COOK COUNTY HEALTH AND HOSPITALS SYSTEM (CCHHS)

TITLE: Real-Time Provider Connectivity for CountyCare Health Plan

REQUEST FOR PROPOSAL (RFP) # H16-0015

GENERAL DESCRIPTION: CountyCare, the Medicaid health plan of CCHHS, seeks a partner to provide real-time alerts to medical homes, other providers, care coordination teams and outreach/linkage teams of acute care inpatient and emergency department admissions and discharges, and, as allowed by law, admission/discharge notification by select mental health providers, substance abuse providers, immediate and urgent care centers, and CCHHS’ correctional health services to enable and incentivize medical homes and care coordination teams to make timely contacts with members to coordinate care, ensure timely follow-up, and track outcomes.

DATE ISSUED: May 9, 2016
QUESTION DUE DATE: May 18, 2016, by 2:00 p.m. CST.
RESPONSE DATE DUE: June 3, 2016, by 2:00 p.m. CST.

Responses to this proposal shall be delivered between the hours of 8:00 AM (CST) and 2:00 PM (CST) to:

Cook County Health and Hospitals System
C/O John H. Stroger, Jr. Hospital of Cook County
1969 West Ogden Ave., lower level Room # 250 A
Chicago, IL 60612
Attention: Supply Chain Management Department.

PREPROPOSAL CONFERENCE: NO

Please note that it takes approximately 20 minutes to pass security and walk to room 250A. Delivery of proposals must include the Proposal Acknowledgement form included in this document.

All questions regarding this RFP should be directed to purchasing@cookcountyhhs.org, where the subject of the email should reference the RFP # and Title.

The RFP and related addenda will be posted at the http://www.cookcountyhhs.org website under the “Doing Business with CCHHS” tab.
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**10. Definitions**

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1. Background & Purpose

The Cook County Health and Hospitals System ("CCHHS" or "System") is a unit within Cook County government. The CCHHS provides a full continuum of health care services through its seven operating entities, referred to as System Affiliates. System Affiliates provide a broad range of services from specialty and primary care to emergency, acute, outpatient, rehabilitation and preventive care. CCHHS services are offered without regard to a patient’s economic status or ability to pay.

About CountyCare

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

In July 2014, CountyCare transitioned from the federal Waiver authority to become a Medicaid managed care plan under the State’s County Managed Care Community Network (County MCCN) rules. This transition allowed CountyCare to expand beyond the newly eligible ACA adult population to include traditional Medicaid populations with Family Health Plans (FHP) and Seniors and Persons with Disabilities (SPD) coverage.

CCHHS receives a capitated per member per month rate for every enrollee in its health plan. Many of the CountyCare members have long been CCHHS patients whose costs were previously part of our uncompensated care expenses. The Patient Protection and Affordable Care Act (ACA), through CountyCare, has significantly reduced CCHHS’ reliance on local taxpayers. CountyCare currently has nearly 170,000 members, and is among the largest health plans operating in the County.

The CountyCare contracted provider network includes all CCHHS facilities, every FQHC in Cook County and more than 30 hospitals. CountyCare also covers approved home and community based services, and allows members to fill prescriptions at local pharmacies or use CCHHS’ mail order system.

For CountyCare, innovation remains a theme in its development and growth. With a consistent focus on establishing itself as a pioneering provider-led and governed health plan, CountyCare has:

- Provided a real-time, online notification system to its patient centered medical homes (PCMH) consisting of enrollee discharge from select emergency rooms and inpatient stays;
- Launched high-risk care coordination for children with special health needs (CSNs);
- Piloted integration of care coordination directly into the provider practice;
- Entered into a capitation agreement with a local community mental health center to provide increased access for Medicaid-approved services to enrollees; and
- Provided application assistance and linkage services for justice-involved enrollees.

Purpose

CountyCare Health Plan supports provider-driven care coordination and consumer engagement in health care. CountyCare seeks a partner that can implement innovations in health information technology (HIT) to create virtual bridges between distinct points in the health care continuum to achieve improved health outcomes.

The purpose of this RFP is to deliver an on-line system that provides real-time alerts to medical homes, other providers, care coordination teams and outreach/linkage teams of acute care inpatient and emergency department admissions and discharges, and, as allowed by law, admission/discharge notification by select mental health providers, substance abuse providers, immediate and urgent care centers, and CCHHS’ correctional health services. The online system will also have functionality to link real-time alerts to maximum allowed information about the member: demographics, health history and care management activities. The system will enable and incentivize medical homes and care coordination teams to make timely contacts with members to coordinate care, ensure timely follow-up, and track outcomes.
2. Business Goals and Objectives

CCHHS intends to award one 36-month contract which includes software, implementation services, and support and maintenance, with an additional two 12-month extension options.

Upon successfully completing this initiative CCHHS expects to meet the following business goals and objectives:

- a. Provide efficient real-time data to health plan and health care providers;
- b. Define and increase care management activities for at-risk patients;
- c. Expand the concept of care transitions to include non-acute care settings (e.g. mental health hospitals, substance abuse treatment centers, immediate care centers and CCHHS’ correctional health facility);
- d. Increase effective communication between care providers;
- e. Achieve improved health outcomes and health care utilization;
- f. Achieve compliance with the National Committee for Quality Assurance (NCQA) health plan accreditation rules; and
- g. Continuously track and improve program performance.

3. Schedule

CCHHS anticipates the following schedule.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimated Date</th>
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<tbody>
<tr>
<td>RFP posted to the website</td>
<td>May 9, 2016</td>
</tr>
<tr>
<td>Proposer Inquiry Deadline</td>
<td>May 18, 2016, by 2:00 p.m. CST.</td>
</tr>
<tr>
<td>CCHHS response to Inquiries — Tentative</td>
<td>May 23, 2016</td>
</tr>
<tr>
<td>Proposal Due Date</td>
<td>June 3, 2016 by 2:00 p.m. CST.</td>
</tr>
<tr>
<td>Evaluation of Proposals – Tentative</td>
<td>June 2016</td>
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Inquires

For inquiries after award of the Contract, please contact:

Mr. Steven Glass
Executive Director, Managed Care/CountyCare
Cook County Health & Hospitals System
sglass@cookcountyhhs.org

Service Location

All services shall be made at:
John H. Stroger, Jr. Hospital of Cook County
1969 West Ogden Ave.
Chicago, IL 60612

Notification

Do not service until notified by using department.
4. Current & Future Scope of Work

Since its inception, the CountyCare Health Plan has given its contracted network of providers access to an on-line system that gives them real-time alerts of emergency room visits and inpatient admissions and discharges, as well as aggregate historical claims data to provide users a complete picture of patient medical care.

All CountyCare network PCPs, representing over 180 access points, are live on the system. Additionally, 14 community-based hospitals, and three academic medical centers are feeding the on-line portal with inpatient and ED discharge data.

Key data fields and features of the existing system include:

- bi-directional communication between medical homes/care managers and hospitals,
- identification of high-risk conditions,
- entry and uploading of care management data,
- transition of care documents and activities,
- post-hospital follow-up documents activities, and
- e-consultation referrals and responses.

As we move forward, CountyCare desires an expansion of the current system and features to include, but not be limited to:

- Expansion of the alerts to include services provided by, as allowed by law, mental health providers, substance abuse providers, immediate and urgent care centers, and CCHHS’ correctional health services,
- On-line access for all CountyCare contracted providers, including its carved-out care management and linkage vendors not based at medical homes (e.g. CCHHS, La Rabida Care Coordination, TASC, etc.), and
- Integration of data feeds from CountyCare’s contracted third party administrator (TPA) (e.g. after-hours crisis/nurse line calls, referral authorizations, etc.).

Additionally, CountyCare also envisions the Proposer implementing a provider incentive program that encourages utilization of the notification system and its features to achieve maximum impact. The major goal of the incentive program is to improve major clinical and HEDIS goals of the health plan, namely timely follow-up from discharge and access to primary care.

5. Scope of Work

5.1. Proposed Software Solution

5.1.1. Overview

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

a. Diagram(s) depicting the required software modules and backend architecture (include modules, servers, PCs, mobile devices, network, interfaces, storage components, etc.);
b. Brief description of the proposed software including 3rd party components;
c. Other information that would help the Evaluation Committee determine the advantages of selecting the proposed solution.
Table formats to describe any required or optional component is acceptable. Proposers should not include product brochures in this section. Marketing brochures may be included as an appendix.

5.1.2. Software

Each required item below must be addressed. Proposers should note when an item is not applicable or not available. Proposals that do not address an item (leaving it blank) will be recorded during evaluation as “missing information” or “did not provide enough information.”

a. Provide a general overview of the proposed software solution. Note if the software is owned or leased by the Proposer. If leased, provide information on the term of the lease and provisions to ensure continuity of services beyond termination.

b. Describe each module and functionality being met with each module, indicating the software’s native features and capabilities, and/or proposed 3rd party software.

c. Provide screenshots, and/or links to sample/demo sites that directly address the requirements.

d. Describe the software/data throughput and system response time capabilities, including the number of estimated simultaneous users the system can support, the data querying and reporting response times expected during normal business (peak) hours, and overall system performance statistics assuming normal network operation.

e. Describe the software system’s key NCQA features (NCQA compliance features).

f. Provide a list of any software, system and/or platform certifications (as certified by special industry agencies).

g. Discuss the software, and related configurations and customizations, and the warranty period after go-live.

5.1.3. Hosting

a. Provide a brief description of the hosting provider.

b. Diagram and/or describe the hosts Tier III Data Centers addressing;
   i. Location of at least two geographically diverse data centers that do not share common threats (e.g. the data centers cannot be in the same earthquake zone, likely hurricane path, same flood zone, etc.);
   ii. Hardware redundancy;
   iii. Power redundancy;
   iv. Telecommunications redundancy;
   v. Building integrity (HVAC, Security, Fire Suppression, etc.).

5.1.4. Audit Requirements

Proposers must review each of the following audit requirements and attest whether their firm or subcontractor can meet the requirements, or describe the reason why they cannot.

a. The Proposer can provide annual SOC 2 audit reports to CCHHS or otherwise upon CCHHS’ request;

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

c. CCHHS will have the right to access and audit proposer’s System and Hosting;

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

1 Data Center’s Tier III is the minimum standard required.
5.1.5. Hosting Transition Out and Exit Requirements

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

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

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

5.1.6. Backup and Disaster Recovery

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

1. Description of the backup and recovery plan, including:
   - Data backup and recovery capabilities;
   - Application backup and recovery approach and capabilities;
   - Backup and recovery testing frequency;

2. Backup and Recovery Plan Execution procedure (in the event of an incident):
   - Key tasks;
   - Key roles and responsibilities for CCHHS and for the Proposer;
   - Proposed Recovery Time Objective (RTO) and Recovery Point Objective (RPO);
   - In the event of a technology or other failure at the primary data center, Proposer should state if the alternate system can meet the requirement listed, or one of the following, for which CCHHS’ use should be identical regardless of which location is processing CCHHS’ work. If the Proposer cannot meet this requirement, it must state its proposed tiers.

<table>
<thead>
<tr>
<th>Category</th>
<th>Alternate System Characteristics</th>
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<tr>
<td>High Availability</td>
<td>Continuous operation without interruption or degradation in service.</td>
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<tr>
<td>Standard Availability</td>
<td>Available for CCHHS use within 48 hours with no degradation in service.</td>
</tr>
<tr>
<td>Non-Critical Availability</td>
<td>Available for CCHHS use within 96 hours with no degradation in service.</td>
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5.1.7. Software Licensing

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

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

The proposer must also provide a reasonably detailed explanation as to how the proposal protects the System and CCHHS Data within each of the following additional data security categories.

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

5.1.9. Remote Security

Provide a response to the following statement:

CCHHS only permits secure connectivity between a vendor and itself and all data transmitted must be encrypted. This type of connection is referred to as a “nailed up” connection and requires a one-time setup. All time reporting data that is transmitted to and from devices must be encrypted. Data that is to be transmitted off-site must be encrypted end to end. Access to hosted applications either internal or external to CCHHS, must be securely connected using a non-standard TCP port and the devices will be limited to only the necessary site(s). CCHHS reserves the right to impose more restrictive network access controls.

5.1.10. Interfaces

Proposer shall include at minimum:

- a. Existing certified interfaces to systems listed in the Current State (Technology);
- b. Proposer’s approach, including building, testing, acceptance, and other key activities;
- c. Interfacing technologies and tool(s) that will be used during the implementation;
- d. For each identified interface state:
  i. Transmission type if applicable (e.g. HIPAA 276/277),
  ii. Real-time or batch process and recommendation rationale,
  iii. Transaction file size limitations if any,
- e. CCHHS roles and responsibilities for each task;
- f. For each identified interface provide the typical estimated indirect level of effort by resources other than your team’s resources. The intention of this requirement is to identify all critical project work (estimated budget) from all relevant 3rd party resources and vendors. For instance, a Cerner interface typically requires 40 hours of labor by Cerner support staff (or CCHHS’s administrator) to prepare the interface on their respective side;
- g. Timeline (a filter from the overall timeline is appropriate);
- h. Assumptions;
- i. List of interfaces that the Proposer recommends and commits to build if awarded.
5.2. Proposed Project Management Approach and Implementation Methodology

5.2.1. Overview of the Implementation Methodology

Proposers must provide a brief description of the following:

1. Type of proposed methodology (waterfall, Agile, Hybrid) to transition from the existing solution if applicable, to the proposed solution.
2. Brief description and rationale for the recommended methodology;

5.2.2. Project Management

Proposers must provide a succinct description of:

a. The proposed project management approach;
b. Recommended project management documentation and/or technologies.

The Evaluation Committee is looking for strategic knowledge ("copy and paste" does not demonstrate knowledge), critical management steps, and tactics to successfully manage the operation while effectively monitoring costs.

5.2.3. Task List and Timeline

Proposer should provide detailed scope tasks/activities, organized in phases including, but not limited to project management activities, milestones, and estimated hours per key activity. MS project plans are acceptable as attachments but this section requires an easy to read format (do not insert long “black lines” for the last pages of MS project plans). Proposer must explain which key tasks can occur simultaneously/in parallel.

5.2.4. Quality Assurance (QA)

Proposers must provide a succinct description of the proposed Quality Assurance methodology adhering to best practices and clearly identifying control tasks and testing required to transition functionally from one environment to another (QA to Staging to Production, or other). CCHHS expects this section to include at minimum:

a. Proposed approach to develop a QA Plan;
b. Proposed application testing and promotion process;
c. Types of testing and key steps for each;
d. Proposed procedure to address errors found after QA testing;
e. Testing of interfaces/integration;
f. Proposed testing tools if any;
g. Proposed User Acceptance process;
h. CCHHS Responsibilities for each of the above;
i. Expected Deliverables in the following format:
5.2.5. Support and Maintenance

Proposers must provide a succinct description of the available support options (e.g. Gold, premium, standard). A table depicting various plans is preferred. Proposer must identify the option(s) that is recommended and included in the pricing proposal. CCHHS expects this section to include at minimum:

a. Support and Maintenance Plans/Options;
b. Recommended support and maintenance option and rationale for recommendation;
c. Managed Services (On-demand) Support Plans;
d. Procedure to invoke a) standard support requests and b) incident response;
   i. Define (provide examples) standard requests vs. incident/crisis and then clarify all the following items,
   ii. Procedure to initiate a request,
   iii. Toll-free numbers,
   iv. Help desk process (e.g. support classification),
   v. If the proposer assumes that CCHHS will provide Level One support, it must commit to write the scripts and provide the training as part of its deliverables.

e. Proposer must describe its service levels agreement in table format, including description and associated response times. Note that CCHHS requires secure online support and support availability 365/24/7. CCHHS expects resolution of mission critical issues (including but not limited to outages) within 2 hours, medium priority issues (including but not limited to the system working intermittently or not efficiently) within 48 hours and low priority (including but not limited to updates and low impact requests) within 5 days. With these requirements in mind, Proposers must provide the following information:

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<th>Severity Level (e.g. Critical, High, Medium, Low)</th>
<th>Description</th>
<th>Response Time and Method (e.g. within 15 minutes, mail, phone, portal)</th>
<th>Resolution Time and Communication Method</th>
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   f. Support exclusions;
g. CCHHS and Proposer roles and responsibilities for each key support and maintenance activity.

5.2.6. Escalation Procedures

Proposers must describe the steps required to escalate incidents to the highest level of organizations including contact names, emails and cell phone numbers, before and after business hours.

5.3. Description of Support for CountyCare Programmatic Goals & Objectives

5.3.1. General Program Requirements

CCHHS desires an online solution that provides care coordinators and care providers real-time alerts of acute care inpatient and emergency department admissions and discharges, and, as allowed by law, admission/discharge notification by select mental health providers, substance abuse providers, immediate and urgent care centers, and
CCHHS’ correctional health services to enable and incentivize medical homes and care coordination teams to make timely contacts with members to coordinate care, ensure timely follow-up, and track outcomes.

The desired online system will have functionality to link these real-time alerts with member demographics, health history, health care utilization, care management (CM) assignment and CM. To accomplish this, proposers must respond to the following:

a. Discuss current and planned interfaces with acute care hospitals, mental health and substance abuse providers, immediate and urgent care centers, and correctional health services to enable real-time alerts of services.
b. Provide detail on the integration of discharge data directly to a member’s assigned medical homes for timely follow-up.
c. Describe how the proposed solution provides streamlined functionality for outreach documentation entry and viewing by all authorized users.
d. Discuss system functionality to aggregate historical claims and demographic data and how this information is made available to the care provider.
e. Discuss system functionality to suppress confidential information (e.g. substance use diagnoses). Provide specific examples of how this is accomplished by your system, and how it conforms to current privacy regulations.
f. Describe implementation of a secure mobile application that can be made available to CCHHS-identified care coordination and outreach/linkage teams to support efforts to link to members in both community and health care locations.
g. Attest that the Proposer will establish interfaces with CountyCare’s contracted CM entities’ software systems, the electronic health record (EHR) systems utilized by major CountyCare network providers, and the CountyCare secure provider portal through single sign-on and/or bidirectional interface functionality.
h. Attest that the proposed software solution will allow for the secure electronic exchange of health information documents.
i. Attest that the proposed solution is able to accept standard file formats (e.g. 834, 834 Audit, 837, 820, 835, etc.) and that the proposer will work directly and indirectly as needed to ensure functionality of system(s).
j. Attest that the proposed solution will imbed tools for printing for end users including maps of medical homes, other resources and the ability to customize these for specific objectives. For illustrative purposes, CountyCare would expect the online system be able to create a print-out that can be handed to the members that includes a map of their medical home, date and time of the next appointment, and additional linkage information including transportation instructions and crisis hot lines.

5.3.2. Increased Utilization of Proposed Services

a. Describe how the proposer will lead efforts, on behalf of CountyCare, to ensure access to the proposed solution for all CCHHS-identified partners.
b. Describe how any and all CCHHS-identified vendors that perform care management and/or linkage services for CountyCare members regardless of provider affiliation or scope of work will be provided access to the proposed solution.
c. Discuss the design and implementation of a utilization incentive program for CountyCare network providers and contracted care management entities to maximize the use of the proposed system, including but not limited to: follow-up activities resulting in improvement engagement in care, CM, improved HEDIS scores, and utilization of appropriate health care. Note: Costs for this incentive program should be detailed in proposed budget.
d. Describe the end-user input process for CountyCare network and CM providers, including copies of policies and procedures that encourage ongoing end-user improvements.
5.3.3. Reporting

a. Describe how Proposer will make available standard, ad hoc and regularly scheduled routine reporting for all end users.
b. Discuss how proposed solution will enable CountyCare to have access to generate reports as desired.
c. Append samples of proposed solution’s reports including but not limited to: utilization of portal tools by distinct user group, provider performance and trends, and population group outcomes
d. Attest to Proposer’s ability to provide CCHHS routine reporting on a routine basis (e.g. weekly, monthly, or quarterly reports) as required and agreed upon by CCHHS.

5.3.4. Transparency & Oversight

a. Proposer shall define and recommend key performance indicators (KPIs) that measure the proposed solution’s ability to achieve the RFP’s stated business goals and objectives. A combination of process and outcome KPIs are recommended.
   Note: Final KPIs will be reviewed and negotiated in partnership with CountyCare. The selected Proposer will be required to report progress on the final KPIs at least monthly through CountyCare’s Joint Operating Committee.
b. Provide a list of all subcontractors to be utilized for this project.
   Note: The successful Proposer will be required to provide an updated list of subcontractors on an annual basis, and as requested by CCHHS.

6. Required Proposal Content

This RFP provides potential proposers with sufficient information to enable them to prepare and submit proposals. CCHHS is supplying a base of information to ensure uniformity of responses. It must be noted, however, that the guidelines should not be considered so rigid as to stifle the creativity of any contractor responding.

This RFP also contains the instructions governing the submittal of a proposal and the materials to be included therein, which must be met to be eligible for consideration. All proposals must be complete as to the information requested in this RFP in order to be considered responsive and eligible for award. Proposers providing insufficient details will be deemed non-responsive.

CCHHS expects all responses to reflect exceptional quality, reasonable cost and overall outstanding service. Any page of a Proposal that Proposer asserts to contain confidential proprietary information such as trade secrets shall be clearly marked “CONFIDENTIAL PROPRIETARY INFORMATION” at the top of the page in at least one-half inch (“1/2”) size letters. The specific portions of the page are asserted to contain a trade secret shall be noted as such.

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

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

6.1. Cover letter

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

**Please limit this section to 2 pages.** The executive summary should include:
- a. Brief project overview;
- b. Key team members and Partners (subcontractors) and respective project alignment;
- c. Brief statement of your team’s strengths.

6.3 Proposed Solution

This section must address the detail scope requirements in Section 5.1. Please limit this section to 10 pages.

6.4 Proposed Approach

This section must address the detail scope requirements in Sections 5.2 and 5.3. Please limit this section to 15 pages.

6.5 Qualifications of the Proposer

Proposers responding to this request must have experience implementing contract management systems, streamlining and automating related processes.

- a. Proposer must certify that they meet eligibility as defined in Section 8.1.
- b. Proposer must include a *description* of the organization’s track record as follows:

<table>
<thead>
<tr>
<th><strong>Company Profile (Prime only)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Legal Name</strong></td>
</tr>
<tr>
<td>2. <strong>Assumed Names if any</strong></td>
</tr>
<tr>
<td>3. <strong>Legal form (e.g. sole proprietor, partnership, corporation, joint venture)</strong></td>
</tr>
<tr>
<td>4. <strong>If a subsidiary, provide the same information about the Parent Company as required in this table format.</strong></td>
</tr>
<tr>
<td>5. <strong>Date and State where formed</strong></td>
</tr>
<tr>
<td>6. <strong>Proposer’s principals/officers including President, Chairman, Vice Presidents, Secretary, Chief Operating Officer, Chief Financial Officer, and related contact information.</strong></td>
</tr>
<tr>
<td>7. <strong>Point of Contact for this RFP including contact information.</strong></td>
</tr>
<tr>
<td>8. <strong>Proposer Business background and description of current operations</strong></td>
</tr>
<tr>
<td>9. <strong>Number of employees</strong></td>
</tr>
<tr>
<td>10. <strong>Number of years in business</strong></td>
</tr>
<tr>
<td>11. <strong>Relevant Certifications</strong></td>
</tr>
<tr>
<td>12. <strong>Proposer’s Federal Employee Identification Number (or Social Security Number, if a sole proprietorship)</strong></td>
</tr>
<tr>
<td>13. <strong>Is Proposer authorized to conduct business in Illinois? Please provide Registration Number issued by the Illinois Secretary of State, and attach Cook County Assumed Business Name Certificate, if applicable.</strong></td>
</tr>
<tr>
<td>14. <strong>List any contracts which the Proposer has entered into during the past (10) years with Cook County, any Cook County Department or CCHHS.</strong></td>
</tr>
</tbody>
</table>
c. Provide at least three (3) relevant references in the required table format below, from clients using similar services from your firm. If partners/subcontractors plan to perform a major part of the scope, **they should also provide three (3) references in alignment with their proposed project role.**

<table>
<thead>
<tr>
<th>Contract/Project Name*</th>
<th>Name of the organization*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the contact person (title, email and phone number)*</td>
<td></td>
</tr>
<tr>
<td>Project dollar value*</td>
<td></td>
</tr>
<tr>
<td>Prime or subcontractor?*</td>
<td></td>
</tr>
<tr>
<td>Contract Period*</td>
<td></td>
</tr>
<tr>
<td>Project Scope*</td>
<td></td>
</tr>
<tr>
<td>Proposer’s role/scope (succinct description)*</td>
<td></td>
</tr>
</tbody>
</table>

*Required information

6.5.1. **Proposer Compliance with Applicable Regulations**

Proposer must describe the following:

1. Its procedure to oversee compliance with all applicable federal and state regulations as well as regulations applicable to federal programs and contracts, including but not limited to Health Insurance Portability and Accountability Act (HIPAA), export control, and Occupational Safety and Health Administration (OSHA), and related Material Safety Data Sheets (MSDS);
2. Adherence to the following compliance requirements, providing evidence of compliance where necessary;

<table>
<thead>
<tr>
<th>Area</th>
<th>Requirement</th>
<th>Proposer’s Response (yes/no)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fed/Local/State</td>
<td>Software meets all federal, state and local regulatory compliance expectations in the claims submission process.</td>
<td></td>
</tr>
<tr>
<td>Medicaid/Medicare</td>
<td>Software is compliant with all applicable Medicare and Medicaid rules and regulations.</td>
<td></td>
</tr>
<tr>
<td>HIPAA</td>
<td>Software is compliant with HIPAA Transaction and Security Standards.</td>
<td></td>
</tr>
</tbody>
</table>

If proposer determines any of the above requirements to be inapplicable, proposer shall state so, and shall also state the basis for determining each such requirement to be inapplicable.

6.6  **Specific Compliance Requirements**

Proposers should briefly discuss their current and/or future capacity to ensure the following compliance requirements.

a. In conjunction with CountyCare the Proposer will develop an escalation procedure to address any performance of work issues.

b. Proposer must have a Privacy and Security program that ensures health information privacy and security while maximizing the flow of health information for providers, care coordination and linkage teams to the
fullest extent allowed. As applicable, the Proposer Privacy and Security program must demonstrate an understanding of and compliance with the laws and regulations outlined in 45 CFR Sections 160, 162 and 164 (e.g., HIPAA Privacy, Security and Breach Notification Rules), 42 CFR Part 2 (e.g., Part 2 Program) and various state confidentiality laws, including: AIDS Confidentiality Act (410 ILCS 305), Alcoholism and Other Drug Abuse and Dependency Act (20 ILCS 301), Dental Care Patient Protection Act (215 ILCS 109), Genetic Information Privacy Act (410 ILCS 513), Illinois Public Aid Code (3015 ILCS 5), Insurance Code, Article XL, Insurance Information and Privacy Protection (215 ILCS 5/1001), Managed Care Reform and Patient’s Rights Act (215 ILCS 134), Medical Patient Rights Act (410 ILCS 50), and the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110).

c. Proposer must maintain and assign access as requested by provider and CountyCare. Proposer must audit access logs on a periodic basis and as requested by CCHHS.

d. Proposer must have a compliance program that incorporates the seven elements of an effective compliance program, as required by the Medicaid Program Integrity regulations in 42 CFR §438.608.

e. Proposer must not employ, subcontract with, or affiliate itself with or otherwise accept any Excluded Individual/Entity.

f. Proposer must screen all current and prospective employees, contractors, and sub-contractors, prior to engaging their services for responsibilities performed under this RFP, and on a monthly basis thereafter.

g. Proposer must immediately notify CCHHS Corporate Compliance and terminate its relations with any employee, contractor or Subcontractor immediately upon learning that such employee, contractor or Subcontractor meets the definition of an Excluded Individual/Entity, and shall notify CCHHS of the termination.

h. Proposer must supply to CCHHS monthly dashboard reports for required sanction screenings for employees, subcontractors and Providers.

i. Where requested, Proposer must promptly provide CCHHS with relevant and material data and/or reports regarding sanction screening efforts.

j. Proposer must comply with all requirements and standards specified in the CCHHS Standards of Conduct/Code of Ethics.

k. Proposer must distribute the CCHHS Standards of Conduct/Code of Ethics, or a comparable internal Code of Conduct if approved by CCHHS, to all employees upon contracting with CCHHS and annually thereafter.

l. Proposer must ensure that all employees and subcontractors complete all required trainings, including Compliance Training, Fraud Waste and Abuse training and HIPAA training. Proposer must have the ability to track required trainings by its employees and subcontractors and must provide evidence of trainings completion upon request.

m. Proposer must have a Conflict of Interest Policy that meets the requirements in Section 9.2.30 of the MCCN Agreement between HFS and CCHHS. Proposer must notify CCHHS immediately of any potential or actual conflict of interest issue that arises. Where requested, Proposer must promptly provide CCHHS with relevant and material policies, procedures, data and/or reports regarding conflict of interest issues.

6.7 Key Personnel

This section requires additional information about key personnel.

a. Provide a table with the following information:

i. Team chart;

ii. Proposed management resources to oversee the system implementation;

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

b. Provide a chronological resume for each of the key personnel proposed.

The System Director of Supply Chain Management reserves the right to reject any key personnel proposed if it is determined not to be in CCHHS’ best interest. The evaluation of proposals includes the qualifications of the personnel proposed; therefore, proposers must name key personnel as part of their response. Key Personnel must not be replaced during the project without the approval of the System Director of Supply Chain Management.
6.8 Subcontracting or Teaming and MBE/WBE Participation

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

The System Director of Supply Chain Management reserves the right to accept or reject any of the team members if in The System Director of Supply Chain Management’s sole opinion replacement of the team member, based on skills and knowledge, is in the best interest of the County.

6.8.1 MBE/WBE Participation Goals

Consistent with Cook County, Illinois Code of Ordinances (Article IV, Division 8, Section 34-267), CCHHS has established a goal that MBE/WBE firms retained as subcontractors receive a minimum thirty-five percent (35%) of this procurement.

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

6.9 Financial Status

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

b. State whether the Proposer or its parent company has ever filed for bankruptcy or any form of Reorganization under the Bankruptcy Code, and, if so, the date and case number of the filing.

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

6.10 Conflict of Interest

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

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

6.11 Insurance Requirements

Prior to contract award, the selected Proposer will be required to submit evidence of insurance in the appropriate amounts. However, with its Proposal, the Proposer is required to provide a statement on their company letterhead stating their agreement to meet all insurance requirements by CCHHS.
The standard Insurance Requirements captured in the sample Contract General Terms and Conditions (GC-03) shall be modified to meet the needs of the future project.

6.12 Contract

Sample Contract General Terms and Conditions are available in the [Doing Business with CCHHS website](http://www.cookcountyhhs.org/about-cchhs/doing-business-with-cchhs/bids-rfp/). Execution of the Contract is not required at the time the qualifications are submitted. However if the proposer disagrees with any Contract provisions, or is proposing alternate language, it shall include the language for consideration by submitting the proposed redlines on the sample Contract General Terms and Conditions document.

CCHHS will not consider any exceptions or proposed alternate language to the Contract General Terms and Conditions if the proposer does not include these objections or alternate language with the proposal.

CCHHS shall not be deemed to have accepted any requested exceptions by electing to engage a Proposer in negotiations of a possible Contract.

6.13 Legal Actions

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

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

6.14 Economic Disclosure Statement

Execute and submit the Economic Disclosure Statement (“EDS”).


*The EDS must be submitted with the pricing proposal in a separate envelope.*

6.15 Pricing Proposal

The Pricing Format is attached to this PDF file. Submit your pricing proposal in a separate sealed envelope clearly marked with the RFP number and the label “Pricing Proposal.” Proposers are required to submit one (1) original, seven (7) copies and one (1) electronic copy (Excel file in a USB drive).

The pricing proposal must include any supplemental or renewal option period pricing or schedules offered by the Proposer. Proposers should include elements or references to the pricing proposal only in this section and separate the pricing proposal according to the Instructions above. Pricing is required in its original format (Excel).

CCHHS makes no guarantee that the services or products identified in this RFP will be required.

The Proposer must provide sufficient pricing details to permit CCHHS to understand the basis for the proposal.

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

Since all addenda become a part of the Proposal, all addenda must be signed by an authorized proposer representative and returned with the Proposal. Failure to sign and return any and all addenda acknowledgements shall be grounds for rejection of the Proposal.

Addenda issued prior to the Proposal due date shall be made available via CCHHS website: http://www.cookcountyhhs.org.

7. Evaluation and Selection Process

7.1 Evaluation Process

Proposals will be evaluated by a RFP Evaluation Committee which may invite one or more Proposers to make presentations and/or demonstrations.

The evaluation committee, at its option, may request that all or a shortlisted group of proposers engage in proactive pricing feedback, submit clarifications, schedule a site visit of their premises (as appropriate), provide additional references, respond to questions, or consider alternative approaches.

7.2 Right to Inspect

CCHHS reserves the right to inspect and investigate thoroughly the establishment, facilities, equipment, business reputation, and other qualification of the proposer and any proposed subcontractors and to reject any proposal regardless of price if it shall be administratively determined that in CCHHS’s sole discretion the proposer is deficient in any of the essentials necessary to assure acceptable standards of performance. CCHHS reserves the right to continue this inspection procedure throughout the life of the Contract that may arise from this RFP.

7.3 Consideration for Contract

Any proposed contract including all negotiations shall be subject to review and approval of CCHHS management and / or CCHHS legal. Proposed Contracts are also subject to review by the Cook County Office of Contract Compliance.

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

8. Evaluation Criteria

8.1 Eligibility

Proposers must verify in Section 6.5(a) that they meet the following eligibility criteria. Proposers who do not certify to the following will be considered ineligible.

a. Must not be owned, in full or in part, by a Medicaid health plan operating in Cook County, IL or a parent or affiliate of such a plan
b. Demonstrated substantial knowledge of, and experience working with safety net, community-based organizations, specifically Federally Qualified Health Centers (FQHCs) and Community Mental Health Centers (CMHCs).
c. Minimum three (3) years experience providing real time alert services to a government sponsored health plan, preferably a Medicaid plan.
d. Minimum three (3) years experience with online portal management and maintenance.
e. Minimum three (3) years experience in project management with ability to develop and manage from a detailed implementation and subsequent project plan.
f. System ability to accept and process data in standard industry-recognized formats (e.g. 834, 835, 837, etc.) without exception or modification.
g. Capacity to implement and/or experience running large-scale, provider-based incentive programs.

8.2 Responsiveness of Proposal
Proposals will be reviewed for compliance with and adherence to all submittal requirements requested in this RFP. Proposals which are incomplete and missing key components necessary to fully evaluate the Proposal may, at the discretion of the System Director of Supply Chain Management or designee, be rejected from further consideration due to “Non-Responsiveness” and rated Non-Responsive.

8.3 Technical Proposal
Proposals will be reviewed and selected based on the following criteria. These criteria represent seventy percent (70%) of the scorecard.

1. Must be able to demonstrate that proposer can meet the requirements as detailed below.
2. Demonstrated the ability to interface with Third Party Administrator systems, and ability to download files and data from state or TPA system.
3. Must present and demonstrate experience in meeting Scope of Work requirements for Real Time Alerts.
4. Proven track records of working with multiple vendors with positive outcomes that are meaningful and useful.

A. Ability to achieve CCHHS’s business goals, objectives and Scope of Work described in this RFP, by providing a succinct and feasible strategy that clearly describes how the project will be successfully executed with clearly identified phases and transition points. The Evaluation Committee will place special attention to the following:

   i. Functionality, innovation and usability, of the proposed solution.
   ii. Scalability, reliability, and stability of the proposed solution.
   iii. Ability to manage the implementation and successfully deploy the solution.
   iv. Ability to achieve successful transition/cutover.
   v. Ability to provide effective support and maintenance.

B. Qualifications and experience of the proposer to successfully perform and provide the services described in this RFP, as evidenced by the successful implementation of similar programs in large complex health organizations and compliance with all applicable laws.
C. Qualifications and experience of the proposed key personnel as evidenced by relevant experience.

8.4 Reasonableness of Overall Price
Price will be evaluated separately for overall reasonableness and competitiveness. This criterion represents thirty percent (30%) of the score.

8.5 Other Qualitative Criteria
The System Director of Supply Chain Management may at his own discretion reject a proposal from further consideration due to “Non-Responsiveness,” if a proposal does not completely address the following:
Real-Time Provider Connectivity for CountyCare Health Plan
RFP No. H16-0015

1. M/WBE Utilization Plan (EDS forms);
2. Financial Statements;
3. Legal Actions;
4. Conflict Interest;
5. Contract Terms and Conditions (objections and/or suggested alternate language);
6. Solution Ownership and other Terms and Conditions;
7. Complete References;
8. Addenda acknowledgement (See Addenda Section).

9. Instructions to Proposers

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

9.1 Registration

All prospective Proposers must submit their firm’s information in excel following the format below in order to receive notification of any Addenda which are issued prior to the date(s) upon which proposals are due. CCHHS will make all reasonable efforts to notify vendors about Addenda postings, however, Proposers are responsible for checking the CCHHS website periodically.

Complete the information below and return to Purchasing@cookcountyhhs.org.

Please include the RFP number on the subject of the email.

SUBMISSION OF THIS INFORMATION DOES NOT OBLIGATE YOU TO SUBMIT A PROPOSAL.

<table>
<thead>
<tr>
<th>RFP #</th>
<th>Name</th>
<th>Company Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

9.2 Questions and Inquiries

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

Question must be submitted in the following format, preferably in excel.

<table>
<thead>
<tr>
<th>ID</th>
<th>Vendor Name</th>
<th>RFP Section</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>4.</td>
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</tbody>
</table>

Should any proposer have questions concerning conditions and specifications, or find discrepancies in or omissions in the specifications, or be in doubt as to their meaning, they should notify the Supply Chain Management Office via the email provided on the cover sheet no later than the date stated on the Schedule and obtain clarification prior to submitting a Proposal. Such inquiries must reference the proposal due date and CCHHS RFP number.
9.3 Number of Copies

Proposers are required to submit one (1) original paper copy, one (1) electronic copy (USB only please) and seven (7) paper copies no later than the time and date indicated in the RFP.

NOTE: the pricing proposal and EDS must be submitted separate from the technical response.

Each submission must then be separated in two (2) parts:

1. Full response except for Pricing and EDS;
2. Pricing and EDS in a separate envelop (or electronic file).

9.4 Format

Hardcopies of the proposals should be submitted in 3-ring binders only. Material should be organized following the order of the Required Proposal Content Section separated by labeled tabs. Expensive paper and bindings are discouraged since no materials will be returned. Numbered titles and pages are required.

CCHHS reserves the right to waive minor variances.

9.5 Time for submission

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

9.6 Packaging and Labeling

The outside wrapping/envelope shall clearly indicate the RFP Title, Proposer’s Name, Proposers Address and Point of Contact information. The Price Proposal and EDS shall be submitted in a separate sealed envelope. The envelope shall clearly identify the content as “Price Proposal”. All other submission requirements shall be included with the Technical Proposal.

9.7 Timely delivery of Proposals

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

9.8 Availability of Documents

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

9.9 Pre-proposal Conference (if Applicable)

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

9.10 Alteration/Modification of Original Documents

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

9.11 Cost of Proposer Response

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

9.12 Proposer’s Responsibility for Services Proposed

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

9.13 RFP Interpretation

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

9.14 Specifications and Special Conditions

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

9.15 Errors and Omissions

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

9.16 Proposal Material

The Proposal material submitted in response to the RFP becomes the property of CCHHS upon delivery to the Supply Chain Management Office and may become part of a contract.
9.17 Confidentiality and Response Cost and Ownership

All information submitted in response to this RFP shall be confidential until CCHHS has executed a Contract with the successful Proposer or has terminated the RFP process and determined that it will not reissue the RFP in the near future. Following such actions, the contents of Proposals submitted in response to this RFP may be disclosed in response to requests made pursuant to the provisions of the Illinois Freedom of Information Act ("FOIA"). If a Proposer wishes to preserve the confidentiality of specific proprietary information set forth in its Proposal, it must request that the information be withheld by specifically identifying such information as proprietary in its Proposal. CCHHS shall have the right to determine whether it shall withhold information upon receipt of a FOIA request, and if it does so pursuant to a Proposer request, the Proposer requesting confidential treatment of the information shall bear the costs of asserting that there is a proper exemption justifying the withholding of such information as proprietary in any court proceeding which may result. This notwithstanding, Proposer is on notice that the CCHHS is subject to the FOIA and that any documents submitted to the CCHHS by the Proposer may be released pursuant to a request under the FOIA.

9.18 Awards

CCHHS may, at its discretion evaluate all responsive Proposals. CCHHS reserves the right to make the award on an all or partial basis or split the award to multiple proposers based on the lowest responsible proposers meeting the specifications, terms and conditions. If a split award impacts the outcome of the project it must be so stated in the proposal.

9.19 CCHHS 35 Rights

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

9.20 Cancellation of RFP; Requests for New or Updated Proposals

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

10. Definitions

The following definitions shall apply to this RFP:

"Addendum" or “Addenda” shall refer to a one or more documents issued to Registered Proposers in hard or soft copy by which modifies this Request for Proposal or provides additional information.

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

"Contract" shall mean a properly executed Contract that has been negotiated between CCHHS and a Proposer for some or all of the Deliverables described in this RFP.

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

"County" shall mean the County of Cook, Illinois, a body politic and corporate.
“Deliverables” shall refer to the items, supplies, equipment or services that will be provided pursuant to any Contract entered into as a result of this RFP.

“General Conditions” shall mean the terms and conditions included in Attachment C of the RFP.

"Proposal" shall mean the document(s) submitted by Proposer(s) in response to this RFP that constitute a Proposer’s offer to enter into contract with the CCHHS under terms consistent with this RFP, subject to the negotiation of a contract and approval by the Board.

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

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

"Request for Proposals" or "RFP" shall refer to this solicitation of Proposals by CCHHS which may lead to the negotiation of a contract and the recommendation that the CCHHS authorize a Contract with a Proposer.

“Solution” the specific configuration of Deliverables that is submitted in a Proposal to meet the needs and goals of the CCHHS as articulated in this RFP.
Real-Time Provider Connectivity for CountyCare Health Plan
RFP No. H16-0015

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

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

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<td>Time (if time machine is not available, hand write the time): A.M</td>
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Proposals shall be submitted no later than the date and time indicated on the cover page of the RFP. **Late submittals will not be considered.**

Proposers must cut this sheet in two. SMC will time-stamp top and bottom sections. SCM will keep one section and the Proposer will keep the other section.

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