



STATE OF ARKANSAS

OFFICE OF STATE PROCUREMENT

1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

TECHNICAL PROPOSAL PACKET

SP-17-0002

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



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PROPOSAL SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran				
AR Minority Certification #: _____			Service Disabled Veteran Certification #: _____		

VENDOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

An official authorized to bind the vendor to a resultant contract **must** sign below.

The signature below signifies agreement that either of the following **shall** cause the vendor's proposal to be disqualified:

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 EXPERIENCE	
1. Provide in detail a company history including the following:	
a. How long has your company been in business?	5 points
b. How many employees do you have?	5 points
c. What experience has your company had with clinical workflow assessment and redesign?	5 points
2. Provide details of your experience and past performance on any project(s) similar to those listed below:	
a. HIE participant onboarding including the state, organization, and length of operation.	5 points
b. Providing onboarding support to an HIE and electronic medical record or electronic health record systems.	5 points
3. What other HIE's does your company provide onboarding resources for and do any utilize Mirth technical infrastructure or applications?	5 points
4. Is your company involved now in any litigation with a customer or has your company been debarred from a state or federal program or been terminated for cause from a job in the past 3 years?	5 points
5. What are your company's key successes in onboarding support over the past five years?	5 points
6. What strategies does your company use to ensure health information technology is adopted and utilized by end-users?	5 points
7. What assessment tools does your company use to measure success?	5 points
8. Firm name, address, contact person, complete description of work to be subcontracted, and descriptive information regarding subcontractor's organizational activities.	5 points
9. How many projects do you currently have underway or planned for 2016 – 2018?	5 points
10. How many employees does your organization have dedicated to the installation and implementation of HIE solutions?	5 points
E.2 QUALIFICATIONS OF STAFF	
1. What personnel and qualifications does your company provide for onboarding support for Mirth applications (Mirth Mail and Mirth Results)?	5 points
2. Provide resumes for key personnel which describe in detail the individual's experience with HIE's and EHR/EMR systems.	5 points
3. Provide examples of onboarding support for multi-stakeholder systems by key personnel.	5 points
4. Describe key personnel's expertise in clinical workflow analysis and consent management experience	5 points

E.3 APPROACH	
1. Describe in detail your approach to supporting existing HIE solutions including the incorporation of immunization records, electronic lab results, workflow redesign, consent management use cases, and the incorporation of payer information.	5 points
E.4 PROJECT UNDERSTANDING	
1. Describe how workflow assessments and redesign are implemented.	5 points
2. Provide a brief overview of the types of workflow redesign necessary to move a paper-based clinic to full integration with an HIE.	5 points
3. Describe strategies for end user retention when utilizing HIT products.	5 points