



CNY CARE COLLABORATIVE

Electronic Medical Record (EMR) Request for Proposal (RFP)

SAMPLE

Proposal Due: **[INSERT DESIRED DUE DATE]**

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SECTION 1 – RFP INFORMATION

I. Introduction

A. Purpose and Background

- Purpose of the EMR selection (1 – 2 paragraphs)
- Background on the organization (1 – 2 paragraphs)
- Goal of this EMR selection process (1 – 2 paragraphs)

B. Overview and History

- Overview of the organization (1 -2 paragraphs)
- History of the organization (1 – 2 paragraphs)

C. Service Offering / Program Metrics & Information

- Indicate your organization’s service offers (sample service offerings are shown in Table 1.1).

Table 1.1: Sample Service Offerings

| | |
|---|----------------------------|
| Primary Care | Specialty Care |
| Skilled Nursing Facility/Long-Term Care | Behavioral Health |
| Inpatient Care | Emergency Care |
| Hospice | Substance Abuse |
| Pharmacy | Certified Home Health Care |
| Home Health | Community-based Agencies |

II. Scope of the Proposal

Sample: Included in scope for the evaluation are:

- Ambulatory EMR
- Revenue Cycle including Ambulatory Practice Management and Billing (if needed)
- Others if applicable

Sample: The scope may be extended to include the following depending on vendor offerings:

- Document imaging
- Dictation / transcription / voice recognition
- Data warehousing systems
- Others if applicable

III. Instructions for Responding

A. Selection Process and Timetable

This Request for Proposal (RFP) represents a significant opportunity to enter into a strategic partnership with [organization name]. The RFP will assist in identifying and selecting preferred healthcare IT companies with systems capable of delivering the highest level of support in the most cost-effective and efficient manner possible. The intent of this RFP is to communicate the IT requirements to a prescreened select number of companies in a manner that enables each company to prepare an acceptable thorough response. These responses will assist the [organization name] in making such selection.

[Organization name] will review and evaluate the submitted proposals. Vendors will be kept informed of their status throughout the evaluation process and vendors whose proposals meet the evaluation criteria will be invited to demonstrate their proposed system solutions. Demonstrations will be held onsite as described in Section III-J.

Table 2.1

| Task | Date |
|--|--------------|
| Distribute RFP | [enter date] |
| Submit RFP Questions via Email | [enter date] |
| Responses to RFP Questions | [enter date] |
| RFP Responses Due | [enter date] |
| Notification of Short List Selection & Invitation to Onsite Demonstration / Guidelines | [enter date] |
| Conduct Onsite Demonstrations | [enter date] |
| Select Vendor of Choice | [enter date] |

[Organization name] reserves the right to request site visits to representative vendor clients as part of the contractual negotiation and agreement phase.

Proposals must be received (submitted electronically) per the contact information in [Section E](#) below and received on or before [time] EDT on [enter date].

B. Proposal Submission

Your response to this RFP should be submitted in accordance with the schedule above, and should include the following components:

1. The completed Vendor Response section, including:
 - 1) Responses to general, functional, operational and technical requirements
 - 2) Requested Project Cost information
 - 3) Requested Project Staffing information
 - 4) Company information
 - 5) Authorized signature

2. A hard copy or link to your latest annual report (for public entities), or any published financial information available (for private entities).
3. A copy of your company's proposed master agreement language governing performance of the services. [Organization name] reserves the option to incorporate the response to the RFP document into a contract.
4. Noted exceptions to any contents of this RFP, which should be included as a separate section in your response. Your exceptions, if any, should indicate the RFP section number and include a clear statement as to your company's position on the subject / issue. The exceptions may or may not exclude a respondent from consideration.

C. Proposal Conditions

- All pages of your response should clearly include your company's name, the date of your proposal, and the question it is addressing.
- You should respond to **all items** in the RFP as thoroughly as possible. Statements such as "all reasonable effort to provide" must be avoided. Unclear or ambiguous answers will negatively affect your proposal and will be cause for disqualification.
- Unless a question is specifically about future vision or product plans, only functionality that is in generally available release should be included in the question responses and functionality descriptions.
- Because this document solicits multiple solutions in different settings, it should be assumed that each requirement listed is not applicable to every solution. However, every requirement must be addressed. Inability to meet any specified requirement must be so stated and thoroughly explained. If the explanation includes alternative solutions, please specify.
- [Organization name] expects to have additional functionality questions or clarifying questions after the proposal is submitted. Vendor should be prepared to answer follow-up questions with written responses and/or demonstrate functionality as part of a presentation.
- Your proposal must be signed by a representative authorized to bind your company. This signature should be included in the electronic version sent back to us by the date outlined in the table.
- By the issuance of the RFP, the [Organization name] are not obligated to award a contract. [Organization name] maintains the right to accept any or all or reject any, all, or part of the proposal.
- [Organization name] shall not be responsible for any costs involved in the preparation of proposals, their presentation, or site visits. No vendor awarded a contract as a result of this RFP may charge any costs associated with preparing or presenting the proposal back to the [Organization name] at any time.
- No part of this RFP will become part of any final agreement between the [Organization name], and Vendor unless specifically incorporated into a final written agreement. Any or all contents of your proposal may become part of a final agreement as determined by the [Organization name].

D. Communication / Questions and Answers

Questions should be submitted via email to:

[Contact Name]
[Contact Phone]
[Contact Email Address]

In an effort to provide direct and consistent information and feedback, the [organization name's] leadership will be following pre-established ground rules not to participate in discussion regarding this RFP outside of this process. Attempts to communicate directly with the [organization name's] employees will affect the evaluation of your company's proposal. Please respect this protocol.

E. Submission Deadline

Responses are due by [time] EDT on [date]. All responses and any supporting documentation should be submitted in electronic format using MS Office applications or in PDF form. Please direct responses via email to:

[Contact Name]
[Contact Phone]
[Contact Email Address]

F. Proposal Duration

All prices, terms, and conditions quoted in the vendor's proposal or negotiated thereafter must remain firm for a minimum period of six months from the [organization name] receipt thereof.

G. Confidentiality

This request for proposal, and the information contained herein, belong to the [organization name] and are considered confidential business information of the [organization name]. The information is intended only for your company's use in preparing a response to this Request for Proposal, and may not be communicated to any other parties, either internally or externally, that are not directly involved in preparing your company's response.

H. Notifications

Vendors may be contacted for additional information or clarification of proposals following submission. After the receipt of all vendor proposals that meet the above deadline, a "short list" will be created, of which the included vendors will be notified to continue in the selection process and present onsite product demonstrations. Following the onsite demonstrations each vendor will again be notified of the final decisions.

I. Evaluation Criteria

[Organization name] will evaluate all proposals submitted as described above in accordance with selection criteria deemed critical to the success of this initiative. The [organization name] reserves the right to (1) reject any or all proposals, and (2) waive formalities and irregularities in proposals received.

The selection of a Vendor by the [organization name] under this RFP will be based upon some, or all, of the following criteria (not necessarily in the following order or priority). *Sample criteria are listed below:*

- **Track Record of Successful Implementation and Satisfied Customers** – as evaluated through reference checks, industry ratings, and site visits as deemed necessary by the [organization name].
- **Demonstrated Ability to meet Physician and Clinician Needs and Demonstrates the Continuity of the Patient Record across Functions, Departments, and Care Settings** – as evaluated in demonstrations, workshops, and reference checks.
- **Ambulatory Platform and Practice Management** – the system should have a common patient database so that information can be freely shared between care settings without the need to interface between modules. The practice management system should have fully integrated revenue cycle capabilities across the ambulatory environment. The system needs to seamlessly provide ambulatory patient access / registration, scheduling, patient accounting / billing and additional practice management functions.
- **Investment Requirements** – total cost of ownership including such items as hardware, software, implementation, staffing, and training; potential for cost savings; cost / value.
- **Logical and Straightforward Implementation, Training, and Data Conversion Plans** – overall solution and proven ability to manage implementation within specified timeframe and cost parameters.
- **Technical Foundation** – use of industry-standard architectures and platforms; maintenance and monitoring requirements, consistency with client technologies.
- **Support and Upgrade Processes** – ease of product support; plans for system upgrades and associated downtime.
- **History and Future Focus** – vendors’ history of success; product lifecycle and roadmap; future development plans.
- **Evaluation Against Requirements** – evaluation against the requirements as outlined through this RFP, and exhibition of capabilities in proposal and demonstration.
- **Demonstration Evaluation based on use cases provided by the [organization name] as well as ability for vendor to show how their solution will meet [organization name] requirements in an integrated fashion.**
- **Terms and Conditions** – exceptions to the company’s standard Terms and Conditions.

The [organization name] reserves the right to make an award solely based on the proposals submitted, or to selectively negotiate with one or more vendors on any or all parts of their proposal after its submission. The companies entering into negotiations with any vendor participating in this RFP shall not require the [organization name] to negotiate separately with the other vendor.

J. Onsite Demonstrations

The [organization name] will request vendor demonstrations of vendors whose proposed solution meets the [organization name’s] RFP evaluation criteria. Vendor demonstrations of application functionality,

integration, and technology will be performed at [organization name's] facilities, and vendors will be requested to perform or display a number of scenarios and use cases designed to test key functions and vendor responses to the RFP.

Vendor demonstration agenda and specific dates will be finalized based on the responses to this RFP, and demonstration instructions and schedules will be delivered separately.

The vendor demonstrations are an integral part in the decision-making process for physicians, clinicians, and department leaders. The demonstration format and timing is designed to give key stakeholders ample opportunities to see the proposed solution and ask detailed questions.

Please be prepared to have available resources onsite the week of [date], if selected for the onsite demonstrations.

K. Reference Calls

Vendor's response must include a list of appropriate references along with contact information. If chosen to do so, reference calls will commence following the onsite demonstrations prior to the vendor of choice decision.

The following information should be supplied along with the Vendor's response:

- i. Organization Name
- ii. Organization Address
- iii. Geographic Scope of Organization
- iv. Group Purchase Organization Affiliation, if any
- v. Number / Size / Type of Facilities
- vi. Number of Affiliated Physicians
- vii. Names of Applications Installed
- viii. Application Go-Live Dates
- ix. Previous System Environment
- x. CFO / CIO / CMIO / CMO or Clinical Officer / CNO (include names and contact info)
- xi. Executive Project Sponsor

IV. Volumes and Metrics

A. Current Volumes and Metrics

- Table contain current volume and metric data that will aid the vendor for scoping, sizing, and pricing. Examples:
 - Number of providers
 - Number of patient encounters
 - Number of end users
 - Annual patient discharges

SECTION 2 – VENDOR RESPONSE

I. Requirements

This section presents questions related to the design and operational aspects of the system. Two types of questions are presented – objective questions that require a yes or no response and additional questions that necessitate a short answer response.

In the Excel spreadsheet that accompanied this RFP, please answer each question in each tab completely, concisely, and accurately. Please note that a "yes" response implies the ability to meet the requirement through solution(s) that are currently available in general release. If not currently available, select "no" and describe the progress being made to make available (e.g., 2013 release, in beta, etc.). Space is provided for additional comments and some questions request elaboration. This field is an opportunity to better explain how your proposed solution can meet the [organization name's] needs.

It should also be made explicitly clear whether solutions are provided by the main (responding) vendor or if a "partner" is being proposed. You must indicate on the included Excel workbook tabs where this occurs. In cases where your company is offering a partner solution, you are responsible for all aspects of delivery and performance.

Technical or promotional materials may be referenced as attachments or appendices but are not to be used in lieu of answering the question. Do not include these materials in the body of the response.

For questions related to any requirements please provide a separate table, include the requirement number, and reiterate the original requirement in question.

A. General Requirements and Vision

Please describe the following:

1. Your company's background, industry experience, and product development strategy.
2. Your company's commitment and approach to develop and provide software that is keeping pace with the ongoing and rapid changes in (List items strategically important to you organization, e.g.: Accountable Care Organization (ACO) or other value-based contracting models).
3. Your plans for the ongoing development of the proposed system to include enhancements and additional functionality.
4. Any toolkits incorporated into your system to maximize flexibility and simplify configuration.
5. Any experience your company has with other organizations participating in (List items important to your organization, e.g. a state DSRIP program).
6. Your system's ease of use capabilities and support structure, including online help and documentation.

B. Functional Requirements

Excel workbook **Tab B** lists specific system functionality requirements and/or questions required to support the [organization name]. For each functionality item, please describe how the proposed solution meets the requirement. If the requirement is not met with the proposed solution or is not currently available, please indicate so. Only generally available applications should be included in the response.

Functional requirements may contain general requirements including: integration, Meaningful Use, Clinical Decision Support, Data Conversions, ICD-10, Electronic Medical Record requirements, Practice Management requirements, Billing requirements, IT/IS requirements, Business Intelligence/Analytics/Reporting requirements, among others deemed required by your organization.

The complexity of the interactions related to value-based care as well as its relative newness as a care model, require that a combination of technology solutions are needed to meet specific communication, data sharing and analytics capabilities. Therefore, when responding to the technology requirements please clearly indicate the vendor, product suite, and module that satisfy each line item so we have an accurate assessment of what products are needed to create the technology architecture for the [organization name].

Failure to clearly answer every requirement included in this appendix may cause you to be disqualified from this RFP process.

C. Operational Requirements

Excel workbook **Tab C** lists specific operational capabilities and methods that are important to the success of the [organization name]. Please answer each question completely, describing how your solution provides the required operational components. Where possible, give examples of how your solution has been used with other clients to address these areas.

Failure to clearly answer every requirement included in this appendix may cause you to be disqualified from this RFP process.

D. Technical Requirements

Excel workbook **Tab D** should be completed to explain the technical environment for your solution. If there are options, please indicate preferred one.

Failure to clearly answer every requirement included in this appendix may cause you to be disqualified from this RFP process.

II. Source of Applications

For any of the applications and modules being proposed as part of the solution, please note if they are either a) obtained by vendor from a third party or required/suggested to be obtained by the [organization name] from a third party, or b) if they are not part of the common database structure and are incorporated by way of interface or other means.

III. Project Cost

System costs are a key evaluation criteria and a part of the competitive process. Excel workbook **Tab III** provides vendors the opportunity to list all costs associated with the proposed solution. It is absolutely essential that vendors provide best offering in their response, using the template provided. Vendors may supplement the requested information, but the information requested is required at a minimum. **The format supplied in the appended tables must be followed and submitted.** Failure to clearly address all costs in the format provided may result in disqualification.

The cost section of the proposal separates one-time costs, implementation / installation costs, and recurring costs. Please include any assumptions used in deriving cost information. Please list software costs by module / application. The proposal needs to clearly define **all** costs expected to be incurred by the [organization name] during implementation and throughout a five-year term.

The following is a summary of the cost details required:

- A. **System Hardware Purchase Costs:** System hardware costs are defined as costs to purchase the hardware required with listed configuration, based on current and future growth projections to install and run the system you are proposing. Vendors are expected to include adequate costs for high-availability environment, development/test/training environment appropriate to the [organization name]'s size and the proposed implementation schedule, and server capacity needed to accommodate specified database and reporting requirements. Costs should include both purchased and leased options, where applicable.
- B. **System Software Costs:** System software costs are defined as costs to purchase or license the software required with listed hardware configuration, based on current and future growth projections to install and run the system(s) you are proposing. Optional system software the vendor reasonably anticipates may be desirable to the [organization name] may be listed in a separate version of the table below and specifically labeled as optional systems software. Costs should include both purchased and leased options, where applicable.
- C. **Application Software Costs:** Software application costs are defined as costs to purchase/license the software applications the vendor is proposing. Please list each application you are proposing separately. Please include all application software necessary to implement and operate the system including client software as specified in scope and functionality requirements. Optional software that the vendor reasonably anticipates may be desirable to the [organization name] may be listed as well and specifically labeled as optional software.
- D. **Interfaces and Conversions:** Interface and conversion costs are those costs anticipated to transition from the current environment to the new systems, replace existing interfaces and/or new interfaces anticipated to be necessary to support the functionality specified in the scope and vision sections of the RFP. Optional interfaces and conversions the vendor reasonably anticipates may be desirable to the [organization name] may be listed and specifically labeled as optional interfaces and conversions.
- E. **Implementation and Training Costs:** Implementation and training costs are those costs that accompany the purchase and installation of the proposed solution. It includes testing, start-up, training, help documentation, and supplies.

- F. **Summary of Costs:** A table is provided to summarize the above totals, as well as the five-year cost to operate the proposed solutions/configurations. Please include breakout of costs of module versus enterprise license.

IV. Project Staffing

Excel workbook **Tab IV** provides vendors the opportunity to include staffing requirements necessary for the proposed solution. Please detail any [organization name] and vendor staffing that will be needed to support project implementation as well as staffing for ongoing support and upgrades post-live. Include both FTE counts as well as duration of involvement on the table provided.

V. Company Information

Please complete all applicable sections below as clearly and completely as possible. Information provided outside of the Excel workbook appendix can be included, but should be documented and clearly referenced.

A. General Information

1. Please provide complete contact information including Full Company Name, Corporate Headquarters location, address, phone, fax, and primary contact name and e-mail address.
2. Please describe how you leverage clinical SMEs with your application design efforts.
3. Please indicate the appropriate day-to-day contact personnel for inquiries related to this RFP or any subsequent discussions.
4. If your firm is a public entity, please provide a copy of your most recent annual report along with this RFP. If your firm is a private entity, please provide any published financial information available.
5. Please define your company's geographic scope of operations.
6. Describe your firm's approach to quality and data integrity regarding the information and services you provide. Denote any quality awards of significance achieved and when.
7. Describe how your company manages workload peaks from a resource perspective. How can the [organization name] be assured that the right quantity of skilled resources will be available for peak implementation periods, such as testing and go live? Does your company contract with third parties for resource assistance during peak periods?
8. Please provide your firm's overall revenues for the last three years (and explain any significant variances.)
9. In what year was your firm founded and how many years has your firm been providing related services?

B. Service Offerings

1. Please describe your firm's focus and core competencies. Please include a complete listing of products and solutions your company offers to their customers.
2. What distinguishes your company's capabilities from other firms in your industry? How do you compete with your nearest competitor in the market?
3. Similarly, please note in your proposal if [organization name] should be aware of any value adds that the proposed solution will provide beyond the specific requirements outlined in this RFP.
4. What proprietary tools and/or methodologies does your firm use? How are these tools and/or methodologies superior to those of other firms within your industry?

C. Operating Philosophy

1. Intellectual property created in company / affiliate projects is a source of competitive advantage to [organization name]. What is your firm's practice regarding the ownership rights to knowledge created in the course of an engagement paid for by your clients?
2. The [organization name] expect that the scope of engagements will be agreed formally at the inception of an engagement and will not be altered without mutual written agreement. What practices do you utilize to manage project scope?
3. What is your firm's practice regarding the measurement of project success and/or client satisfaction?
4. What is your firm's practice regarding pricing structures and discounts offered to clients? Does your firm provide value added services that may affect pricing structures? If so, please describe them.
5. Please attach the proposed terms of the contract including but not limited to renewal, points of review, resolution of disputes, requirements of team makeup, process for altering the agreement, governance of the contract and the structure of the agreement.

VI. Authorized Signature

Please provide an authorized signature in ink below to validate your responses to this RFP.

| | |
|--------------------------------|--|
| Company Name: | |
| Authorized Signature | |
| Name (printed / typed): | |
| Date: | |