REQUEST FOR PROPOSAL (RFP) # H19-0018

TITLE: The Chicago HIV/AIDS Interactive Linkage (CHIL) Network

GENERAL DESCRIPTION: Consulting Services for Chicago HIV/AIDS Interactive Linkage (CHIL) Network who for identifying and re-engaging lost-to-care for People Living with HIV PLWHA in real-time at the point-of-care, at Chicago metropolitan area healthcare facilities.

DATE ISSUED: August 14, 2019

VENDOR QUESTIONS DUE DATE: August 23, 2019 by 2 p.m. CST

RESPONSE DUE DATE: September 13, 2019 by 2 p.m. CST

Responses to this RFP shall be delivered after 8:00 a.m. (CST) but no later than 2:00 p.m. (CST) to:

Cook County Health
C/O John H. Stroger Jr., Hospital of Cook County
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 related Addenda will be posted at https://cookcountyhealth.org/about/doing-business-with-cook-county-health/
# Table of Contents

1. Background: .................................................................................................................. 4
2. Purpose .......................................................................................................................... 4
3. Schedule ......................................................................................................................... 4
4. Glossary .......................................................................................................................... 5
5. Scope of Work .................................................................................................................. 7
6. Required Proposal Content ............................................................................................. 17
   6.1 Executive Summary/Cover Letter ................................................................................ 18
   6.2 Response to Scope of Work ....................................................................................... 18
   6.3 Qualifications of the Proposer .................................................................................. 18
      6.3.1 Proposer’s Profile ............................................................................................... 18
      6.3.2 References and Track Record .............................................................................. 19
   6.4 Subcontracting or teaming and MBE/WBE Participation .......................................... 19
   6.5 Financial Status ......................................................................................................... 20
   6.6 Conflict of Interest .................................................................................................... 20
   6.7 Insurance Requirements ............................................................................................. 20
   6.8 Contract ....................................................................................................................... 20
   6.9 Legal Actions .............................................................................................................. 21
      6.9.1 Confidentiality of Information ............................................................................. 21
   6.10 Economic Disclosure Statement .............................................................................. 21
   6.11 Pricing Proposal ........................................................................................................ 21
   6.12 Addenda .................................................................................................................... 22
7. Evaluation and Selection Process .................................................................................. 22
   7.1 Evaluation Process ...................................................................................................... 22
   7.2 Right to Inspect .......................................................................................................... 22
   7.3 Consideration for Contract ......................................................................................... 22
8. Evaluation Criteria ......................................................................................................... 23
   8.1 Responsiveness of Proposal ....................................................................................... 23
   8.2 Technical Proposal ...................................................................................................... 23
   8.3 Reasonableness of Overall Price ................................................................................ 23
   8.4 Other Qualitative Criteria .......................................................................................... 23
9. Instructions to Proposers ............................................................................................... 23
   9.1 Questions and Inquiries ............................................................................................. 24
9.2 Pre-proposal Conference (if Applicable) ................................................................. 24
9.3 Number of Copies .................................................................................................... 24
9.4 Format ..................................................................................................................... 25
9.5 Time for submission ............................................................................................... 25
9.6 Packaging and Labeling ....................................................................................... 25
9.7 Timely delivery of Proposals ................................................................................ 25
9.8 Availability of Documents ..................................................................................... 25
9.9 Alteration/Modification of Original Documents .................................................... 25
9.10 Cost of Proposer Response ................................................................................. 26
9.11 Proposer’s Responsibility for Services Proposed ................................................. 26
9.12 RFP Interpretation ............................................................................................... 26
9.13 Specifications and Special Conditions ................................................................. 26
9.14 Errors and Omissions .......................................................................................... 26
9.15 Proposal Material .................................................................................................. 26
9.16 Confidentiality and Response Cost and Ownership ............................................. 26
9.17 Awards ................................................................................................................... 27
9.18 CCH Rights .......................................................................................................... 27
9.19 Cancellation of RFP; Requests for New or Updated Proposals ................................ 27
10. Proposal Receipt Acknowledgement Form ............................................................... 28
1. **Background:**
The Chicago HIV/AIDS Interactive Linkage (CHIL) Network will create a means to identify and re-engage lost-to-care PLWHA in real-time at the point-of-care, as they present for acute care (i.e. non-primary care) to Chicago metropolitan area healthcare facilities. As a pilot, this project will be implemented by three key Illinois Medical District health centers, the Cook County Health (CCH), Rush University Medical Center, and Sinai Health/Mt. Sinai Hospital. To accomplish the pilot project objectives, each participating entity will regularly submit a list of PLHWA whom have received primary care at their facilities in the past 36 months to a central data repository (CDR). The CDR will combine People Living with HIV (PLWH) registry/lists (see glossary below) from each participating organization and query the combined list to establish a sub-list of patients whom have not attended a primary-care or HIV-care related visit in the prior seven months (out-of-care list). Each participating center will also transmit their admission, discharge, transfer (ADT) data feed, in real time, to the CDR which will cross-check the ADT feeds against the out-of-care list. When a match occurs a real time alert will be sent to the project coordinator and site-based outreach staff, who will attempt to re-engage the patient during the alert-triggering, acute-care visit.

2. **Purpose**

   **Project Objective:**
   Implement a pilot, real-time alert system that utilizes novel health information technology (HIT) strategies to identify and re-engage lost-to-care PLWH to primary care across three large, urban health systems, which provide care to a significant portion of the metropolitan area’s PLWH. If successful, this pilot could provide a scalable, HIT-based method for facilitating re-engagement of lost-to-care PLWH across the region. In addition, Healthcare entities could apply lessons learned from such a pilot among PLWH to improve care engagement for patients with other serious, chronic medical conditions.

3. **Schedule**

   **CCH anticipates the following schedule.**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimated Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP posted to the website</td>
<td>8/14/2019</td>
</tr>
<tr>
<td>Vendor Questions Due Date</td>
<td>8/23/2019 by 2:00 p.m. CST</td>
</tr>
<tr>
<td>CCH response to Vendor Questions – Tentative</td>
<td>Week of 8/26/2019</td>
</tr>
<tr>
<td>Proposal Due Date</td>
<td>9/13/2019 by 2:00 p.m. CST</td>
</tr>
<tr>
<td>Evaluation of Proposals -Tentative</td>
<td>October -2019</td>
</tr>
</tbody>
</table>
### Project timeline: Anticipated project period of three years

<table>
<thead>
<tr>
<th>Objective</th>
<th>Target timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select and contract with CDR vendor</td>
<td>Oct 1, 2019 to Oct 11, 2019</td>
</tr>
<tr>
<td>Participating organizations to complete/sign MOUs</td>
<td>Sept 1, 2019 to Nov 1, 2019</td>
</tr>
<tr>
<td>Participating organizations to build necessary project related queries</td>
<td>Nov 1, 2019 to Dec 27, 2019</td>
</tr>
<tr>
<td>Go live on ADT feed/OCL cross match and collect baseline alert and follow up data</td>
<td>Jan 9, 2019 to April 4, 2020</td>
</tr>
<tr>
<td>Initiate real time alerts with project staff responses along with data and outcome tracking</td>
<td>April 4, 2020 to June 30, 2022</td>
</tr>
<tr>
<td>Final data analysis, summary and reporting*</td>
<td>July 1, 2022 to Sept 31, 2022</td>
</tr>
</tbody>
</table>

Project may be extended and/or expanded based on outcomes

### 4. Glossary

**Active patient**: Patient seen in HIV primary and/or HIV specialty clinic in the prior 36 months.

**ADT feed**: Admit, discharge, transfer related data that includes identifying data as well as the date, time, and location of healthcare encounter. Used to identify a current and active encounter at the healthcare facility from which the data transfer originates.

**Alert-triggering patient**: Out-of-care patient (see definition below) who presents to acute care clinical setting at participating institution for whom a real-time alert will be generated and sent to project staff in order for project staff to facilitate re-engagement with outpatient, ambulatory care. The CDR and the project coordinator will maintain a list of such alert-triggering patients throughout the project’s duration.

**Central Data Repository (CDR)**: Central server that will house visit data transmitted from participating institutions, secure receipt of files that record visit data to establish dynamic “out-of-care” list, receive incoming ADT feeds against which the lost-to-care list will be cross-checked in real time and generate the real time alert. In addition, the CDR will host a secure web portal, which the project coordinator will use to identify the patient and obtain information on their prior encounters and at which facilities.
**CDR administrator:** Organization charged with developing and maintaining the CDR (see above). Cook County Health will issue a request for proposals (RFP) to identify a vendor to fill the CDR administrator role.

**Electronic protected health information (PHI) data security standard:** Data security standard that the project will meet; i.e., electronic PHI will be encrypted as specified in the HIPAA Security Rule via “the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key” (45 CFR 164.304 definition of encryption). To avoid a breach of the confidential process or key, decryption tools will be stored on a device or at a location separate from the data they are used to encrypt/decrypt.

**Out-of-care (out of primary and/or HIV care) patient:** Patient who has had qualifying primary and/or HIV care visit in the preceding 36 months, but no visit in the prior 7 months. This definition represents an adaptation from the DHHS HIV/AIDS Bureau definition for retention in care, which identifies a patient as in continuous care if a given patient has had a visit in the first six months of a 24 month measurement period and then has had subsequent visits in each of the following six month sub-periods. The seven month duration has been chosen in order to give patients who engage in continuous care some leeway to return to care in close proximity to the six month follow up period. While the National HIV AIDS Strategy (NHAS) uses a different definition for retained-in-care – two visits in a 12 month period at least 90 days apart as identified via presence of CD4 and/or HIV viral load testing – our modification of the more stringent DHHS HAB continuous care definition may facilitate identifying patients prior to their falling “out of care” as defined by the NHAS retention-in-care indicator.

**Out-of-care list:** List of PLWH who have not attended a primary care/HIV care visit at one of the participating institutions in the prior seven months. The list will compiled and updated by the CDR administrator based analysis of the “PLWH registry” (see below) and will utilize a query based on the date of the patients last, i.e. most recent clinic visit minus the current date, with patients for whom the output of this value is greater than 210 days being designated as out-of-care.

**Out-reach workers:** Staff employed by participating institutions who will intervene to re-engage patient based on real-time alerts.

**Participating Organizations:** Health systems and key partners participating in project (table below lists participants).

<table>
<thead>
<tr>
<th>Role</th>
<th>Participating institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care provider</td>
<td>Cook County Health (CCH)</td>
</tr>
<tr>
<td>Clinical care provider</td>
<td>Rush University Medical Center</td>
</tr>
<tr>
<td>Clinical care provider</td>
<td>Mt. Sinai Hospital/Sinai Health System</td>
</tr>
<tr>
<td>Central Data Repository (CDR) administrator</td>
<td>To be determined via RFP</td>
</tr>
</tbody>
</table>
**Person living with HIV (PLWH):** Person who has tested HIV positive via antibody testing or HIV viral load testing.

**Person living with HIV (PLWH) registry:** This will comprise the cohort of PLWH submitted to the CDR by each participating institution and will be queried by the CDR in order to determine which of these patients are **out-of-care**. The PLWH registry data will include patients seen at each of the participating organizations between the date of the query and 36 months prior to the query run date. Each institutions registry will be ascertained and then re-assessed weekly and this registry related data will then be securely transmitted to the CDR on a weekly basis.

**Project Coordinator:** Project staff person who will coordinate responses to real time alerts with participating institution-based outreach staff and track alert disposition and follow-up visit rates.

**Qualifying primary care or HIV-care visit/encounter:** Visit during which patient engages in primary care and/or HIV care; urgent and or emergent care, or non-HIV specialty care represent non-qualifying healthcare encounters.

**Return-to-care rate:** Rate of alert-triggering patients not engaged in care at a non-CHIL-participating HIV care provider who have a visit at one of the three participating institutions’ ambulatory HIV clinics within 90 days of the alert triggering event.

**Secure File Transfer Protocol (sFTP):** Protocol to be employed to securely transmit data between participating institutions and the CDR.

### 5. Scope of Work

**Deliverables:** CCH – CORE/CRU/JSH-ED/Provident-ED, with navigation services at Rush ED

1. Generate, and regularly (weekly) update a list of people living with HIV (PLWH) accompanied by data elements listed in Table 1 below in the, “Establishing PLWH registry list and list of out-of-care patients living with HIV/AIDS” section (CRU).
2. Securely transmit these updated site specific PLWH registry data elements to CDR via sFTP weekly (CRU).
3. Ensure that Admit/Discharge/Transfer (ADT) feeds are being sent to CDR from CCH sites (CRU). These feeds will be used to check against the “out-of-care list” that will be established/updated by CDR (CRU).
4. Hire and supervise the CHIL Network Project Coordinator (draft job description attached) (CORE).
5. The Project Coordinator will supervise project outreach workers/navigators (CORE).
6. Hire/supervise two FTE project real time alert outreach workers/navigators –whom will cover real time alerts that are generated at Rush, CCH and Mt. Sinai.
7. Outreach navigators to respond to real-time alerts, obtained via email notification from CDR portal, by attempting to see patient in the Stroger, Provident, Mt. Sinai, or Rush emergency department. Such responses will focus on re-linking patients with outpatient HIV care.
a. Navigator will offer patient appt. at last clinic attended (information available on CDR portal) and also assess barriers to attending clinic.

b. If patient does not wish to go to one of three programs, patient will be given list of other possible clinic sites.

c. In order to complete these tasks, navigators will require access to JSH, Provident and Rush University Medical Center emergency departments and electronic medical records and will need to have appropriate institution related identification.

d. For CCH and Rush, the project navigator (s) will complete outcome tracking database fields that cannot be completed electronically via CDR (see Table 2 outcomes tracking database summary below).

8. Project coordinator to track various project specific outcomes inclusive of 3 month follow up rates for out-of-care patients whom triggered an alert; number of alerts triggered, broken down by institution, date/time of alert, and key demographic categories. A query of PLWH registries submitted by participating institutions and set up by CDR will be used to regularly assess rates of outpatient clinic follow up for alert-triggering patients.

9. JSH and Provident Emergency departments must grant project staff physical access to patients present in the ED and workspace required to complete their onsite work (i.e. responding to real-time alerts).

10. The project coordinator will also submit for appropriate area IRB approvals in order to perform project research related activities – which will mostly be reporting on aggregate data to pertinent academic meetings and/or journals.

Rush University Medical Center (RUMC):

1. Generate, and regularly (weekly) update a list of people living with HIV (PLWH) accompanied by data elements listed in Table 1 below in the, “Establishing PLWH registry list and list of out-of-care patients living with HIV/AIDS” section (Rush HIS).

2. Securely transmit these updated site specific PLWH registry data elements to CDR via sFTP weekly (Rush HIS).

3. Ensure that Admit/Discharge/Transfer (ADT) feeds are being sent to CDR from RUMC Emergency Department, or other RUMC sites to be added to project at later date dates (Rush HIS). These feeds will be used to check against the “out-of-care list” that will be established/updated by CDR.

4. RUMC Emergency Department, or other RUMC sites to be added to project at later date must grant project staff physical access to patients present in the ED and workspace required to complete their onsite work (i.e. responding to real-time alerts).

5. The project coordinator and navigators will need to be granted appropriate identification to work with patients who generate alerts while visiting the RUMC Emergency Department, and, other Sinai Health sites to be added later.
Mt. Sinai/Sinai Health System:

1. Generate, and regularly (weekly) update a list of people living with HIV (PLWH) accompanied by data elements listed in Table 1 below in the, “Establishing PLWH registry list and list of out-of-care patients living with HIV/AIDS” section (Sinai HIS).

2. Securely transmit these updated site specific PLWH registry data elements to CDR via sFTP weekly (Sinai HIS).

3. Ensure that Admit/Discharge/Transfer (ADT) feeds are being sent to CDR from Mt. Sinai Emergency Department, or other Sinai Health sites to be added to project at later date dates (Sinai HIS). These feeds will be used to check against the “out-of-care list” that will be established/updated by CDR.

4. Mt. Sinai Emergency Department, or other Sinai Health sites to be added to project at later date must grant project staff physical access to patients present in the ED and workspace required to complete their onsite work (i.e. back up project staff if onsite staff not available for responding to real-time alerts).

5. Sinai health will grant the project staff appropriate identification to work with patients who generate alerts while visiting the Mt. Sinai Emergency Department, and, other Sinai Health sites to be added later (e.g. Holy Cross).

Central Data Repository (CDR) administrator:
The CDR administrator will be selected via an RFP process with an anticipated three year contract between CCH and the selected vendor (see timeline below for additional project chronology info).

Receive incoming secure file transfer protocol (sFTP) data transfers with the PLWH registry information from each participating institution on a weekly basis.

CDR will develop a query that aggregates the PLWH registry data received by each institution on a weekly basis and de-duplicates the list using the patient matching data detailed in Table 1 below. CDR will then, weekly, query these data to establish an “out-of-care” list of patients who have not been seen at any of the participating organizations in the prior 210 days from the query run date. The out-of-care list, which will be updated weekly, will be cross-checked against incoming Admit, Discharge, Transfer (ADT) data received by CDR from the three participating institutions, using matching criteria to be agreed upon by the project’s participating organizations and laid out in Table 1 below. When a match between the real time ADT feeds and the “out-of-care” list occurs, CDR will arrange for a real time alert to be sent to the project outreach navigators. This alert could take the form of a text message, or email.

CDR will create and maintain a portal to be used by project staff, whom, in response to real-time alerts (see above) will log into this secure CDR portal which will provide the navigator with information that he/she needs to carry out a real time interaction with the alert-triggering patient at the alert triggering site. The information to be displayed on this portal will include, at a minimum, the information specified in Table 1, found in the row labeled, “Secure website hosted by CDR established to contain prescribed information regarding alert-triggering encounters”.
CDR will generate and carry out a weekly query to assess whether patients whom have triggered an alert have subsequently followed up at one of the project participants’ outpatient clinical sites. To accomplish this CDR will generate and regularly run a query that cross checks a list of alert-triggering patients against the most recently updated, aggregate PLWH registry and return the most recent clinic visit date and site for each patient present on the alert-triggering patient list. Patient-level results of this query will be reported by CDR to the project coordinator on a regular basis in order for the project coordinator to track clinic follow up rates for alert-triggering patients.

CDR devise secure means to transfer data to and from each participating institution as required by project and described in the above enumerated list of deliverables.

Design and maintain a secure web-based database that maintains project tracking and outcome data on disposition of alert generating patients with permissions granted to project principle investigators, the project coordinator; with additional site specific data accessible by pertinent site specific staff (e.g. patient navigator from Sinai could see/access data for patients with a Sinai-based alert triggering encounter [see Table 2 and Figure 1 below]).

CDR will commit to designing and implementing processes and procedures required to implement above-listed deliverables and maintains such processes for a minimum of three years.

**Data collection and evaluation plan:**

The CDR will develop and host a secure web based outcome tracking database, based off the PLWH registries, out-of-care patient lists and real time alerts already tracked by the CDR (see Table 2 below).

The project coordinator and project navigators will track various key data to assess project productivity and effectiveness. During the project’s startup phase the participating institutions and CDR will generate an initial out-of-care list. The group of patients on this initial out-of-care list will be followed for three months in order to provide a baseline return to care rate against which the project effectiveness can be evaluated, once the real-time alert intervention has been implemented. Following a three month startup phase, and after the real-time alerts have been initiated, for each alert, the project coordinator will determine a disposition, such as, “patient in care elsewhere”, “declined service”, “appointment scheduled at most recently visited clinic”, “appointment scheduled at clinic X”, “incarcerated”, etc. The CDR will also develop a query that enables a disposition with respect to patient follow up to be determined for each alert-triggering patient. As the CDR receives the PLWH registries, updated and transmitted weekly by each participating institutions, the CDR will cross check this against a list of alert triggering patients to see which have returned for a subsequent outpatient visit. The rate of successful re-engagement, termed the return-to-care rate, will represent the key project outcome and be defined as the proportion of alert triggering patients who make a follow-up ambulatory HIV/primary care visit within 90 day of the alert-triggering healthcare encounter. This return-to-care rate will be reported monthly to all participating institutions and funding agencies. In addition, basic clinical and demographic characteristics of alert triggering patients will be collected in order to asses for correlation with re-linkage to care. At six month intervals regression analysis will be carried out, via
biostatistician support, to assess which demographic and/or clinical factors may associate with successful vs. non-successful re-engagement in care.

**Anticipated business associates agreements and memoranda of understanding**

The participating organizations will engage their institutions’ corporate compliance departments in order to assure conformity with pertinent, data-sharing related regulations. The key participating institutions will collaborate as outlined in project-specific memoranda-of-understanding (MOU) and CDR vendor, to be selected via RFP, will compose and enact business associates agreements (BAAs) with each of the participating institutions, or revise existing BAAs to include this project. The MOU and BAAs will outline the data sharing that will be permitted under the auspices of this program and stay in compliance with all applicable regulations. Project organizers deem the data sharing planned for this project as permitted under HIPAA due to its qualifying as treatment, payment, and/or healthcare operations related data sharing. The table below summarizes anticipated data sharing required during course of the project operations.
<table>
<thead>
<tr>
<th>Data transfer objective</th>
<th>Data elements to be transferred</th>
<th>Transmitting institution(s)</th>
<th>Receiving institution(s)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing PLWH registry list and list of out-of-care patients living with HIV/AIDS</td>
<td>Data element</td>
<td>Purpose of use</td>
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<td></td>
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<td>CDR</td>
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<td>Soft Match/ID</td>
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<td>3. Last Name</td>
<td>Hard Match/ID</td>
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<td>4. DOB</td>
<td>Hard Match/ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Gender</td>
<td>Hard Match/ID</td>
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<td></td>
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<td></td>
<td>6. Address</td>
<td>Soft Match/ID</td>
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<tr>
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<td>7. Phone number</td>
<td>Soft Match/ID</td>
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<td></td>
<td>8. Medicaid recipient Identification (RIN) number</td>
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<tr>
<td></td>
<td>9. Health Plan</td>
<td>Soft Match/clinical care/appt. scheduling</td>
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<td></td>
<td>10. MRN</td>
<td>Hard Match/ID</td>
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<tr>
<td></td>
<td>11. Last 4 SSN</td>
<td>Soft Match/ID</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>12. Last/most recent HIV clinic visit date</td>
<td>Clinical Care/appt. scheduling</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>13. Last CD4 date</td>
<td>Clinical care/appt. scheduling</td>
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<td></td>
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<tr>
<td></td>
<td>14. Last HIV Viral Load date</td>
<td>Clinical care/appt. scheduling</td>
<td></td>
<td></td>
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<td></td>
<td>15. Last CD4 value</td>
<td>Clinical care/appt. scheduling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. Last VL value</td>
<td>Clinical care/appt. scheduling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generating real-time Admit, Discharge, Transfer feed in order to cross check list of out-of-care PLWH</td>
<td>At minimum institutions will be asked to transmit:</td>
<td>Rush, Sinai, CCH</td>
<td>CDR</td>
<td>Health systems likely already have established such ADT feeds for XDRO</td>
</tr>
</tbody>
</table>
| with acute care setting registrations | 4. Registration time of acute care visit  
5. Other identifying data listed in table’s first row that already is being submitted to CDR for care management purposes. | surveillance and syndromic surveillance related projects, along with Medicaid Managed Care related care management being done by CDR with participating organizations. |
| Text alert if match between ADT feed and out-of-care list | Dumb alert to on-site project staff | CDR Rush, Sinai, CCH |
| Secure website hosted by CDR established to contain prescribed information regarding alert-triggering encounters | None; data will be housed on secure server hosted by CDR with project staff having log-in privileges. Website to include information related to alert-triggering events (when ADT feed matches patient on out-of-care list), inclusive of:  
1. Patient name (FN/LN)  
2. Patient DOB  
3. Date of most recent HIV/ID clinic visit  
4. Site of most recent HIV/ID clinic visit  
5. Most recent CD4/VL date and values. | None None Data to be housed on secure website hosted by CDR. |
<table>
<thead>
<tr>
<th>Data element #</th>
<th>Data element</th>
<th>Source of data</th>
<th>May be accessed by</th>
<th>Additional Notes</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Unique per patient per alert identification number</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Last name</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td></td>
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<tr>
<td>3</td>
<td>Middle Initial</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
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<tr>
<td>4</td>
<td>First Name</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>DOB</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Gender</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Address official</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Address updated</td>
<td>Navigator responding to alert</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td>If patient reports different address</td>
</tr>
<tr>
<td>9</td>
<td>Address notes</td>
<td>Navigator responding to alert</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Phone number 1</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Phone number 2</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Phone number updated</td>
<td>Navigator responding to alert</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td>If patient reports different/new phone number</td>
</tr>
<tr>
<td>13</td>
<td>Phone number notes</td>
<td>Navigator responding to alert</td>
<td>CDR staff&lt;br&gt;Alert site navigator&lt;br&gt;Project coordinator&lt;br&gt;Principal investigator&lt;br&gt;Navigator for site of most recent visit</td>
<td></td>
</tr>
</tbody>
</table>

**Table 2: CHIL Network Outcome Tracking database; version Summer, 2019**
<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Populated From</th>
<th>Responsible Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Medicaid RIN or policy number (if/when applicable)</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>15</td>
<td>Health plan (if/when applicable)</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>16</td>
<td>Most recent CD4 date</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>17</td>
<td>Most recent CD4 value</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>18</td>
<td>Most recent HIV viral load date</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>19</td>
<td>Most recent HIV viral load value</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>20</td>
<td>Date of most recent outpatient visit</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>21</td>
<td>Site of most recent outpatient visit</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>22</td>
<td>Site of alert triggering encounter</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>23</td>
<td>Date/time of alert</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>24</td>
<td>Name – project staff responding to alert</td>
<td>Navigator responding to alert</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>25</td>
<td>Patient contacted during alert generating encounter?</td>
<td>Navigator responding to alert</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit, Yes/No</td>
</tr>
<tr>
<td>No.</td>
<td>Question</td>
<td>Responsible Party</td>
<td>Data Source</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>26</td>
<td>If answer no for #25, reason for not seeing patient?</td>
<td>Navigator responding to alert</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>27</td>
<td>Patient contacted after alert date?</td>
<td>Navigator responding to alert, or project coordinator</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>28</td>
<td>Reason for post-alert contact?</td>
<td>Navigator responding to alert, or project coordinator</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>29</td>
<td>Patient given f/u appt?</td>
<td>Navigator responding to alert, or project coordinator</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>30</td>
<td>If #29 &quot;No&quot;, why not?</td>
<td>Navigator responding to alert, or project coordinator</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>31</td>
<td>Date/time of scheduled f/u?</td>
<td>Navigator responding to alert, or project coordinator</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>32</td>
<td>Site of scheduled f/u?</td>
<td>Navigator responding to alert, or project coordinator</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>33</td>
<td>Patient attended scheduled f/u?</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>34</td>
<td>Patient attended any f/u within 90 days of alert generating encounter</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>35</td>
<td>Repeat alert patient?</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>36</td>
<td>Date of prior alert?</td>
<td>Populated from CDR portal web/cloud based database</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
<tr>
<td>37</td>
<td>Additional notes</td>
<td>Navigator responding to alert, or project coordinator</td>
<td>CDR staff, Alert site navigator, Project coordinator, Principal investigator, Navigator for site of most recent visit</td>
</tr>
</tbody>
</table>
6. Required Proposal Content

This RFP provides potential Proposers with sufficient information to enable them 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 Statutes.

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 section to two pages or less, including:

a. A brief description of the proposer’s capability to provide the described services;
b. Point of Contact (name, email, phone) for this RFP;
c. Key team members and Partners (subcontractors) and respective services alignment (work to be performed by each subcontractor team under this contract);
d. Signature by authorized representative.

6.2 Response to Scope of Work

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

6.3 Qualifications of the Proposer

6.3.1 Proposer’s Profile

The proposer must include a description of the organization’s track record as follows:

<table>
<thead>
<tr>
<th>Company Profile (Prime only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Legal Name</td>
</tr>
<tr>
<td>b. Assumed Names if any</td>
</tr>
<tr>
<td>c. Legal Structure (e.g. sole proprietor, partnership, corporation, joint venture)</td>
</tr>
<tr>
<td>d. If a subsidiary, provide the same information about the Parent Company as required in this table format.</td>
</tr>
<tr>
<td>e. Date and State where formed.</td>
</tr>
<tr>
<td>f. Proposer’s principals/officers including President, Chairman, Vice Presidents, Secretary, Chief Operating Officer, Chief Financial Officer, and related contact information.</td>
</tr>
<tr>
<td>g. Proposer Business background and description of current operations</td>
</tr>
<tr>
<td>h. Number of employees</td>
</tr>
<tr>
<td>i. Number of years in business</td>
</tr>
<tr>
<td>j. Total number of years providing the proposed services</td>
</tr>
<tr>
<td>k. Is Proposer a licensed business to perform the work in scope? If so, please specify relevant certifications.</td>
</tr>
<tr>
<td>l. Proposer’s Federal Employee Identification Number (or Social Security Number, if a sole proprietorship)</td>
</tr>
</tbody>
</table>
m. Is proposer authorized to conduct business in Illinois? Please provide Registration Number issued by the Illinois Secretary of State, and attach Cook County Assumed Business Name Certificate, if applicable. Also, provide a copy of the Certificate of Good Standing. If not authorized, please explain.

n. Describe any merger or acquisition discussions in which the proposer is involved.

o. List any contracts that the Proposer has entered into during the past ten (10) years with Cook County, and Cook County Department, or CCH.

p. Provide the addresses of office locations where the services pursuant to this RFP will be performed.

6.3.2 References and Track Record
Proposers must provide at least three (3) relevant references in the required table format below, from clients that used similar services from your firm. If partners/subcontractors plan to perform a major part of the scope, they should also provide three (3) references in alignment with their proposed project role. CCH plan to call references, please alert your clients.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Name of the contact person (title, email and phone number. Email must be from an organization, not a personal email)</th>
<th>Project dollar value</th>
<th>Prime or subcontractor?</th>
<th>Contract Period</th>
<th>Project Scope</th>
</tr>
</thead>
</table>

6.4 Subcontracting or teaming and 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 each person’s 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.

The Economic Disclosure Statement Forms (EDS) should be submitted in a separate envelope along with the Pricing proposal.

Consistent with Cook County, Illinois Code of Ordinances (Article IV, Division 8, Section 34-267), CCH has established a goal that MBE/WBE firms retained as subcontractors receive a minimum 0% overall MBE/WBE Participation of this procurement.

The proposer shall make good faith efforts to utilize MBE/WBE certified firms as subcontractors. If 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 Financial Status

a. Provide the audited financial statements for the last three fiscal years. Include the letter of opinion, balance sheet, schedules, and related auditor’s notes. Summary format and links to online financials are allowed. If applicable, submit the financial report of your parent company.

b. 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.

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.

6.6 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 proposal.

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

6.7 Insurance Requirements

Prior to Contract award, the selected proposer will be required to submit evidence of insurance in the appropriate amounts. However, with its Proposal, the proposer is required to provide a statement on their company letterhead stating their agreement, or objections if any, to meet all insurance requirements stated below. Proposers may also submit current certificates of insurance evidencing compliance with this insurance provision.

The standard Insurance Requirements are captured in the sample Contract General Conditions (GC-03).

6.8 Contract


Execution of the Contract is not required at the time the qualifications are submitted. However, if the proposer 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:**

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.9.1 **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.

6.10 **Economic Disclosure Statement**

Proposer must submit an executed Economic Disclosure Statement (“EDS”) with the pricing proposal in a separate envelope. The EDS form can be found at https://cookcountyhealth.org/about/doing-business-with-cook-county-health/bids-rfps/

UPDATE: Cook County’s Office of Contract Compliance keep its forms up to date in its website, thus Proposer may visit https://www.cookcountyil.gov/service/contract-documents to ensure that the latest EDS forms 1, 2, and 3, Affidavit of Joint Venture, and MWBE Reciprocal Certification Affidavit are the latest versions are submitted. Similarly, the Board of Ethics maintains its most up to date Vendor Familial Relationship Disclosure Provision (VFRD) Form in its website: https://www.cookcountyil.gov/service/board-ethics-ordinances-regulations-and-guides.

6.11 **Pricing Proposal**

Submit your pricing proposal in a separate sealed envelope clearly marked with the RFP number and the label “Pricing Proposal.” Proposers are required to submit one (1) original, one (1) copies and one (1) electronic copy emailed to Purchasing@cookcountyhhs.org

The pricing proposal must include any supplemental or renewal option period pricing or schedules offered by the Proposer. Proposers should include elements or references to the
pricing proposal only in this section and separate the pricing proposal 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 proposal.

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

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 CCH website: https://cookcountyhealth.org/about/doing-business-with-cook-county-health/bids-rfps/

7. Evaluation and Selection Process

7.1 Evaluation Process
Proposals will be evaluated by a RFP Evaluation Committee that may invite one or more proposers to make presentations and/or demonstrations.

The evaluation committee, at its option, 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.

7.2 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 proposal 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.

7.3 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.
8. Evaluation Criteria

8.1 Responsiveness of Proposal
Proposals will be reviewed for compliance with and adherence to all submittal requirements requested in this RFP. Proposals which are incomplete and missing key components necessary to fully evaluate the Proposal may, at the discretion of the System Director of Supply Chain Management or designee, be rejected from further consideration due to “Non-Responsiveness” and rated Non-Responsive. However, Proposals not meeting the following requirements will be eliminated and shall not be further evaluated:

Proposer is not owned in full or part, by a Medicaid Health plan operating in Cook County, IL or the parent or affiliate of such a plan.

Proposer must be licensed in the state of Illinois to do business.

8.2 Technical Proposal
Proposals will be reviewed and selected based on the following criteria.

A. Ability to achieve CCH’s business goals, objectives, and Scope of Work described in this RFP, by providing a succinct and feasible description of the proposed design and build approach.
B. Qualifications and experience of the proposed key personnel as evidenced by relevant experience.
C. 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.

8.3 Reasonableness of Overall Price
Price will be evaluated separately for overall reasonableness and competitiveness.

8.4 Other Qualitative Criteria
The System Director of Supply Chain Management may, at his own discretion reject a proposal from further consideration due to “Non-Responsiveness,” if a proposal does not completely address the following:

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 information and should be reviewed carefully prior to submitting the Required Proposal 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 proposal.

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.

<table>
<thead>
<tr>
<th>ID</th>
<th>Vendor Name</th>
<th>RFP Section</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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 Proposal. Such inquiries must reference the proposal due date and CCH RFP number.

9.2 Pre-proposal Conference (if Applicable)
CCH will hold a Pre-Proposal 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 proposal procedures. If a mandatory pre-proposal conference is required, the proposer must sign the pre-proposal 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:

One (1) technical hard copy - the original - excluding Pricing and EDS forms;

One (1) Pricing and EDS hard copy in a separate envelope;

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. DO NOT USE EXPENSIVE PAPER OR MARKETING GRAPHICS THAT MAY DISTORT ELECTRONIC PAGES. PLEASE USE STANDARD PAPER.

9.4 Format
Hardcopies of the proposals should be submitted in 3-ring binders only (except pricing which may be submitted in a separate envelop). Material should be organized following the order of the Required Proposal 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
Proposals 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 information. The Price Proposal and EDS shall be submitted in a separate sealed envelope, but can be in the same box. The envelope shall clearly identify the content as “Price Proposal”. All other submission requirements shall be included with the Technical Proposal.

9.7 Timely delivery of Proposals
The proposal(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 Proposal. 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 Proposal not so received.

9.8 Availability of Documents
CCH publishes competitive bid, RFP, and other procurement notices, as well as award information, at http://www.cookcountyhhs.org under the “Doing Business with CCH” tab. Proposers intending to respond to any posted solicitation are encouraged to visit the website 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 proposal). Any alternates or exceptions (whether to products, services, terms, conditions, or other procurement document subject matter) are apparent and clearly noted in the offered proposal. Proposer understands that failure to comply with this requirement may result in the proposal being disqualified and, if determined to be a deliberate attempt to misrepresent the proposal, 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 Proposal 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 information 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 outlined in the proposal 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 Proposals and for satisfying the requirements outlined 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 proposal together.

9.15 **Proposal Material**
The Proposal 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 shortly. Following such actions, the contents of Proposals submitted in response to this RFP may be disclosed in response to requests made under the provisions of the Illinois Freedom of Information Act (“FOIA”). If a proposer wishes to preserve the confidentiality of specific proprietary information outlined in its Proposal, it must request that the information is withheld by specifically identifying such information as proprietary in its Proposal. CCH shall have the right to determine whether it shall withhold information upon receipt of an FOIA request, and if it does so pursuant to a proposed request, the proposer requesting confidential treatment of the information 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, the 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.

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 lowest responsible proposers meeting the specifications, terms, and conditions. 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 Proposal, in any combination that is in the best interest of CCH.

9.19 Cancellation of RFP; Requests for New or Updated Proposals
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 information or updated or new Proposals.
10. Proposal Receipt Acknowledgement Form

A representative of Supply Chain Management located at Stroger Hospital, 1969 W. Ogden Avenue, lower level (LL) Room 250A, Chicago IL, 60612, should sign this acknowledgment of receipt.

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

Proposals 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. SMC will time-stamp top and bottom sections. SCM will keep one section, and the proposer will keep the other section.