agreement is required at the time of RFP submission. All responses to the Master Services Agreement must be submitted in a Microsoft Word compatible format with redline and included in electronic form as a separate file with the Proposal.

### **Appendix C – Security Questionnaire Security Questionnaire**

The Proposer must complete the Security Questionnaire in Appendix C. 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.