BEAUMONT
— TEXAS —

CITY OF BEAUMONT
FORMAL RFP

REQUEST FOR PROPOSALS (RFP): IMPLEMENTATION OF A HOSTED ELECTRONIC PUBLIC HEALTH PUBLIC HEALTH INFORMATION MANAGEMENT SYSTEM (RE-BID)

RFP NUMBER: PF0115-08

RFP DUE: THURSDAY, FEBRUARY 19, 2015 AT 2:00 P.M. (CST)

PRE-RFP MEETING: None

PRE-RFP QUESTIONS: The deadline for submittal of questions pertaining to this RFP is Monday, February 9, 2015 at 12:00 NOON (CST).

SUBMIT RFP TO: This is a FORMAL RFP and must be submitted to:

City Clerk's Office / City Hall
City of Beaumont
801 Main St., Suite 125
Beaumont, TX 77701

You may submit your RFP by MAIL or in PERSON.
Responses will NOT be accepted via fax or e-mail.

PURCHASING DIVISION

For bid results Monday-Friday, 8:00 a.m. to 5:00 p.m., call 409-880-3720
or visit our web site at
http://beaumonttexas.gov/purchasing/bid-information/

Sealed proposals will be received by the City Clerk of the City of Beaumont, 801 Main Street,

Room 125, Beaumont, Texas until __2:00 P.M. (CST)__ , __Thursday, February 19, 2015__ and all

responses will be opened and publicly read in the City Council Chambers on that date for:

REQUEST FOR PROPOSALS FOR
IMPLEMENTATION OF A HOSTED ELECTRONIC
PUBLIC HEALTH INFORMATION MANAGEMENT SYSTEM (RE-BID)

The deadline for submittal of questions pertaining to this RFP is Monday, February 9,

2015 at 12:00 NOON (CST). An Addendum providing answers to the questions will be posted no

later than Wednesday, February 11, 2015 at 5:00 PM (CST).

Responses shall be submitted to the City Clerk's Office, 801 Main, Room 125, prior to the above

stated date and time.

RFP forms, specifications and all necessary information may be obtained from the Purchasing

Division, City Hall, 801 Main, Room 315, Beaumont, Texas 77701. Vendors requesting RFP packets

should call the Purchasing Division at (409) 880-3720 or you may download the specifications from our

website at: **http://beaumonttexas.gov/purchasing/bid-information/**

The City reserves the right to reject any or all responses, or to accept any response or combination

of responses deemed advantageous to it.

Please make reference to RFP Number: **PF0115-08**

RFP Closing Date: **February 19, 2015**

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Tina Broussard
City Clerk

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First Publication: **January 29, 2015**
Second Publication: **February 5, 2015**

GENERAL RFP INFORMATION

1.   **INTENT**

The City of Beaumont is seeking proposals from qualified contractors to implement a software package with integrated solution support, and maintain a software solution for services provided within the City of Beaumont, including clinical and laboratory services and the subsequent billing and collection of payment.

2.   **CONTRACT TERM**

Software cost shall be a one-time charge. Maintenance charges shall be provided on a per year basis.

3.   **RFP DUE DATE**

Responses are due no later than **2:00 P.M. (CST), THURSDAY, FEBRUARY 19, 2015** to:

Physical Address: **Mailing Address:**
City of Beaumont   City of Beaumont
City Clerk's Office   City Clerk's Office
801 Main St., Suite 125   P.O. Box 3827
Beaumont, TX 77701   Beaumont, TX 77704

Phone No.:   409-880-3745

4.   **PRE-BID MEETING**

None.

5.   **QUESTIONS**

5.1   **The deadline for submittal of questions pertaining to this RFP is Monday, February 9, 2015 at 12:00 Noon (CST).**

5.2   **Questions will be answered by Addendum on Wednesday, February 11, 2015 by 5:00 PM (CST).**

5.3   **Questions will be allowed only by e-mail to pbardwell@ci.beaumont.tx.us.**

6.   REQUIRED DOCUMENTS FOR RESPONSES

  6.1   Appendix A: System Requirements, pages 17-24.

  6.2   RFP Sheet, pages 26 through 42, including:

      6.2.1   Responder Information (requiring signature),
      6.2.2   Responder's Information Sheets,
      6.2.2   Original, unaltered RFP Pricing Sheets,
      6.2.3   RFP Sheet Continued,
      6.2.4   Conflict of Interest Questionnaire,
      6.2.5   Statement of City Charter Provision of Conflict of Interest,
      6.2.6   Insurance Affidavit, page 42, MUST be submitted with RFP.
      6.2.7   Insurance forms, pages 43 - 45 may be completed upon award of this contract.

  6.3   RFP sheets CANNOT be altered. If respondent needs to include additional information, it is to be provided on a separate sheet, with the number of the bid included, as well as the bidder's company name.

  6.4   All documents listed above MUST be submitted for RFP to be considered.

  6.5   Failure to comply with information requested on any of these items will result in disqualification of the bid.

  6.6   Respondent must provide one (1) RFP marked ORIGINAL, and five (5) RFPs marked COPY with their response.

7.   **Signatures, where required, must be original; facsimile stamp or computer-generated signatures will not be accepted.**

8.   **CHANGES TO THE RFP**

  The City reserves the right to amend, at any time, any part of this RFP upon written notification to vendors; and to change any of the scheduled dates, including the proposal due date. All changes will become part of this RFP and will be incorporated into the contract entered between the City and the vendor.

9.   **NO PERSON** has the authority to verbally alter these specifications. Any changes to specifications will be made in the form of an Addendum which will be made available online at **http://beaumonttexas.gov/purchasing/bid-information/** and will be faxed to the vendors on the bid announcement list.

10.   The City reserves the right to accept or reject any response or combination of responses deemed advantageous to it. The City reserves the right to waive any and all formalities contained within this RFP.

11.   All mathematical calculations will be verified. In the event of an error by bidder, City calculation shall be considered correct. In the event of discrepancies, the unit price stated by vendor shall be

considered the bid price.

12. **AWARD OR REJECTION OF RFPs**

    12.1   RFP will be awarded to one (1) contractor. The Contractor may not assign or subcontract any part of the contract without prior written agreement from the City.

    12.2   The City reserves the right to waive bid informalities, to reject any or all bids, and to award to the most responsible bidder making the most satisfying offer to the City.

    12.3   The contract, if awarded, will be awarded to the responsible bidder having sufficient ability to perform this contract. **The RFP will be awarded based on the criteria listed on page 16, item 8.**

13.   RFP will be awarded to the Responder having sufficient ability to perform this Contract as stated in conjunction with the lowest price or best value to the City. Factors used to determine the award are found on page 16, item 8.

14. **STATEMENT OF BILLS PAID**

Bidder may not be more than sixty (60) days past due on any debt to the City, including but not limited to: water bills, licenses, permits or fees, or more than ninety (90) days past due on property taxes.

15.   Bid Tabulation will be available on the Purchasing web page at
http://beaumonttexas.gov/departments/purchasing/bid-information/
following award of contract by City Council. Bid tabulations will not be provided via any other means.

16. **EQUAL OPPORTUNITY EMPLOYER**

The successful bidder shall warrant and agree that he/she is an Equal Opportunity Employer. Should complaints of any form of discrimination, either in dispensation of the service, or within company hiring policies be substantiated, this contract may be terminated immediately.

17. **LIABILITY**

THE CONTRACTOR AGREES TO INDEMNIFY AND HOLD HARMLESS THE CITY OF BEAUMONT AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, CAUSES OR ACTION, AND DAMAGES OF EVERY KIND, FOR INJURY TO OR DEATH OF ANY PERSON AND DAMAGES TO PROPERTY ARISING OUT OF OR IN CONNECTION WITH THE WORK DONE BY THE CONTRACTOR UNDER THIS CONTRACT, AND INCLUDING ACTS OR OMISSIONS OF THE CITY OF BEAUMONT OR ITS OFFICERS, AGENTS OR EMPLOYEES IN CONNECTION WITH SAID CONTRACT.

Contractor waives all rights of recovery, and its insurers also waive all right of subrogation of damages against the City and its agents, officers, directors and employees for damages covered by the workers' compensation and employers liability or commercial umbrella or excess liability or business automobile coverage obtained by Contractor required in this Agreement, where permitted by law. This waiver must be stated on the City's approved Certificate of Insurance.

The fact that insurance is obtained by Contractor on behalf of City will not be deemed to release or diminish the liability of Contractor, including, without limitation, liability under the indemnity provisions of this Agreement. Damages recoverable by City from Contractor or any third party will not be limited by the amount of the required insurance coverage.

18.   **INVOICES**

18.1   Payment by City to Vendor shall be made in accordance with the requirements of Texas Government Code §2251.021.

18.2   Invoices must reference a Purchase Order number and the Department or Division for which goods or services are provided.

18.3   The Contractor shall submit an accurate invoice within five (5) working days from the date of delivery.

18.4   Invoices may be submitted via email to: invoices@ci.beaumont.tx.us

18.5   Invoices may be submitted via U.S. Mail to:
ATTN: Accounting Division
City of Beaumont
P. O. Box 3827
Beaumont, TX 77704-3827

18.6   Faxed invoices will not be accepted.

19.   Funds for payment are provided by the City of Beaumont budget approved by City Council for the current budget year only. The State of Texas statutes prohibit the obligation and expenditure of public funds beyond the fiscal year for which a budget has been approved. Obligations beyond the end of the current City of Beaumont fiscal year will be subject to budget approval.

20.   **CONTRACT TERMINATION**

The City, besides all other rights or remedies it may have, shall have the right to terminate this agreement upon thirty (30) days' written notice from the City Manager or his designee, of its election to do so, if the successful bidder fails to perform the services or breaches this agreement, including the following:

20.1 By failing to pay insurance premiums, liens, claims or other charges.

20.2 By failing to pay any payments due the City, State, or Federal Government from the successful bidder or its principals, including, but not limited to, payments identified in this Agreement or any taxes, fees, assessments, or liens.

20.3 Upon the institution of voluntary or involuntary bankruptcy proceedings against the successful bidder or upon dissolution of the firm or business.

20.4 By violation of any provision or non-performance of the Agreement.

21.   **CONTACT INFORMATION**

If any information is needed concerning specifications, please contact:

Patrick Bardwell, Purchasing Manager
Purchasing Division / Finance Department
City of Beaumont

Physical Address:
801 Main St., Suite 315, Beaumont, TX 77701

Mailing Address:
P.O. Box 3827, Beaumont, TX 77704-3827

Phone # (409) 880-3175   γ   Fax # (409) 880-3747

E-mail: pbardwell@ci.beaumont.tx.us

1. PROJECT OVERVIEW

The City of Beaumont is seeking proposals from qualified contractors to implement a software package with integrated solution support, and maintain a software solution for services provided within the City of Beaumont, including clinical and laboratory services and the subsequent billing and collection of payment. The intent of this document is to solicit proposals from qualified vendors to provide a "turnkey solution" that meets the City's current needs with the ability to be expanded to meet future needs. The system must be able to integrate with other systems, such as the Texas Immunization Registry (ImmTrac), Texas Web-based Integrated Client Encounter System (TWICES) Immunization registry, Provider Education Assessment and Reporting (PEAR), and current financial software.

The clinical component must be able to achieve Meaningful Use of a Certified Electronic Health Record (EHR) as well as manage and support the delivery of efficient, cost-effective, and high quality healthcare. The system must be able to provide end-to-end electronic processing, information exchange, and access to all users included in the projected volume/users section. The purpose of acquiring such a system is to create efficiencies in the time spent by City of Beaumont staff entering, modifying and retrieving data.

This proposal includes the following for future growth, the City is seeking a solution that can provide environmental health inspection and permitting modules. It is not a requirement for selection, but it is a consideration criteria.

The City of Beaumont is seeking a Modifiable off-the-Shelf (MOTS) solution. The proposed integrated solution must meet the technical, support, service, system integration and business requirements as defined in the RFP. The RFP documentation provides background information on City of Beaumont organizational structure, functional and technical requirements, and other pertinent information.

2. SCOPE OF WORK

The scope of the proposed project will provide planning, installation, training, and configuration for implementation of a **Public Health Information Management System (PHIMS)** within the City of Beaumont, including (3) divisions: Administration, Laboratory, and Nursing. A vendor specializing in any of these areas is welcome to respond.

The purpose of acquiring such a system is to create efficiencies in the time spent by City of Beaumont staff entering, modifying and retrieving data. The PHIMS would be used for different functions in each division. The Nursing Division has two primary sections: prevention and infectious disease. For the purpose of this proposal, prevention includes immunizations and epidemiology; infectious disease includes clinics for Tuberculosis (TB), and sexually transmitted disease (STD). Additional services, such as HIV testing and laboratory testing are also provided. The Administration Division includes the accounting component, to include receiving payments for all services offered by the Health District, issuing receipts, and private billing insurance, Medicaid and Medicare.

3. OBJECTIVES

The primary objective of the City of Beaumont is to develop a relationship with a vendor that has a proven track record and has successfully implemented a Public Health Information Management System within the State of Texas. The City of Beaumont desires a contract with a vendor to develop and implement a solution that will address its current public health information management needs and grow with the Health District to encompass more advanced concepts in the future.

3.1.   The City of Beaumont is requesting proposals for an integrated Public Health Information Management System (PHIMS), which should include electronic health records and an accounting component, which includes billing. This component will need to export data into the City's current financial system.

3.2   The primary objective is to implement an integrated PHIMS to accomplish the following:
   A.   Advance patient safety and quality of care
   B.   Improve coordination of care across the continuum

C.   Enhance patient, family and staff satisfaction

D.   Improve the delivery of timely, efficient and cost-effective care

E.   Optimize "Revenue Cycle" processes

F.   Enhance evidence-based clinical and administrative decision making

G.   Ensure compliance with all regulatory and accreditation standards

3.3   Requirements of the software include:

A.   Must be HIPAA compliant

B.   Must have secure web based access

C.   Must generate reports that meet state and payer requirements

D.   Must generate letters to referring providers/agencies and other notification tools to complete the medical record transfer process

E.   Must facilitate City of Beaumont's compliance with all applicable laws and regulations

F.   Must be certified under the Office of the National Coordinator for Health Information Technology Rules for Meaningful Use Criteria

G.   Must integrate with the City's current financial system.

3.4   The City of Beaumont is not interested in beta systems or purchasing professional services to design and/or develop a system.

3.5   The goal of the RFP process is to identify a MOTS integrated solution from an Office of the National Coordinator (ONC) certified vendor of choice to support the delivery of clinical and human services for the City of Beaumont.

4. CURRENT SYSTEM OVERVIEW

The current medical records system is a paper-based system with documents printed, filed, transferred, and managed by multiple, interdependent departments. Mail, email, and fax capabilities are employed as means of transmission. Appointments, requests for records and documentation, and general inquiries are conducted in person, via email, or via telephone.

5. PROJECTED VOLUME/USERS

Department/Division	Number of Employees
Health Department	40
Administrative/Information Systems	2
Doctors on Staff	1

6. PROJECT REQUIREMENTS
(Upon successful bid/purchase of system)

The vendor will need to work with City's assigned Information Technology project manager.

A. **BUSINESS PROCESS REVIEW** – The vendor will evaluate the City's current business processes within the Health District to develop a Public Health Information Management solution. Each division within the Health District will be evaluated separately to determine information management needs that will create the most efficiency.

B. **IMPLEMENTATION -** The vendor will provide project management services including development and maintenance of the project work plan, scheduling and work assignments, implementation planning, and project status reporting. The vendor will install software components required for the application, provide technical assistance on hardware and network configuration as necessary to meet application-specific requirements; identify and resolve any performance bottlenecks; test system and application security; and provide a documented backup plan. Vendor will provide solution for interfacing the City's network with their proposed Public Health Information Management solution.

The vendor will provide a plan and timeline for implementing the Public Health Information Management System at the Health District. The selected vendor will be expected to prepare a detailed plan for deployment of the system and work with city staff to refine the proposed timeline and establish goals for successful deployment.

While some exceptions may be needed, work shall primarily occur during the City's core business hours (between 8:00 AM and 5:00 PM CST) to facilitate oversight and knowledge transfer.

C.   **PROJECT TEAM -** To ensure the success of this project, the City desires a fully integrated project team at all levels. Vendor resources are expected to provide experience and expertise in the area of public health information management system implementation in a health department environment. City resources will bring functional knowledge of current business processes and technical knowledge of the existing systems and application environment. The vendor's project staff must be willing to work closely with city staff during installation and implementation of the system so that when the system is fully implemented, city staff can maintain the system and have an understanding of the system functionality.

D.   *DOCUMENTATION – If applicable, at the time of software installation, the vendor must supply software media and installation guide for all software installed, so that the software can be easily re-installed, if needed. The vendor must provide system documentation for all procedures required for ongoing maintenance including documentation of all customization, configuration and customer-specific development. The vendor will supply documentation that specifies a step-by-step plan for the routine backup of the software system database and all associated software files necessary for database restoration.*

E.   **TRAINING -** The City believes that training is critical to the project's success and recognizes that staff involvement is a key ingredient for successful implementation. The selected vendor is expected to provide sufficient training as well as end user training curriculum. The vendor will work with City project staff to determine exact training requirement. All training will be expected to take place at the City's facilities.

F.   **TECHNICAL ENVIRONMENT -** The City will provide network connection capability to function as part of the City network. Contractor will comply with the City's network and security standards. All hardware and software will be reviewed before it is used on the local area network, and will only be made operable on the local area network after such review.

G. **SINGLE SOURCE ACCOUNTABILITY -** The Contractor shall have a single source accountability to City of Beaumont for the satisfactory performance and completion of the project and shall warrant the installation to be in conformance with current and accepted industry practices. Contractor shall provide the City of Beaumont the name and resume of the contractor's Project Coordinator with the proposal. Any changes to the requirements, design, or any portion of this specification shall be coordinated between the City of Beaumont Project Manager and the contractor's Project Coordinator.

7. VENDOR RFP RESPONSE

The Vendor's response should address the following issues in the format described below:

SECTION 1. EXECUTIVE SUMMARY

This section must include a summary of the vendor qualifications and ability to meet the City's overall requirements. It must include specific authorization to contact all references provided in the proposal. Must also provide a completed requirements matrix.

SECTION 2. CORPORATE BACKGROUND AND EXPERIENCE

The vendor must give a brief description of the company including a brief history, corporate structure and organization, and number of years in business.

SECTION 3. IMPLEMENTATION

- Provide a high level work plan for the project that includes the high level tasks to be performed, work estimates for each task, and level of effort for the City and vendor personnel.
- Provide an estimated time line for deployment, based on typical requirements for an implementation of this size.
- Describe the criteria that you expect to use to determine system acceptance.
- Provide system requirements.

SECTION 4. HARDWARE RECOMMENDATIONS

List minimum and/or recommended specifications for the following:

- Describe any additional hardware or software recommended for successful implementation of the proposed system.

SECTION 5. PROJECT TEAM DESCRIPTION

- Identify each key member of your project implementation team. Describe experience level and/or technical expertise to be provided by each.
- Describe how you envision the role of the City's project team and the level of effort required by the City for a successful implementation.

SECTION 6. TRAINING

- Describe the different levels of training required for system administration, application administration, and end user. End user training should meet the end user need to fully utilize the product.
- Describe how training can be delivered, i.e. classroom, computer based, web based, etc.
- Provide a training plan and costs for system and department administration instructions by the vendor that provides the knowledge for city lead end user training, including whether on-line training for all modules is available. Any travel and expenses need to be provided within this cost.
- Describe the approach and curriculum for each of the following classes, including number of days, necessary skills of attendees: end-user, system administrator, and power user
- Describe the proposed system's training materials, such as video, online/CD training, workbooks, to enable future users to learn the system without need of formal classroom based training
- Describe any third party training necessary for use of the proposed system
- Describe all online help and documentation as well as any proposed system documentation, including all system administration guides, technical reference guides, training materials, end-user manuals, and report development guides
- Describe any regular user conferences or user group seminars sponsored by the vendor.

SECTION 7. POST-IMPLEMENTATION SUPPORT

The selected vendor is expected to provide post implementation support through telephone and internet

access. Please describe post-implementation system support, including the following:

- Describe the different levels of support depending on the technical difficulty of the problem and how each level of escalation is triggered.

- Describe procedures to determine call priority and the response time the City should expect at each level.

- Provide hours of service and after hour procedures if they differ from Monday through Friday, 8 AM to 5 PM Central Time.

- Describe the remote support capabilities such as Go To Meeting or WebEx

- Describe the process for implementing major upgrades, enhancements, patches or fixes including the vendor's role.   Are major upgrades, enhancement and patches/fixes included in the standard maintenance or provided at an additional charge? How are upgrades and fixes generally delivered (i.e. remote support, download by city staff)?

- Describe the technical services included in the basic license fees and detail any costs associated with after hours or weekend support.

- Confirm that toll free telephone support is available.

- Describe any electronic support issue reporting and tracking tools available.

SECTION 8. INTEGRATION AND CUSTOMIZATION

This section will provide the City with information concerning the available integration and customization services and the ability to carry integration forward as the needs arise.

- Please describe how configuration and/or customization changes are affected by subsequent software releases.

- Describe how software customizations impact the software maintenance and agreement support.

- Detail how integration and/or customization services are charged, such as per project, hourly, etc.

- Detail capability and rules for mapping legacy data fields to new system fields.

- Document contingency planning.

- Describe method for de-duplication of data.

SECTION 9. STATEMENT OF WORK

Please attach proposed Professional Services Agreement, Annual Standard Support Agreement, License Agreements, and warranties associated with this project.

SECTION 10. REFERENCES

Five (5) references from current/previous locations that respondent provided similar services, as provided on RFP Table, page 28-29.

SECTION 11. VENDOR INFORMATION SHEET AND PRICING

Pricing is outlined on RFP Pricing Sheet, page 30.

8. EVALUATION CRITERIA

Criteria	Section	Points
Vendor Qualification	1. Executive Summary 2. Corporate Background & Experience 5. Project Team Description 9. Statement of Work 10. References	30
System Capabilities	3. Implementation 4. Hardware Recommendations 8. Integration and Customization -- Also includes product demonstrations and completed requirements matrix.	30
System Support	6. Training 7. Post-Implementation Support	20
Price	11. Cost	20
TOTAL		**100**

APPENDIX A: SYSTEM REQUIREMENTS

SYSTEM REQUIREMENTS Y = YES, N = NO, C = With Customization	VENDOR RESPONSE	COMMENTS
REQUIRED FOR ALL MODULES		
1. Customizable drop down menus.		
2. Support minimal operations in different menus & screens at one time with minimal system degradation.		
3. Data element can be designated as required fields by data entry screen.		
4. Ability to prevent duplication.		
5. Tiered access capability to restrict rights based on position for functions such as editing and deleting.		
6. Data restrictions can be specified by program, service, etc.		
7. Ability to track services by duration and/or occurrences.		
8. Accepts multiple funding streams.		
9. Automatically charge the correct co-pay based upon scales, forms, state & local guidelines, etc.		
10. Generate and submit electronic claims to all funding sources.		
11. Notifies staff and client's insurance lapses or charges.		
12. Ability to take picture of client, link picture to record and maintain picture per previously stated retention period.		
13. Ability to capture electronic signatures.		
14. On-line patient portal to schedule appointments, view results, etc.		
15. Ability to send prescriptions electronically.		
16. Ability to encrypt files/reports for emailing/uploading purposes.		

17. Interface with Medicaid or other third party eligibility system.		

REPORTING		
18. Generate standard and complex reports for all services. System must come with standard reports.		
19. Generate custom, user-defined client or medical report. If custom report generation not available within the software, must have access to database to generate Crystal Reports.		
20. Ability to track consent forms status (e.g. on-file, signed, outstanding, history).		
21. Activity summary by staff, client, location and service codes.		
22. Generate and print patient medical record labels.		
23. Ability to prepare required reports for the Department of State Health Services.		
24. Capability to write reports for ad hoc reporting.		
25. Ability to produce report data in a format that can be transported to other application (excel, text, etc.).		

DATA		
26. Includes data import/export capability.		
27. Data export for Release of Information Request.		

28. Files can be transferred into the following format:
  a. HL7
  b. ASCII format
  c. EBCDIC format
  d. Delimited format		

29. Ability to retrieve, display, save, and integrate scanned documents.		

MOBILE DEVICE		
30. Availability of a mobile application.		

31.	Availability of mobile device management.		

SECURITY			
32.	Authorize administrators to assign restrictions or privileges to users/groups.		
33.	Ability to create and customize user roles and permissions.		
34.	Support user name and password for individual users.		
35.	Support use of strong passwords.		
36.	Identify all users to who have accessed data over a given time period, including data and time of access.		
37.	Ability to identify specific information as confidential.		
38.	Retain data until purged, deleted, archived or deliberately removed.		
39.	Provide a method for archiving and retrieving from archive electronic health record (HIE) information.		
40.	Provide method and assurance that security policies are being followed and enforced.		
41.	Define and identify security relevant events and the data to be collected and communicated as determined by policy and/or regulation.		
42.	Ability to audit system.		
43.	Support automatic log off of work station connected to patient information systems after a site-defined time period.		
44.	Support data access controls that allow assignment of security at the data element level within files.		
45.	Provide contractual guarantee to deliver software releases and upgrades to ensure HIPAA compliance for current regulations with on-going months after go-live at no additional cost.		
46.	Must be compliant with version 5010 of the HIPAA Electronic Data Interchange (EDI) standards.		
47.	Preferable that the system integrate with the City's		

Active Directory for ease of software enrollment.		

CLINICAL		
48. Appointment scheduling.		
49. Client check in and check out.		
50. Ability to Capture, store, display and report on patient history, to include immunization records, STD and TB data		
51. Calculate, display, store and print duplicate and unique client counts.		
52. Ability to capture, store, display and report demographic data, as necessary.		
53. Ability to select patient no pay status (yes/no) for reporting, if yes, select reason code.		
54. Interface with ImmTrac, TWICES, and PEAR.		
55. Ability to link barcode scanner with charts and inventory.		
56. Generate immunization records/cards for clients.		
57. Monthly vaccines wasted and expired report.		
58. Calculate immunization rates for all age group.		
59. Compatible with Co-CASA software.		
60. The System provides a bi-weekly data interface/transfer of immunization data to the State Registry.		
61. Vendor is able to provide a solution where existing VFC system functionality is consolidated into the new solution, including the ability to track vaccines that are distributed to area providers.		
62. Support treatment protocols and/or algorithms for STD clinic.		
63. Referral management capability.		
64. Ability to capture, store, display and report on pharmacy data, to include lot number, expiration dates, name, type, wasted & expired stock, and other fields as needed.		

65. Identify and maintain a single patient record for each patient as defined in Meaningful Use guidelines.		
66. Supply a single, universal identifying number for each patient.		
67. Support on-line enterprise-wide master person index (EMPI) consisting of patient demographic, insurance and visit history information.		
68. Support HL7 interface standards for queries from patient information systems and sending back patient demographic, insurance, and patient history information.		
69. Must include or be able to tie into a patient queuing system (ex. NEMO-Q or something similar). If not included, please provide detailed information on who you are integrated with.		
ACCOUNTING		
70. Generates and prints receipts and receipt batch logs.		
71. Payments are posted.		
72. Ability to capture, store, display, generate appropriate forms, and report on data, as necessary, including the receipt of various forms of payment, including cash and equivalents.		
73. Produce audit trail of balance and closing, including reports detailing co-payment, revenue, and claims; daily cash drawer; receipts & payments.		
74. Ability to send reports via email or save on network.		
BILLING		
75. Generate customizable invoices for various functions, including permitting.		
76. Maintain ICD-9 and ICD-10 diagnostic code master file including code, description and internal office abbreviation.		
77. Support alternative procedure codes in procedure code file for insurers that do not use CPT codes.		

78. Fund source and responsible party data include the ability to capture, store, display and report relevant billing data as defined by the City of Beaumont.		
79. Editing and holding of bill generation pending completion of specific (e.g. user-defined) data elements are supported.		
80. Support family account (e.g. guarantor, group) patient billing, producing single statement for related accounts.		
81. Ability to print on-demand statements for patient at time of service.		
82. Options to generate secondary bills for balance of charges to secondary insurance company are provided.		
83. The EHR process complies with all Health Care Financing Administration (HCFA) regulations.		
84. Billing is interactive with service tracking.		
85. The system supports a sliding fee co-pay scale that is unique to each program, such as Medicaid, Medicare.		
86. The system can produce the following: paper bills for self-pay & insurance, electronic Texas Medicaid, electronic billing files, HCFA 1500s, and UB-04s, and other billing documents, as needed.		
87. Bill multiple insurance types, agency, state and local government.		
88. Use client data for mailing purposes (mail merge).		
89. Automatically calculate contractual adjustments and private portion amounts for patient liability when third-party receipts are recorded.		
90. Account for refunds given clients and third party insurance.		
91. Ability to maintain client account detail for at least seven years.		
92. The system can determine Medicaid eligibility by checking against an external database online/daily/weekly.		
93. Ability to adjust the system to accommodate revised Federal and Texas third party billing regulations as part of the software maintenance agreement		

94. Ability to maintain history of past and present insurance information with eligibility dates.		
95. Ability to alert biller of unpaid claims within a specified number of days		
96. Generated EDI 837p and 837i billing files		
97. Produce explanation of benefits (EOB) for client payment		
98. Produce an automated write-off log by payer listing accounts that have been written off, with reason code(s), with specific identification of that discounted portion of service that represents the client deducible and co-insurance amount, and non-covered services.		
99. Check for and prevent processing of duplicate claims		

LABORATORY

100. Ability to capture, store, display and report relevant lab test data, including date, type, collector name, and sample type.		
101. Ability to place alerts on specific patients based on lab results, etc.		
102. Sort reports and automatically mark as reviewed, annotated and/or shared with local or outside physicians.		

SYSTEM SUPPORT

103. Telephone and online support during standard business hours of Mon. – Fri., 8-5 CST provided.		
104. Able to respond to issues within 4 business hours.		
105. Able to provide annual upgrades and "bug" fixes as required.		
106. Must be Windows 7 or higher compatible.		
107. Ability to provide full documentation concerning the nature of the change and the process for its installation for all upgrades or system patches.		

108. Must be compatible with all browsers. If not, must be compatible with the newest version of the recommended browser.		
CUSTOM INTERFACES		
109. SunGard HTE Financials ability to interface billing file to accounts receivables based on date range.		
110. Needs to preferably contain or tie into a telephone notification system.		

9. FREQUENTLY ASKED QUESTIONS AND ANSWERS

See Attachment "B" at the end of these specifications.

BEAUMONT
TEXAS

IMPLEMENTATION OF A HOSTED ELECTRONIC PUBLIC HEALTH PUBLIC HEALTH INFORMATION MANAGEMENT SYSTEM (RE-BID) RFP NO. PF0115-08

RFP OPENING DATE:	**Thursday, February 19, 2015**
RFP OPENING TIME:	**2:00 P.M. (CST)**
CITY RFP NUMBER:	**PF0115-08**
FOR FURNISHING:	**RFP for the Implementation of a Hosted Electronic Public Health Information Management System (Re-Bid) (AS PER SPECIFICATIONS)**

SUBMIT RFP TO: **This is a FORMAL RFP and must be submitted to:**

City Clerk's Office / City Hall
City of Beaumont
801 Main St., Suite 125
Beaumont, TX 77701

You may submit your RFP by MAIL or in PERSON.
Responses will NOT be accepted via fax or e-mail.

OUTLINE OF REQUIRED RFP DATA:

For response to be considered valid, Responders **MUST** complete and submit the following:

1. Appendix A: System Requirements, pages 17 through 24.

2. RFP Sheets, pages 26 through 42, including:
   2.1   Responder Information (requiring signature),
   2.2   Responder's Information Sheets,
   2.2   Original, unaltered RFP Pricing Sheets,
   2.3   RFP Sheet Continued,
   2.4   Conflict of Interest Questionnaire,
   2.5   Statement of City Charter Provision of Conflict of Interest,
   2.6   Insurance Affidavit, page 42, MUST be submitted with RFP.
           (Insurance forms, pages 43 - 45 may be completed upon award of this contract.

3. Provide a valid signature at the appropriate locations within these RFP documents.

RESPONDER INFORMATION:

Responder Name	
Responder's Name In Printed Form	
Responder's Signature	_____ **(Signature required for RFP to be accepted.)**
Responder's Title	
Company Physical Address	_____ Street _____ City State Zip Code
Company Mailing Address	_____ Street or P.O. Box _____ City State Zip Code
Company Telephone Number	
Alternate Phone Number	
Company Fax Number	
E-mail Address	

RESPONDER'S INFORMATION SHEET
RFP NO. PF0115-08

INSERT RESPONDER'S COMPANY NAME:

---

1. **Kind of Company (check one):** ☐ **Corporation** ☐ **Partnership** ☐ **Sole Proprietor**

   If corporation, please list names and addresses of three (3) top corporation officers.
   If partnership, please list names and addresses of partners.

   Include Federal Tax I.D. Number: _____

   Name _____

   Address _____

   _____

   Name _____

   Address _____

   _____

   Name _____

   Address _____

   _____

3. Number of years in operation: _____

4. Gross Revenues of past two (2) years: $ _____

5. Largest dollar amount of contract currently in effect with a business: $ _____

6. Current number of employees: _____

7. Number of employees to be assigned to this project: _____

8. Telephone number answered Monday–Friday, 8:00 AM – 5:00 PM: _____

9. Has your organization ever failed to complete any work that it was awarded?   Yes ☐ No ☐

10. Provide information concerning any judgments, claims arbitration proceedings or suits filed as a result of projects performed.

_____

_____

_____

_____

_____

_____

_____

_____

EXPERIENCE

1. List four (4) previous locations that your company has successfully provided this software. List the name and location of each service. List a contact name, address, phone number, and email address for each location.

REFERENCE NO. 1

Company Name: _____

Address_____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____

REFERENCE NO. 2

Company Name: _____

Address_____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____

REFERENCE NO. 3

Company Name: _____

Address_____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____

REFERENCE NO. 4

Company Name: _____

Address_____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____

REFERENCE NO. 5

Company Name: _____

Address_____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____

RFP NO. PF0115-08
INSERT RESPONDING VENDOR'S COMPANY NAME:

RFP PRICING SHEET
Implementation of a Hosted Electronic
Public Health Information Management System (Re-Bid)
RFP NO. PF0115-08

DESCRIPTION	COST
Cost of Software	$

Cost of Annual Maintenance
  - Fixed Pricing for annual maintenance
    for the first three (3) years is required.
	$

Training
  - Please notate recommended training cost.
    If there are additional training costs,
    it can be provided in this training section.
	$

Number of Days for Software Installation	_____ days
INSERT RESPONDING VENDOR'S COMPANY NAME:	

BID SHEET CONTINUED

DATE OF DELIVERY AFTER RECEIPT OF ORDER: _____

WARRANTY: _____

Receipt is hereby acknowledged of the following addenda to the Specifications:

Addendum No. 1 dated_____   Received_____
Addendum No. 2 dated_____   Received_____
Addendum No. 3 dated_____   Received_____
Addendum No. 4 dated_____   Received_____

DOES YOUR BID MEET SPECIFICATIONS?   YES☐   NO☐

IF NO IS INDICATED, ATTACH SHEET INDICATING EXCEPTIONS.

PLEASE CHECK THE FOLLOWING THAT WILL APPLY TO YOUR COMPANY:

Ownership of Firm (51% or more)☐ . Non-Minority☐ Hispanic☐ Black☐ Other☐
Minority (please specify)_____ Female Owned☐   Handicapped Owned☐
Small Business (less than $1,000,000 annual receipts or 100 employees) ☐

CERTIFICATE OF CORPORATE BIDDER	BIDDERS

I,_____, CERTIFY
THAT I AM _____,
(title) OF THE CORPORATION NAMED AS
BIDDER HEREIN; THAT _____
_WHO SIGNED THIS BID ON BEHALF OF THE
BIDDER, WAS THEN _____
_____, (title) OF SAID CORPORATION;
THAT SAID BID WAS DULY SIGNED FOR AND
ON BEHALF OF SAID CORPORATION BY
AUTHORITY OF ITS GOVERNING BODY AND IS
WITHIN THE SCOPE OF ITS CORPORATE
POWERS.

The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this bid in collusion with any other Bidder, and that the contents of this bid as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this bid.

Vendor_____

Address_____

_____

Bidder_____
                    (Signature)

Bidder_____
                    (Print Name)

_____
SIGNATURE OF OFFICER

_____
TYPE OR PRINT NAME

_____
TITLE OF OFFICER

Position With Company_____
                            (Title)

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

FORM CIQ

OFFICE USE ONLY

Date Received

1 | **Name of person who has a business relationship with local governmental entity.**

2 | ☐ **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 | **Name of local government officer with whom filer has employment or business relationship.**

_____
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes   ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes   ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes   ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4 |

_____   _____
Signature of person doing business with the governmental entity   Date

Adopted 06/29/2007

STATEMENT OF CITY CHARTER
PROVISION ON CONFLICT OF INTEREST

The following provisions were adopted in an effort to avoid potential conflict of interest with prospective bidders and City employees or officers in the awarding of City contracts:

1. No officer, elected or appointed, or other employee of the City shall have a financial interest, direct or indirect, or by reason of ownership of stock or share exceeding one percent (1%) in a business entity contracting with the City. Nor shall such officer or employee be financially interested, directly or indirectly, in the sale to the City of any land, materials, supplies or services from such business entity, except on behalf of the City in his official capacity as an officer or employee.

2. Any willful violation of this provision shall constitute malfeasance in office and any officer or employee guilty thereof shall thereby forfeit their office or position.

3. Any violation of this section with the knowledge expressed or implied of the person or business entity contracting with the City shall render the contract involved **null and void.** (Beaumont City Charter, Article XVII, Section 9.)

I, _____(name) have read and hereby understand the aforementioned Beaumont City Charter provision prohibiting conflict of interest between City employees or officers and prospective bidders in the award of City contracts. I affirm, to the best of my knowledge and belief, that there is no conflict of interest between the herein stated person or business entity and any City officer or employee if a City contract is awarded. I further state that I have no outside interests that conflict or suggest a potential conflict of interest with the City. I understand that knowledge, express or implied, or concealment of such material fact could nullify and void any such City contract awarded.

If I am awarded this contract, I herein agree to report promptly any further situation that might involve or appear to involve me in any conflict of interest with the City.

SIGNED this the _____ day of _____, 20_____.

_____
Name

_____
Title

GENERAL CONDITIONS OF BIDDING
(Revised 3/13/13)

FAILURE TO COMPLY WITH THESE GENERAL CONDITIONS OF BIDDING MAY RESULT IN THE BID BEING DISQUALIFIED**.**

1. **BIDDING**:

    A. All bids must be on blank forms furnished by the Purchasing Division, and must be written in ink or by typewriter. Pencil quotations will not be considered. The bid must be executed personally by the bidder, or if executed by an agent, a power of attorney or other evidence of his authority to act on behalf of the bidder must accompany the bid. If the bidder is a corporation, the certificate of corporate bidder must be executed under the corporate seal by some duly authorized officer of the corporation other than the officers signing the bid. By execution of the bid, the bidder accepts all general and special conditions of the contract and the specifications.

    B. TIME & DATE: Formal bids must be in the office of the City Clerk by 2:00 P.M., local time, on the day bids are due, unless otherwise specified; an early postmark will not suffice. Be sure you have allowed ample time for postal delivery. The City will not be responsible for the delivery of your bid to the office of the City Clerk. If you choose to send your bid by postal delivery then it is recommended that you call the City Clerk's office to verify receipt of your bid prior the bid opening. **Formal bids may NOT be faxed or e-mailed.**

    Informal bids are due at the date and time stated in the bid document. **Informal bids may be faxed.**

    C. WITHDRAWAL OF BID**:** A bidder may withdraw his proposal before Council acceptance of his bid without prejudice to himself, by submitting a written request for its withdrawal to the City Clerk.

    D. Bids should show net prices, extensions and net total. In case of conflict between unit price and extensions, the unit price will govern.

    E. No change in price will be considered after bids have been opened.

    F. Unless otherwise specified, any catalog or manufacturer's reference or brand name used in describing an item is merely descriptive, and not restrictive, and is used only to indicate type, style or quality of material desired. If a bidder quotes on an article other than the one specified, which he considers

comparable, the name and grade of said article must be specified in the bid and sufficient specifications and descriptive data must accompany same to permit thorough evaluation. In the absence of these qualifications, he will be expected to furnish the article called for.

G. If this bid is altered, any erasure or alteration of figures on the item on which the erasure or alteration is made must be initialed by signee of this bid.

H. Bids will not be considered in cases in which bidder quotes an item price and also an alternate price on the proposed substitute item, except in cases in which alternate bids are called for.

I. All bids are to be delivered not later than the time stated in the specifications, F.O.B. Beaumont, Texas unless otherwise stated in the specifications and/or bid form.

J. Bidders are invited to be present at the opening of bids. After opening, bids may be inspected in the Purchasing Division offices.

K. If there is an honest mistake in the bid, due to clerical errors, and the bidder calls attention thereto promptly, he will not be bound by the bid.

L. Where the mistake was a result of bidder's negligence, and City has no knowledge of the mistake when bids were opened, and contract awarded, he will not be released and shall be bound by the bid.

M. If a mistake is not discoverable and verifiable by the City, bidder's incorrect interpretation of Engineering specifications set forth in a construction contract will not release him from his obligations, once a contract has been awarded by City Council and bidder has received notice of such award.

N. Sealed formal bids due in the City Clerk's office will not be accepted through facsimile equipment.

2. TAXES:

A. The City is exempt from the Federal Excise and Transportation Tax, and the Limited Sales and Use Tax. Unless the bid form or specification specifically indicates otherwise, the price bid must be net exclusive of the above mentioned taxes, and will be so construed. A vendor desiring refunds of, or exemptions from taxes paid on merchandise accepted by the City must submit the proper forms. The Purchasing Manager, if satisfied as to the facts, will approve or issue the necessary certificates.

3. **AWARD:**

A. The City reserves the right to consider and make awards of bids on articles of similar nature that in all respects will serve the purpose for which the purchase is being made. The City reserves the right to be the sole judge as to whether such articles will serve the purpose.

B. Unless otherwise specified, the City reserves the right to accept or reject in whole or in part any bid submitted or to waive any informalities in the best interest of the City.

C. Contractor is an independent contractor. Award of a contract does not create a joint venture between Contractor and the City.

4. **BID DEPOSIT:**

A. No bid deposit will be expected of bidder unless specifications expressly provide otherwise.

B. When specifications expressly call for a bid deposit, the deposit may be in the form of a cashier's check, cash, a certified check made payable to the City of Beaumont or a bond. The bond shall be executed by a surety authorized by the Texas State Insurance Commission and must be signed by both the surety and the bidder.

C. When specifications call for a bid deposit, it should be placed in a separate bid envelope and enclosed with your bid. Should your bid deposit not be acceptable to the City, your bid will be returned.

5. **DELIVERIES;**

A. Unless otherwise stated in the bid form or specification, deliveries must consist only of new and unused merchandise.

B. Full fare must be allowed and no charge made for packages.

C. In the event that deliveries of the supplies covered in the proposal are not made within the number of days specified, or in the event that the supplies delivered are rejected, and are not removed and replaced within the number of days specified in the official notice of rejection, the City reserves the right to purchase said supplied in the open market. Upon any such breach of contract, the City reserves the right to proceed against the successful bidder and/or the surety on this bond for any and all damages occasioned by the breach.

6. **REJECTIONS:**

   A. Articles not in accordance with samples and specifications must be removed by the bidder at his expense. All disputes concerning quality of supplies delivered under this proposal will be determined by the City Purchasing Manager or his/her designated representative.

   B. All articles enumerated in the proposal shall be subject to inspection or delivery by an officer designated for the purpose and if found inferior to the quality called for, or not equal in value to the department's samples, or deficient in weight, measurements, workmanship or otherwise, this fact shall be certified to the Purchasing Manager who shall have the right to reject the whole or any part of the same.

7. **BILLING:**

   A. All bills are subject to approval by the Purchasing Manager.

8. **PATENTS:**

   A. The contractor agrees to indemnify and save harmless the City, the Purchasing Manager, and his/her assistants from all suits and actions of every nature and description brought against it or any of them, for or on account of the use of patented appliances, products or processes, and he shall pay all royalties and charges which are legal and equitable. Evidence of such payment or satisfaction shall be submitted, upon request of the Purchasing Manager, as a necessary requirement in connection with the final estimate for payment in which such patented appliances, products or processes and used.

9. **CONDITIONS PART OF BID:**

   A. The general conditions of bidding defined herein shall be a part of the attached bid.

10. **CONTRACT:**

    A. No formal contract will be executed. The following will comprise the contract between the City and the successful bidder:

       i. Notice to Bidders,
       ii. General Specifications,
       iii. General conditions of bidding,
       iv. The Bid Sheet(s),
       v. Resolution awarding the bid.

    B. In case of conflict, the specifications shall be controlling.

11. **OSHA REQUIREMENTS:**

    A. The vendor or contractor hereby guarantees to the City of Beaumont, Texas, that all material, supplies and equipment as listed on the proposal, contract or purchase order meets the requirements, specifications and standards as provided for under the Federal Occupational Safety and Health Act of 1970, as amended and in force at the date hereof.

12. **BIDS:**

    A. Bids must remain firm for thirty (30) days from the bid opening date to allow for award by Council, unless otherwise specified.

13. **DISCOUNTS:**

    A. Prompt payment discounts will be considered in making the award provided the period of the discount offered is sufficient to permit payment within such period in the regular course of business (minimum 10 days). Prompt payment discounts will not be considered for contract purchases.

    B. In connection with any discount offered, time will be computed from the date of receipt of supplies or services or from the date a correct invoice is received, whichever is the later date. Payment is deemed to be made on the date of mailing of the check.

14. **DISCLOSURE FORMS:**

    A. **All forms must be signed and returned with your bid sheet**.

15. **EXCEPTIONS:**

    A. If exceptions are being taken to any part of specifications, have them listed separately on your letterhead and manually sign it.

16. **LOCAL BIDDER CONSIDERATION:**

    A. Should bids for goods and/or commodities be received from a local vendor and an out of town vendor, a sales tax impact analysis formula shall be applied to the local vendor's bid. If it is determined by its formula that the local vendor's bid generates more sales tax revenue to the City than the difference between the two bids, award may be made to the local vendor.

17. **PROTEST PROCEDURES** – Any actual or prospective bidder or proposer who believes they are aggrieved in connection with or pertaining to a bid or proposal may file a protest. The protest must be delivered in writing to the Purchasing Manager, in person or by certified mail, return receipt requested, prior to award. The written protest must include:

    A. Name, mailing address, and business phone number the protesting party;

    B. Appropriate identification of the bid or proposal being protested;

    C. A precise statement of the reasons for the protest; and

    D. Any documentation or other evidence supporting the protest and any alleged claims.

    The Purchasing Division will attempt to resolve the protest, including at the Purchasing Manager's option, meeting with the protesting party. If the protest is successfully resolved by mutual agreement, written verification of the resolution, with specifics on each point addressed in the protest, will be forwarded to the Chief Financial Officer (CFO).

    If the Purchasing Division is not successful in resolving the protest, the protesting party may request, in writing, that the protest be considered by the CFO. Applicable documentation and other information applying to the protest will be forwarded to the CFO, who will promptly review such documentation and information. If additional information is desired, the CFO may notify the necessary party or parties to the protest to provide such information.

    If the CFO is not successful in resolving the protest, the CFO may forward to the City Manager a request for review. The decision of the City Manager will be final.

18. **PUBLIC INFORMATION ACT:**

    A. Texas Government Code, Chapter 552, gives you the right to access government records; and an officer for public information and the officer's agent may not ask why you want them. All government information is presumed to be available to the public. Certain exceptions may apply to the disclosure of the information. Governmental bodies shall promptly release requested information that is not confidential by law, either constitutional, statutory, or by judicial decision, or information for which an exception to disclosure has not been sought.

    B. To request information from this governmental body, please contact:

       Tina Broussard, City Clerk
       City Hall

       Physical Address:

          801 Main Street, Suite 125
          Beaumont, TX   77701

       Mailing Address:

          P.O. Box 3827
          Beaumont, TX 77704-3827

       409-880-3740 Fax
       409-880-3745 Phone

       openrecords@ci.beaumont.tx.us

19. **WEBSITE** – Vendors are responsible for verifying all addendum to specifications downloaded from the City website.

20. **INTERLOCAL AGREEMENT** – Successful bidder agrees to extend prices to all entities who have entered into or will enter into joint purchasing interlocal cooperation agreements with the City of Beaumont. The City of Beaumont is a participating member of several interlocal cooperative purchasing agreements, as permitted under Chapter 791 of the Texas Government Code, with certain other political subdivision, authorizing participation in a cooperative purchasing program. The successful vendor may be asked to provide products/services based upon the bid price, to any other participant.

21. **FORCE MAJEURE** – Neither the City nor the Contractor shall be required to perform any term, condition or covenant of this contact so long as performance is delayed or prevented by force majeure.

22. **FUNDING OUT** – The State of Texas statutes prohibit the obligation and expenditure of public funds beyond the fiscal year for which a budget has been approved. Should, during the term of this contract, funds be withdrawn by the funding authority, a Force Majeure shall be deemed to exist, and this contract may be terminated without penalty or recourse by either party.

23. **TERMINATION** – This contract may be terminated by either party upon thirty (30) days written notice.

ATTACHMENT "A"
Insurance Information

_____

**RFP for the Implementation of a Hosted Electronic
Public Health Information Management System (Re-Bid)
RFP No. PF0115-08**

INSURANCE

SECTION A.   Prior to the approval of this contract by the City, CONTRACTOR shall furnish a completed Insurance Certificate to the Purchasing office. The certificate shall be completed by an agent authorized to bind the named underwriter(s) to the coverages, limits, and termination provisions shown thereon, and shall furnish and contain all required information referenced or indicated thereon. CITY SHALL HAVE NO DUTY TO PAY OR PERFORM UNDER THIS CONTRACT UNTIL SUCH CERTIFICATE IS RECEIVED BY THE CITY OF BEAUMONT'S PURCHASING DIVISION, and no officer or employee of the City shall have authority to waive this requirement.

INSURANCE COVERAGE REQUIRED

SECTION B.   CITY reserves the right to review the insurance requirements of this section during the effective period of the contract and to adjust insurance coverages and their limits when deemed necessary and prudent by CITY, based upon changes in statutory law, court decisions, or the claims history of the industry as well as the CONTRACTOR.

SECTION C. Subject to CONTRACTOR'S right to maintain reasonable deductibles in such amounts as are approved by CITY, CONTRACTOR shall obtain and maintain in full force and effect for the duration of this contract, and any extension hereof, at CONTRACTOR'S sole expense, insurance coverage written by companies approved by the State of Texas and acceptable to CITY, in the following type(s) and amount(s):

TYPE   **AMOUNT**

1.   **Workers' Compensation** and   Statutory
        Employer's Liability

        NOTE: **For building or construction projects, and services provided at City-owned facilities, the successful Contractor shall meet the minimum requirements defined in the Texas Workers' Compensation Commission Rule 28 TAC ' 110.110 which follows this insurance attachment.**

2.   **Commercial General (public) Liability**
        including coverage for the following:

a.	Premises operations	Combined single limit for bodily injury and
b.	Independent contractors	and property damage of $500,000 per
c.	Products/completed operations	occurrence or its equivalent with an aggregate
d.	Personal injury	limit of $1,000,000.
e.	Advertising injury	
f.	Contractual liability	
g.	Medical payments	
h.	Professional liability	
i.	Underground hazard*	
j.	Explosion and collapse hazard*	
k.	Liquor liability*	
l.	Fire legal liability*	
m.	City's property in Contractor's* care, custody, or control	
n.	Asbestos specific liability*	

        *   Not required for this contract

3.   **Comprehensive Automobile Liability**   Combined single limit for bodily injury and
        insurance, including coverage for loading   property damage of $500,000 per occurrence
        and unloading hazards, for: or equivalent.

a.   Owned/leased vehicles
b.   Non-owned vehicles
c.   Hired vehicles

4.   **Errors and Omissions**   Provide a prudent amount of coverage for the
     insurance policy   willful or negligent acts or omissions of any
     (when applicable)   officers, employees or agents thereof.

ADDITIONAL POLICY ENDORSEMENTS

CITY shall be entitled, upon request, and without expense, to receive copies of the policies and all endorsements thereto and may make any reasonable request for deletion, revision, or modification of particular policy terms, conditions, limitations, or exclusions (except where policy provisions are established by law or regulation binding upon either of the parties hereto or the underwriter of any of such policies). Upon such request by CITY, CONTRACTOR shall exercise reasonable efforts to accomplish such changes in policy coverages, and shall pay the cost thereof.

REQUIRED PROVISIONS

CONTRACTOR agrees with respect to the above required insurance, all insurance contracts and certificate(s) of insurance will contain and state, in writing, on the certificate or its attachment, the following required provisions.

a.   Name, the City of Beaumont and its officers, employees, and elected representatives as additional insured(s), (as the interest of each insured may appear) to all applicable coverage.

b.   Provide for 30 days notice to City for cancellation, non-renewal, or material change.

c.   Provide for notice to City at the address shown below by registered mail.

d.   CONTRACTOR agrees to waive subrogation against the City of Beaumont, its officers, employees, and elected representatives for injuries, including death, property damage, or any other loss to the extent same may be covered by the proceeds of insurance.

e.   Provide that all provisions of this agreement concerning liability, duty, and standard of care together shall be underwritten by contractual liability coverage sufficient to include such obligations within applicable policies.

f.   For coverages that are **only** available with claims made policies, the required period of coverage will be determined by the following formula: Continuous coverage for the life of the contract, plus one year (to provide coverage for the warranty period) and an extended discovery period for a minimum of five years which shall begin at the end of the warranty period.

NOTICES

CONTRACTOR shall notify CITY in the event of any change in coverage and shall give such notices not less than thirty (30) days prior to the change, which notice must be accompanied by a replacement CERTIFICATE OF INSURANCE. All notices shall be given to CITY at the following address:

     Purchasing Division
     City of Beaumont
     P.O. Box 3827
     Beaumont, Texas 77704

SECTION D. Approval, disapproval, or failure to act by CITY regarding any insurance supplied by CONTRACTOR shall not relieve CONTRACTOR of full responsibility or liability for damages and accidents as set forth in the contract documents. Neither shall the bankruptcy, insolvency, or denial of liability by the insurance company exonerate CONTRACTOR from liability.

WORKERS COMPENSATION INSURANCE
for
Building or Construction Projects and Services Provided at City-Owned Facilities

TEXAS WORKERS' COMPENSATION COMMISSION RULE 28, '110.110

****

As required by the Texas Workers' Compensation Rule 28, '110.110, the Contractor shall accept the following definitions and comply with the following provisions:

Workers' Compensation Insurance Coverage

A.   Definitions:

  1.   Certificate of coverage ("certificate")-A copy of a certificate of insurance, a certificate of authority to self-insure issued by the commission, or a coverage agreement (TWCC-81, TWCC-82, TWCC-83, or TWCC-84), showing statutory workers' compensation insurance coverage for the person's or entity's employees providing services on a project, for the duration of the project.

  2.   Duration of the project-includes the time from the beginning of the work on the project until the Contractor's/person's work on the project has been completed and accepted by the City of Beaumont.

  3.   Persons providing services on the project ("subcontractor" in '406.096) - includes all persons or entities performing all or part of the services the Contractor has undertaken to perform on the project, regardless of whether that person contracted directly with the Contractor and regardless of whether that person has employees. This includes, without limitation, independent Contractors, subcontractors, leasing companies, motor carriers, owner-operators, employees of any such entity, or employees of any entity which furnishes persons to provide services on the project. "Services" include, without limitation, providing, hauling, or delivering equipment or materials, or providing labor, transportation, or other service related to a project. "Services" does not include activities unrelated to the project, such as food/beverage vendors, office supply deliveries, and delivery of portable toilets.

B.   The Contractor shall provide coverage, based on proper reporting of classification codes and payroll amounts and filing of any coverage agreements, which meets the statutory requirements of Texas Labor Code, Section 401.011(44) for all employees of the Contractor providing services on the project, for the duration of the project.

C.   The Contractor must provide a certificate of coverage to the City of Beaumont prior to being awarded the contract.

D.   If the coverage period shown on the Contractor's current certificate of coverage ends during the duration of the project, the Contractor must, prior to the end of the coverage period, file a new certificate of coverage with the City of Beaumont showing that coverage has been extended.

E.   The Contractor shall obtain from each person providing services on a project, and provide to the City of Beaumont:

  1.   A certificate of coverage, prior to that person beginning work on the project, so the City of Beaumont will have on file certificates of coverage showing coverage for all persons providing services on the project; and

  2.   No later than seven (7) days after receipt by the Contractor, a new certificate of coverage showing extension of coverage, if the coverage period shown on the current certificate of coverage ends during the duration of the project.

F.   The Contractor shall retain all required certificates of coverage for the duration of the project and for one (1) year thereafter.

G.   The Contractor shall notify the City of Beaumont in writing by certified mail or personal delivery, within ten (10) days after the Contractor knew or should have known, of any change that materially affects the provision of coverage of any person providing services on the project.

H.   The Contractor shall post on each project site a notice, in the text, form and manner prescribed by the Texas Workers' Compensation Commission, informing all persons providing services on the project that they are required to be covered, and

stating how a person may verify coverage and report lack of coverage.

I.   The Contractor shall contractually require each person with whom it contracts to provide services on a project, to:

1.   Provide coverage, based on proper reporting of classification codes and payroll amounts and filing of any coverage agreements, which meets the statutory requirements of Texas Labor Code, Section 401.011(44) for all of its employees providing services on the project, for the duration of the project;

2.   Provide to the Contractor, prior to that person beginning work on the project, a certificate of coverage showing that coverage is being provided for all employees of the person providing services on the project, for the duration of the project.

3.   Provide the Contractor, prior to the end of the coverage period, a new certificate of coverage showing extension of coverage, if the coverage period shown on the current certificate of coverage ends during the duration of the project;

4.   Obtain from each other person with whom it contracts, and provide to the Contractor:

   a.   A certificate of coverage, prior to the other person beginning work on the project; and

   b.   A new certificate of coverage showing extension of coverage, prior to the end of the coverage period, if the coverage period shown on the current certificate of coverage ends during the duration of the project.

5.   Retain all required certificates of coverage on file for the duration of the project and for one (1) year thereafter;

   6.   Notify the City of Beaumont in writing by certified mail or personal delivery, within ten (10) days after the person knew or should have known, of any change that materially affects the provision of coverage of any person providing services on the project; and

   7.   Contractually require each person with whom it contracts, to perform as required by paragraphs (1) - (7), with the certificates of coverage to be provided to the person for whom they are providing services.

J.   By signing this contract or providing or causing to be provided a certificate of coverage, the Contractor is representing to the City of Beaumont that all employees of the Contractor who will provide services on the project will be covered by workers' compensation coverage for the duration of the project, that the coverage will be based on proper reporting of classification codes and payroll amounts, and that all coverage agreements will be filed with the appropriate insurance carrier or, in the case of a self-insured, with the commission's Division of Self-Insurance Regulation. Providing false or misleading information may subject the Contractor to administrative penalties, criminal penalties, civil penalties, or other civil actions.

K.   The Contractor's failure to comply with any of these provisions is a breach of contract by the Contractor which entitles the City of Beaumont to declare the contract void if the Contractor does not remedy the breach within ten (10) days after receipt of notice of breach from the City of Beaumont.

As defined by the Texas Labor Code, Chapter 269, Section 406.096(e), building or construction is defined as:

1.   Erecting or preparing to erect a structure, including a building, bridge, roadway, public utility facility, or related appurtenance;

2.   Remodeling, extending, repairing, or demolishing a structure; or

3.   Otherwise improving real property or an appurtenance to real property through similar activities.

The employment of a maintenance employee who is not engaging in building or construction as the employer's primary business does not constitute engaging in building or construction.

CITY OF BEAUMONT
INSURANCE REQUIREMENT AFFIDAVIT

<div style="border:1px solid black">

To be Completed By Appropriate Insurance Agent

and submitted <u>with</u> bid proposal.

</div>

I, the undersigned Agent/Broker, certify that the insurance requirements contained in this bid document have been reviewed by me with the below identified Contractor. If the below identified Contractor is awarded this contract by the City of Beaumont, I will be able to, within ten (10) days after being notified of such award, furnish a valid insurance certificate to the City meeting all of the requirements defined in this bid.

_____   _____
Agent (Signature)   Agent (Print)

Name of Agency/Broker: _____

Address of Agent/Broker: _____

City/State/Zip: _____

Agent/Broker Telephone #: __(_____)_____

CONTRACTOR'S NAME: _____
                                                    (Print or Type)

<div style="border:1px solid black">

NOTE TO AGENT/BROKER

If this time requirement is not met, the City has the right to invalidate the bid award and award the contract to the next lowest bidder meeting specifications. Should an awarded bid be invalidated the Contractor may be liable for breach of contract. If you have any questions concerning these requirements, please contact the Purchasing Manager for the City of Beaumont at (409) 880-3720.

</div>

CERTIFICATE OF INSURANCE

This form is for informational purposes only and certifies that policies of insurance listed below have been issued to insured named below and are in force at this time. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, insurance afforded by policies described herein is subject to all terms, exclusions and conditions of such policies.

Prior to the beginning of work, the vendor shall obtain the minimum insurance and endorsements specified. Agents must complete the form providing all requested information and submit by fax, U.S. mail or e-mail as requested by the City of Beaumont ("COB"). The endorsements listed below are required as attachments to this certificate; copies of the endorsements are also acceptable. PLEASE ATTACH ALL ENDORSEMENTS TO THIS FORM AND INCLUDE THE MATCHING POLICY NUMBER ON THE ENDORSEMENT. Only City of Beaumont certificates of insurance are acceptable; commercial carriers' certificates are not.

This certificate shall be completed by a licensed insurance agent:

Name and Address of Agency:

Phone: _____ / _____

Name and Address of Insured:

Phone: _____ / _____

Prime or Sub-Contractor?: _____

Name of Prime Contractor, if different from Insured:

City of Beaumont Reference:

Project Name: _____

Project Location: _____

Managing Dept.: _____

Project Mgr.: _____

Insurers Affording Coverages:

Insurer A: _____

Insurer B: _____

Insurer C: _____

Insurer D: _____

INSR LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	Commercial General Liability Policy As defined in the Policy, does the Policy provide:				Each Occurrence	$
					General Aggregate	$
	�ògYes ⟳No – Completed Operations/Products				Completed Operations/ Products Aggregate	$
	⟳Yes ⟳No – Contractual Liability				Personal & Advertising Injury	$
	⟳Yes ⟳No – Explosion				Deductible or Self Insured Retention	$

INSR LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	ᴳ Yes ᴳ No – Collapse					
	ᴳ Yes ᴳ No – Underground					
	ᴳ Yes ᴳ No – Contractors / Subcontractors Work					
	ᴳ Yes ᴳ No – Aggregate Limits per Project Form CG 2503					
	ᴳ Yes ᴳ No – Additional Insured Form – CG 2010					
	ᴳ Yes ᴳ No – 30 Day Notice of Cancellation Form - CG 0205					
	ᴳ Yes ᴳ No – Waiver of Subrogation Form - CG 2404					
	Pollution / Environmental Impairment Policy				Occurrence	$
					Aggregate	$
	Auto Liability Policy As defined in the Policy, does the Policy provide:				CSL	$
					Bodily Injury (Per Incident)	$
	ᴳ Yes ᴳ No – Any Auto				Bodily Injury (Per Person)	$
	ᴳ Yes ᴳ No – All Owned Autos				Property Damage (Per Accident)	$
	ᴳ Yes ᴳ No – Non-Owned Autos					
	ᴳ Yes ᴳ No – Hired Autos					
	ᴳ Yes ᴳ No – Waiver of Subrogation - CA0444					
	ᴳ Yes ᴳ No – 30 Day Notice of Cancellation - CA0244					
	ᴳ Yes ᴳ No – Additional Insured - CA2048					
	ᴳ Yes ᴳ No – MCS 90					
	Excess Liability ᴳ Umbrella Form ᴳ Excess Liability Follow Form				Occurrence	$
					Aggregate	$
	Workers Compensation & Employers Liability As defined in the Policy, does the Policy provide				ᴳ Statutory	
					Each Accident	$
	ᴳ Yes ᴳ No – Waiver of Subrogation - WC420304				Disease - Policy Limit	$
	ᴳ Yes ᴳ No – 30 Day Notice of Cancellation - WC420601				Disease - Each Employee	$
	Is a Builders Risk or Installation Insurance Policy provided? ᴳ Yes ᴳ No					$
	ᴳ Yes ᴳ No – Is the City shown as loss payee/mortgagee?					
	Professional Liability As defined in the Policy, does the Policy provide:				Each Claim	$

| ᴳ Yes ᴳ No – 30 Day Notice of Cancellation
Retroactive Date:_____ | Deductible or Self
Insured Retention | $ |

CERTIFICATE OF INSURANCE

AGENT CERTIFICATION:

THIS IS TO CERTIFY TO THE CITY OF BEAUMONT that the insurance policies above are in full force and effect.

Name of Insurance Company:	Name of Authorized Agent:
Company Address:	Agent's Address:
City: State: Zip:	City: State: Zip:
Authorized Agent's Phone Number (including Area Code):	Original signature of Authorized Agent: X
	Date:

CERTIFICATE HOLDER: DATE ISSUED:_____

City of Beaumont

_____   _____
P. O. Box 3827   AUTHORIZED REPRESENTATIVE SIGNATURE
Beaumont, Texas 77704-3827   Licensed Insurance Agent

Printed Name:_____

ATTACHMENT "B"
Frequently Asked Questions and Answers

_____

**RFP for the Implementation of a Hosted Electronic
Public Health Information Management System (Re-Bid)
RFP No. PF0115-08**

FREQUENTLY ASKED QUESTIONS AND ANSWERS

1.   Following are frequently asked questions received pertaining to this RFP, and answers for each.

   1.1   QUESTION:
   Can we convert the PDF file to a WORD document to be included within our response?

   ANSWER:
   The RFP states that the RFP sheets cannot be altered. If you can convert the document to a WORD document and DO NOT alter the RFP sheets, this is acceptable.

   1.2   QUESTION:
   Is it acceptable to attach exhibits in addition to our responses?

   ANSWER:
   Exhibits and additional information is acceptable. The exhibits and additional information should be provided under a tab labeled as Exhibits.

   1.3   QUESTION:
   How many Full Time providers and definition?

   ANSWER:
   Number of Full Time providers: Six (6) nurses
   Full Time Provider means any provider that works more than two (2) days a week,
   is equal to 1.0 Full Time Equivalent Provider (FTE).

   1.4   QUESTION:
   How many Part Time providers and the definition?

   ANSWER:
   Number of Part Time providers: Zero (0)
   Part Time provider means any provider that works two (2) days or less per week is equal to 0.5 Full Time Equivalent Provider (FTE). Practice must have a minimum of 1.0 FTE in a practice.

   1.5   QUESTION:
   Number of locations?

   ANSWER:
   One (1), which is Public Health.

1.6   QUESTION:
Define ImmTrac, TWICES and PEAR.

ANSWER:
ImmTrac is to keep shot records of children and adults throughout the State of Texas to include first responders. TWICES is the daily program used to run reports, look up client information, update and track client demographics, avoid duplicate or inaccurate immunizations. Helps track vaccine preventable outbreaks.   PEAR is for the vaccine management of Texas Vaccine for Children Providers in Beaumont area.

1.7   QUESTION:
Provide definition of multiple funding streams.

ANSWER:
Patient must be able to pay with multiple forms of payment. (i.e. cash, credit, multiple credit cards, etc.)

1.8   QUESTION:
Will you require an interface to an HIE. If so, which one?

ANSWER:
The City currently does not have one.

1.9   QUESTION:
Can you provide information on NEMO-Q and in what capacity it is used?

ANSWER:
Queuing system in the lobby that allows patients to see where they are in the patient queue using a patient code. http://www.nemo-q.com

1.10   QUESTION:
Do you currently access Co-CASA software and what capacity?

ANSWER:
To run monthly reports ages 0 – 18 to determine vaccine status, and to ensure they get up to date and are in compliance with State regulations.

1.11   QUESTION:
Can you explain what capacity you use ImmTrac, TWICES and PEAR.

ANSWER:
ImmTrac is to keep shot records of children and adults throughout the State of Texas to include first responders. TWICES is the daily program used to run reports, look up client information, update and track client demographics, avoid duplicate or inaccurate immunizations. Helps track vaccine preventable outbreaks. PEAR is for the vaccine

management of Texas Vaccine for Children Providers in the Beaumont area.

1.12   QUESTION:
Are there any additional interfaces required? If so, list them.

ANSWER:
Needs to interface with the financial system, Sunguard HTE.

1.13   QUESTION:
Do you require data migration services?

ANSWER:
No.   Currently on a paper-based system.

1.14   QUESTION:
Do you require single or multiple data migration services?

ANSWER:
Whatever the Respondent recommends.

1.15   QUESTION:
Are you interested in a SaaS/Cloud solution or a locally-hosted solution?

ANSWER:
Either one is fine. If you have both, please quote both.

1.16   QUESTION:
Do you require an EMR solution only or do you also require a Practice Management solution?

ANSWER:
Both.

1.17   QUESTION:
Do you want eCW to manage your billing or are you looking for an EMR/PM system that has integrated billing features?

ANSWER:
Integrated billing.

1.18   QUESTION:
Is there a budget amount for this RFP?

ANSWER:
The City has funds for the award of this RFP, but not a specific amount.

1.19   QUESTION:
Does the City desire the system to be hosted on site or remotely by the vendor?

ANSWER:
The City will accept either.

1.20   QUESTION:
Is hardware needed for a successful implementation to be priced out and provided by the vendor, or will the City be procuring hardware requirements through another RFP?

ANSWER:
The City will procure the hardware separately. Vendor only needs to provide hardware requirements/recommendations.

1.21   QUESTION:
Is the City currently accepting data electronically from other health departments? If so, is it through an HIE?

ANSWER:
Only the aforementioned with DSHS.

1.22   QUESTION:
Does the City provide WIC services?

ANSWER:
Yes, but WIC has its own DSHS system.

1.23   QUESTION:
How many individuals are staffed in the City's IT department?

ANSWER:
There are two (2) software support staff assigned to each software project:
a primary and a backup.

1.24   QUESTION:
Does the City require meaningful use consulting services by the vendor?

ANSWER:
Not required, but please provide quote.

1.25   QUESTION:
Does the City currently use a third party billing service? If so, which vendor/software?

ANSWER:
Public Health does not currently bill, but most City billing is done through Sungard HTE.

1.26   QUESTION:
Will the City require a patient portal for patients to access medical records from a computer?

ANSWER:
Preferred, but not required.

1.27   QUESTION:
How are you connected now to the main office? (Internet, BPN, DSL, Cable, Dial up, T-1, etc.)

ANSWER:
Will be in use for the new building, so connected to network by fiber.

1.28   QUESTION:
What is the maximum (concurrent) number of users that will be on the system at any given time?

ANSWER:
Full Time: 29
Part time: 0

1.29   QUESTION:
How many total facilities are there in the City?

ANSWER:
One (1), which is the Public Health Department.

1.30   QUESTION:
Can the City provide the RFP as a WORD document?

ANSWER:
No.

1.31   QUESTION:
Are respondents correct to assume that the successful bidder will need to provide a certified hosting environment that meets ISO27001/2 standards, has a SSA16 (formerly SAS70) certification, and provides other regularly-scheduled audits annually?

ANSWER:
Yes.

1.32 QUESTION:
Are the respondents correct to assume that the system must be certified under the ONC HIT Certification Program 2014 Edition (ie Meaningful Use Stage 2) at the time of the RFP response due to the complexity of the functionality requirements of the Stage 2 certification?

ANSWER:
Yes.

1.33 QUESTION:
Is it likely that the City of Beaumont will be performing additional types of exams in the next two years? If so, what types of exams might be contemplated?

ANSWER:
Possibly. Pediatric Well Child (TX Heath Steps) and Employee Health.

1.34 QUESTION:
Is it likely that the City of Beaumont will want to electronically send laboratory requests to an external lab provider and receive the lab results electronically by return? If so, which external lab vendors would the City of Beaumont utilize?

ANSWER:
Yes.
- Texas Department of State Health Services (DSHS) in Austin and Houston
- Christus St. Elizabeth in Beaumont
- CDC in Atlanta

1.35 QUESTION:
Will all "Health Department" users need access to view physician's orders? If not all, how many users will need to view specifically physician's orders?

ANSWER: Everyone, for Standing Orders.

1.36 QUESTION:
Is the City expecting a written document as a result of each division within the Health district will be evaluated separately to determine information management needs? If so, please briefly describe the content or expected size of that document.

ANSWER:
The City would like the vendor chosen to evaluate and provide recommendations for how the system should be setup during the implementation phase, including helping determine system use work flow. It doesn't necessarily have to be in written format.

1.37   QUESTION:
Will the City be providing a copy of the "City's Network and Security Standards"? What is the City's primary network on security concern?

ANSWER:
This is mostly for server equipment. The City requires Dell servers with a minimum specification on our network. (i.e. Server 2012, Microsoft SQL, etc.) The City will purchase its own server equipment, if a hosted solution is not chosen. If there are any devices besides server equipment recommended by the vendor, the City would need to evaluate them on an individual basis.

1.38   QUESTION:
Given the description that the existing system is a "paper-based system", what information is expected to require data mapping to a new system fields?

ANSWER:
None. This is a general statement for all software RFP's and should have been removed.

1.39   QUESTION:
Would you provide an approximate number and the nature and/or examples of required reports that are prepared for DSHS?

ANSWER:
Two (2) reports are run daily. Monthly reports sent to DSHS, 10-15 regular types of reports included:

- vaccine logs for vaccines;
- packing slips for received vaccines;
- vaccines transferred in/out;
- vaccines due to expire within 90 days;
- vaccine wasted or expired;
- VFC eligible children;
- Title V activity demographics report;
- ImmTrac consent report;
- immunizations by TVFC category report;
- C-33 monthly biological report;
- clinic employees report (how much vaccine each nurse is giving);
- duplicate client report;
- daily service report;
- nursing service report;
- TB detail status report (see if positive test persons complete medications);
- status report for major outbreaks.

1.40   QUESTION:
Historically the TWICES system has not had the capacity for electronic interfaces. Has this changed? If so, please provide information regarding the format or protocol supported.

ANSWER:
TWICES interfaces with ImmTrac and reminder recall.

1.41   QUESTION:
Describe the primary queuing function used today. If additional queuing functions are expected to be performed in the future, please describe.

ANSWER:
No queuing function in place today. We would like a queuing system that allows patients to see where they are with an approximate time frame, using a patient code.

1.42   QUESTION:
Does the City expect the system to support Environmental Health?

ANSWER:
Not at this time, but maybe in the future. It is not a requirement.

1.43   QUESTION:
Produce explanation of benefits (EOB) for client payment. Does this refer to receipt? Or is the City paying claims?

ANSWER: Receipt.   TWICES generates bills to Medicaid only. A receipt is needed to state what was paid for, the amount paid, etc.

1.44   QUESTION:
Is there an internal lab? If so, please identify. Also identify the external laboratories with which the proposed system will need to interface for electronic orders and/or results.

ANSWER:
- Texas department of State Health Services (DSHS) in Austin and Houston
- Christus St. Elizabeth in Beaumont
- CDC in Atlanta

1.45   QUESTION:
There are two quantities of references requested in the RFP. Is it correct to assume the City is requesting four (4) references?

ANSWER:
The City is requesting five (5) references. You may provide Reference No. 5 on another sheet of paper. The preference is references from cities of similar size or another governmental agency.

1.46   **QUESTION:**
On page 28, number 10, it reads "Provide information concerning any judgments, claims   arbitration proceedings or suits filed as a result of demolition projects performed.   Is this a typo?

ANSWER:
This should read as follows:
Provide information concerning any judgments, claims arbitration proceedings or suits filed as a result of projects performed.

END OF SPECIFICATIONS

**RFP for the Implementation of a Hosted Electronic
Public Health Information Management System (Re-Bid)
RFP No. PF0115-08**