

**KERN HEALTH SYSTEMS**  
**REQUEST FOR PROPOSAL**  
**SUBMISSION CHECKLIST**

Kern Health Systems (KHS) is a government agency dedicated to running a fair bidding program to foster high quality business relationships. In preparing an RFP response, please bear the following in mind:

1. This RFP is not an offer. It is a request for proposals. KHS may reject all proposals at its convenience without any liability to proposers.
2. There is a deadline for submitting questions to KHS about this RFP.
3. There is a deadline for submitting bids to KHS.
4. Every bid package must include:
  - a. Indemnification letter for Confidential and Proprietary information
  - b. Answers to questions in Attachment A
  - c. Answers to questions in Attachment B
  - d. Answers to questions in Attachment C
  - e. Signed copy Attachment D
  - f. Signed copy of Attachment E



KERN HEALTH SYSTEMS

2900 Buck Owens Blvd

Bakersfield, CA 93308

Request for Proposal

Professional Services Agreement

To

Electronic Health Information Exchange (HIE)

September 26, 2023

Proposal Deadline:

**October 17, 2023, 2:00 PM PST**

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## A. INSTRUCTIONS AND CONDITIONS

1. Definitions
  - a. As used herein, "RFP" means "Request for Proposal."
  - b. As used herein, "KHS" means "Kern Health Systems."
2. Preparation of Responses (Instructions to Bidders)
  - a. Before submitting a Proposal, each Bidder is expected to thoroughly examine the specifications in the Attachments, and all other related contractual documents included in this RFP, including subsequent amendments to the RFP. Failure to do so will be at the Bidder's risk, and will not bar the Bidder's obligation to perform if a contract is awarded pursuant to this RFP.
  - b. Each Bidder shall submit, as part of their Proposal, completed copies of Attachments "D", Proposal Signature Verification, and "E" Non-Collusion Declaration.
  - c. **Each Bidder shall complete Attachments A, B, and C according to the instructions on each of the attachments.**
  - d. Each Bidder must be satisfied by personal examination and by such other means as it may prefer, as to the actual conditions and requirements under which the contract will be performed.
  - e. **KHS' standard Professional Service Agreement (PSA) will be used to contract with the chosen vendor. A blank template is included with this RFP package. Any objections to the terms and conditions stated in that document must be clearly explained and included with the bid package as an additional Attachment F**
3. Explanation to Bidders
  - a. If a Bidder desires an explanation of any kind regarding provisions of this RFP, the Bidder must generate a written request for such explanation. The request may be e-mailed to [rfp@khs-net.com](mailto:rfp@khs-net.com), faxed to 661-664-4381, or addressed to:

Kern Health Systems  
Attention Purchasing Department  
2900 Buck Owens Blvd  
Bakersfield, CA 93308
  - b. Requests for explanation must be submitted by **October 17, 2023, 2:00 PM PST**, allowing sufficient time for a reply to reach all Bidders before the submission of their Proposals. The Purchasing Manager or duly authorized personnel will advise all candidates known to have received a copy of the RFP of each question and subsequent explanation.
4. Amendments
  - a. Bidders are advised that KHS reserves the right to amend the requirements of this RFP prior to the date set for opening of bids. Such revisions will be done formally by publishing amendments to all Bidders known to have received a copy of the RFP. This may be done via fax, e-mail, or other method as determined by KHS. Amendments will be posted to the KHS website: <http://www.kernhealthsystems.com/>, listed under the specific RFP. If in the judgment of KHS, the change is of such nature that additional time is required for Bidders to prepare their Proposals, KHS will change the date of the Proposal opening and notify all Bidders by e-mail and it will be posted to the KHS website.
  - b. Bidders are requested to acknowledge receipt of amendments to an RFP. This may be done by any one of the following means:
    - 1) Sign and return the amendment via e-mail or fax.
    - 2) Sign Attachment "D", Proposal Signature Verification.

5. Submitting Proposals
  - a. **Please submit THREE (3) hard copies of your Proposal and ONE (1) electronic copy. Electronic copy should be submitted via e-mail to [rfp@khs-net.com](mailto:rfp@khs-net.com).**
  - b. Mailed or third-party delivered Proposals and amendments of Proposals shall be enclosed in sealed envelopes and addressed to KHS Purchasing Department, 2900 Buck Owens Blvd, Bakersfield, CA 93308. Proposals shall be clearly identified by stating, "ATTENTION PURCHASING: [Health Information Exchange \(HIE\)](#) shown on the outside of the envelope. Proposals and/or amendments may be hand delivered, but the foregoing information will nevertheless be required for identification purposes. KHS is not responsible for delinquent delivery issues.
  - c. Faxed proposals and amendments will NOT be considered.
  - d. Alternate Proposals are not authorized and will NOT be considered.
  - e. **All Proposals (electronic and hard copies) must be received by KHS no later than [October 17, 2023, 2:00 PM PST](#). Late Proposals will NOT be considered or accepted. For purposes of this RFP, the official time shall be the time on the clock in the lobby of KHS front office. Participants are strongly encouraged to arrive early to avoid any discrepancy between their own watch and the official clock.**
6. Non-Collusion Declaration

Each Bidder is required to complete the document entitled, "Non-Collusion Declaration" on the form provided herein (Attachment E).
7. Bidders Response Information

Since KHS is a public entity, all responses may be disclosed through the Public Records Act. KHS may keep submissions and negotiations confidential until the Governing Board approves the final contract and/or a Purchase Order is issued.
8. Award of Contract
  - a. Award will be made, in whole or in part, to the responsive, responsible Bidder whose Proposal is determined by KHS to be most advantageous to KHS, price, delivery, and others factors considered.
  - b. KHS may reject any or all bids, and may waive informalities and minor irregularities in bids received.
  - c. **THE CONTRACT IS SUBJECT TO KHS GOVERNING BOARD APPROVAL.**
9. Evaluation Process
  - a. The determination and final selection of the successful Bidder will be based upon evaluation by KHS considering all factors and such other criteria (subjective and otherwise) as KHS may, at its sole discretion, deem relevant. In no event will KHS be limited to selecting a Bidder based solely upon total cost submitted.
  - b. Including the Total Price, the following overall factors will be considered:
    - Corporate capabilities
    - Responsiveness to RFP
    - Experience with [Health Information Exchange \(HIE\)](#)
    - Value-added services
    - Timeliness of service
    - Trade reference and/or referrals
    - History of compliance with government contracts and laws
  - c. KHS will provide special consideration to vendors located and doing substantial business in Kern County.
10. Company Evaluation

Bidders shall provide responses to the series of questions and information requested in Attachment C that will be used to evaluate the Bidder's company. Responses to individual questions/information request should be kept to a single page, except as designated.

11. Late Bids

No Proposal or Proposal Amendment received at the office designated in this RFP after the time set for receipt specified in this RFP will be considered or accepted.

12. Cost of Preparation of Bids

Costs for developing responses to this proposal are entirely the responsibility of the Bidder.

13. Withdrawal of Bids

- a. Proposals may be withdrawn by letter or in person by a Bidder or an authorized representative possessing proper identification and written proof of his authority to act on behalf of the Bidder. If withdrawn in person by a Bidder or a representative of the Bidder, the person withdrawing the Proposal will be required to sign a receipt for the Proposal.
- b. Withdrawal action of any type must be done before the date and time specified for opening of bids in this RFP.

14. Payment

- a. Invoices for services rendered shall be directed to:  
Kern Health Systems  
Accounts Payable  
2900 Buck Owens Blvd  
Bakersfield, CA 93308  
or submitted via email to:  
apinvoice@khs-net.com
- b. Payment will be made upon receipt of an appropriate invoice and determination by KHS where products and/or services have been determined by KHS to be satisfactorily provided, and subject to the terms of the contract. Payment terms are Net 30 after receipt of a valid invoice. KHS is unable to take advantage of any prompt-payment discounts. KHS is not responsible for misdirected invoices.

15. Miscellaneous

- a. The successful Bidder may not assign the contract or any part of its obligations without the prior written consent of KHS, which may be withheld in its sole discretion.
- b. The successful bidder will enter into a "Professional Services Agreement" with KHS.
- c. Bidder recognizes that the Medi-Cal Managed Care and Healthy Families programs are dynamic programs that are subject to numerous legislative and regulatory changes, which will likely require the successful Bidder to implement related changes to the agreement that may be awarded pursuant to this RFP.

16. Disposition of Proposals and Proprietary Data

All materials submitted in response to this RFP become the property of Kern Health Systems. Any and all proposals received by the KHS shall be subject to public disclosure and inspection, except to the extent the proposer designates trade secrets or other proprietary data to be confidential, after the Evaluation Committee has completed its deliberative process and either the proposer has been informed that they are not the vendor selected by the Evaluation Committee for recommendation to the Board of Directors, or the matter has been set for consideration before the Board of Directors, whichever comes first.

Material designated as proprietary or confidential shall accompany the proposal and each page shall be clearly marked and readily separable from the proposal in order to facilitate public inspection of the non-confidential

portion of the proposal. Prices, makes and models or catalog numbers of the items offered, deliverables, and terms of payment shall be publicly available regardless of any designation to the contrary. KHS will endeavor to restrict distribution of material designated as confidential or proprietary to only those individuals involved in the review and analysis of the proposals.

Proposers are cautioned that materials designated as confidential may nevertheless be subject to disclosure. Proposers are advised that KHS does not wish to receive confidential or proprietary information and that proposers are not to supply such information except when it is absolutely necessary. If any information or materials in any proposal submitted is labeled confidential or proprietary, the proposal shall include the following clause:

**(legal name of proposer) shall indemnify, defend and hold harmless Kern Health Systems, its officers, agents and employees from and against any request, action or proceeding of any nature and any damages or liability of any nature, specifically including attorneys' fees awarded under the California Public Records Act (Government Code §6250 et seq.) arising out of, concerning or in any way involving any materials or information in this proposal that (legal name of proposer) has labeled as confidential, proprietary or otherwise not subject to disclosure as a public record.**

#### 17. Timeline

The following timeline is based on KHS' requirements and will be strictly adhered to unless modified by amendment

- **September 26, 2023** RFP release
- **October 3, 2023** Bidders Questions Due (2:00PM) Please e-mail.
- **October 10, 2023** KHS will e-mail responses to all Bidders
- **October 17, 2023** Proposals due (2:00PM)
- **November 3, 2023** Proposal evaluations complete, finalists selected
- **December 14, 2023** Proposed contract presented to KHS Board for approval
- **December 15, 2023** Award Announcement
- **January 2, 2024** Sign Contract. Notwithstanding the approval of the contract by the KHS Governing Board, the contract, its terms and conditions, and the commencement of operations thereunder are subject to regulatory approval and modification.

## **B. STATEMENT OF PURPOSE**

This RFP contains a list of requirements for the development of a Health Information Exchange (HIE).

A HIE is the software system that mobilizes healthcare information electronically across organizations within a region or community. Also referred to as the “HIE System.” The HIE System refers primarily to the information technology required to exchange health information electronically, including:

- HIE applications, software, and tools, such as patient and provider portals
- Data processing environments, including standardization and normalization
- Implementation and integration services with Data Sharing Partners
- Identity management (Master Patient Index)
- Consent management and compliance, including for sensitive record-sharing
- Technical and end-user documentation
- Privacy and security of PHI/PII
- Testing and quality assurance of all features

Data Access (Portal)

Data Exchange (Transactions supported)

- Event notification services (Admit, Discharge, Transfers)

KHS is soliciting responses from qualified Bidders to address the stated requirements of this RFP. A qualified Bidder, for the purpose of this RFP, is one that can reliably provide the required services to KHS and perform to the satisfaction of KHS and its regulators for the entire term of the agreement.

Upon receipt of this RFP, recipients are expected to read and understand the service priorities and requirements that have been defined by KHS. Ample opportunity will be given to ask questions and receive clarification. The final Proposal submitted should include all appropriate goods and services required to satisfy the identified priorities and requirements. KHS will look to the selected vendor for technical compatibility of components and application requirements satisfaction during the entire term of the agreement.

KHS management would prefer to have an ongoing relationship with the chosen Bidder. The character and operating principles of the successful Bidder are important to KHS management. The following sections ask questions about the history and purpose of the Bidder’s company. Please answer the specific questions. If additional information would be informative to KHS management please add it to the last question in each section. Bidders should number all responses with the section letter and section number.



## **C. BACKGROUND INFORMATION**

KHS is a public agency formed under Section 14087.38 of the California Welfare and Institutions Code. KHS began full operations on September 1, 1996. KHS serves about 375,000 Medi-Cal participants in Kern County. Medi-Cal is a jointly funded, Federal-State health insurance program for certain low-income people.

# ATTACHMENT A

## SCOPE OF SERVICES

Please respond to the questions **exactly** as asked and please do not change the sequence or format of the document when responding.

### **Instructions**

In order to meet its current and future business needs, Kern Health Systems will select a solution for a three-year term that provides the functional and technical capabilities delineated in this section.

All materials submitted by the vendor become the property of Kern Health Systems and may be evaluated by any employee or agent of Kern Health Systems. Kern Health Systems reserves the right to proceed or not to proceed with plans to acquire information systems.

1. Comments Column:

Please answer each question as completely and concisely as possible. Be sure that the responses provide sufficient detail to objectively evaluate the response while not providing irrelevant information. Insert narrative responses within the "Vendor Response" column. If, for example, the requirement can only be satisfied by using the ad hoc report writer, please indicate "via ad hoc report writer" in the comments column. Any unclear or incomplete answers will be disregarded and calculated as a zero score.

If the response requires a relevant attachment, note it within the response field, identify the attachments by the requirement number and provide the attachments in electronic form with your response.

2. Requirements that cannot be met:

If a requirement cannot be met please indicate the performance level offered or an alternative option.

Please answer each question completely, concisely and accurately. Failure to provide appropriate data may eliminate the evaluation of this proposal.

**A. SYSTEM REQUIREMENTS**

Item No.	System Requirements	Vendor Response
A1.0	<p>Longitudinal Health Record with Provider and Patient Portal Integration Capabilities:</p> <p>Description: Timely and efficient access to medical histories. Efficient access to medical histories aids in accurate diagnosis and treatment, minimizes redundant tests, and cuts costs and time for both patients and providers. Longitudinal health records, essential for HIE services, offer a scalable infrastructure. Integrated patient portals provide secure access to these comprehensive records, consolidating data from diverse care points and ensuring patients and care teams view the same information.</p>	
A1.1	<p>Bidirectional EHR Integration Capabilities:</p> <p>Description: Making clinical information from the HIE available to healthcare professionals within their EHR is the preferred workflow for most staff. This use case includes single sign-on capabilities as well as document exchange, clinical decision support features, and integrated data exchange.</p>	
A1.2	<p>Event Notification Services</p> <p>Description: Real-time notifications containing actionable information that are sent to members of a care team, such as primary care providers or long-term post-acute care providers, when patients have an admission, discharge, or transfer (ADT) from a hospital, acute care hospital, emergency department, skilled nursing facilities, extended care facilities, ambulatory surgery centers, hospice centers, rehabilitation hospitals, and/or other applicable facilities.</p>	
A1.3	<p>Medication reconciliation:</p> <p>Description: Facilitate the improvement in medication reconciliation accuracy through increasing the exchange of medication information across all healthcare settings and providers to reduce medication morbidity and mortality and prevent future medication safety events, such as adverse reactions.</p>	
A1.4	<p>Prescription Drug Monitoring Program (PDMP) integration:</p>	

	<p>Description: Integrated technologies support healthcare workflows to enable appropriate prescribing, optimal consultation of California's Prescription Drug Monitoring and Reporting System - CURES, and screening for substance misuse during clinical encounters. Advanced reporting and analysis aid state and local health districts' assessment and development of interventions to mitigate risk factors associated with opioid-related events.</p>	
A1.5	<p>Medical imaging exchange (PACS integration):</p> <p>Description: Images can be exchanged and accessed electronically by healthcare providers from various locations to enable effective collaboration, reduce operational costs, and relieve the burden associated with manual information exchange. This is often achieved for HIEs through integration with Picture Archiving and Communication Systems (PACS).</p>	
A1.6	<p>Public health reporting:</p> <p>Description: Enable standardized, efficient, automatic, real-time transmission of information for public health reporting, such as electronic lab reports and syndromic surveillance, to prevent and contain outbreaks through targeted interventions, analyze population health trends, monitor and evaluate chronic disease epidemiology and incidents, and educate populations.</p>	
A1.7	<p>Quality data reporting capabilities:</p> <p>Description: Support for electronic clinical quality measurement will enable providers and encourage payers to more efficiently participate in value-based payment models. Measures that monitor care delivery and health outcomes must securely draw data from multiple data sources and organizations at multiple levels to best reflect an individual's entire experience of the healthcare system, risk factors and exposures, and impacts to individual health. This use case includes alignment and integration with the RI Quality Reporting System maintained by EOHHS.</p>	
A1.8	<p>Behavioral health record-sharing support and compliance:</p> <p>Description: Behavioral health conditions, including mental health and substance use disorders, are an integral part of a patient's care and are often especially difficult to incorporate into care coordination due to the sensitivity of the records and the difficulty in maintaining compliance with federal and state law. HIEs can create significant efficiencies by providing secure electronic record-sharing and consent mechanisms.</p>	

A1.9	<p>Centralized registry for Medical Orders for Life-Sustaining Treatment (MOLST) and Advance Directives:</p> <p>Description: It is crucial that patients' treatment preferences and values regarding their care are not only consistent, elicited and documented, but also actively shared and accessible at the time they are needed most, particularly for patients that experience many transitions of care.</p>	
A1.10	<p>Population health analytics, reporting and research:</p> <p>Description: Collection, aggregation, visualization, and analysis of individual health information at the population level supports a variety of activities, such as supporting policy and workforce planning decisions. HIE services can be used to query existing clinical datasets, such as claims (all-payer claims databases), electronic health record (EHRs) systems, data systems of other community service providers, clinical data repositories, public data, and other data sources.</p>	
A1.11	<p>Transitions of care document exchange:</p> <p>Description: Poorly managed transitions can diminish health and increase costs. Enabling patient information to be exchanged electronically as patients move from one care setting to another can improve outcomes and efficiency. Efficient transitions of care can reduce the burden associated with manual information exchange and data hunting currently conducted by providers and administrative staff.</p>	
A1.12	<p>Emergency Medical Services (EMS) system integration for ambulance records:</p> <p>Description: Emergency medical service (EMS) providers and professionals usually lack basic patient information when delivering care in the field, as well as the ability to transmit information to the emergency department, or receive outcome information following delivery of inpatient care. Through HIE services, certain clinical data to and from EMS providers may enhance decision-making and ability to measure clinical outcomes.</p>	
A1.13	<p>Social Determinants of Health (SDOH) screening and referral information:</p> <p>Description: Interest in community-level characteristics and non-medical determinants of health and their independent effects on</p>	

	healthcare outcomes has grown as providers have become increasingly responsible for patient-centered, value-based care. HIE services are an ideal mechanism to provide rich datasets that describe social and geographical environments and individual / community level risk factors.	
A1.14	Demographic data collection:  Description: Ensuring accurate demographic information, such as Race/Ethnicity, Language, Gender Identification and Contact Information, is captured on disproportionately affected populations is a foundational activity for promoting health equity. Effective data collection requires sensitivity and respect for patients and compliance with federal and state standards for reporting.	

**B. TECHNICAL QUESTIONS**

HIE technology continues to evolve and change yearly, if not more frequently. The demand for electronic health information exchange (HIE) among care professionals is growing along with nationwide efforts to improve the quality, safety, and efficiency of health care delivery. Meaningful use requirements, new payment approaches that stress care coordination, and federal financial incentives are all driving the interest and demand for the exchange of health information. Health information exchange (HIE) is a dynamic environment that experiences rapid change and requires continuous modification and updates to be responsive to the needs of health care professionals.

Item No.	Technical Requirements	Vendor Response
B1.0	Please provide a broad overview of your technical architecture, how it has been utilized for health information exchange (HIE), and for how long it has been operational.	
B1.1	Please list a minimum of five most advantageous technologies or features your solution offers in an HIE environment to provide a best-in-class customer experience. In addition, please provide a feature, advantage, and benefit (FAB) analysis structure for each. In your response, avoid jargon and tech speak, and assume that some reviewers will not be HIE insiders.	
B1.2	What are the top three privacy and compliance concerns for your organization and how have you chosen to address them? Examples of concerns include data-sharing under HIPAA, compliance with 42 CFR Part 2, The Affordable Care Act, etc.	
B1.3	What has your organization done to remain up to date with modern clinical data standards such as USCDI and interoperability standards such as FHIR? If you have successfully implemented and are actively using any FHIR-based APIs, please articulate them.	

B1.4	Does your solution have the ability to capture plan data via the patient access API from the plans Interoperability Data Store?	
B1.5	If not already, do you plan to connect to the California Data Exchange and ensure compliance with California State mandates? The goal of the plan is to ensure the selected HIE ensures Kern Health Systems' compliance with all data exchange mandates.	
B1.6	Could you please categorize and provide a comparison of all the data exchanges and health plans to which your Health Information Exchange (HIE) is presently linked? For each connection, give a short overview of the type and regularity of data interactions, as well as any distinct features or functionalities that amplify these integrations.	
B1.7	Does your solution provide comprehensive API support? Specifically, we're interested in understanding the range of their API functionalities, the availability of documentation and educational resources, their approach to security and versioning, as well as any tools or dashboards they offer for performance monitoring. Additionally, please highlight any assistance they offer in facilitating system integrations and addressing potential challenges.	
B1.8	Does your HIE solution align with the bandwidth requirements essential for transferring high-volume data seamlessly? We seek clarity on the system's capability to handle large-scale data transfers without performance degradation, especially during peak usage times. Furthermore, please provide insights or metrics on the maximum data transfer rates, potential bottlenecks, and any built-in redundancies or optimizations that ensure consistent performance.	
B1.9	How does the HIE solution handle data migration, especially when dealing with large datasets? We're keen on understanding the solution's capability to ensure a smooth and error-free migration, particularly when transitioning from legacy systems or during periods of high operational demand. Could you provide specific metrics or case studies related to past migrations? Additionally, we'd like to know about any built-in tools, strategies, or features that address potential migration challenges. Lastly, please elaborate on the support and guidance offered during the migration process, ensuring data integrity, minimal downtime, and compatibility with existing systems.	
B1.10	With regard to multi-device support, how versatile is the proposed solution in accommodating a range of devices, from desktops to mobile devices and tablets? We're particularly interested in understanding its adaptability across various operating systems, screen resolutions, and hardware configurations. Could you detail any specific features or functionalities that enhance user experience on different devices? Additionally, please highlight any built-in security protocols or features that ensure data integrity and protection across all devices. Lastly,	

	provide insights on how updates and improvements are rolled out across devices, ensuring consistent functionality and user experience.	
B1.11	In relation to system resilience and reliability, how does your solution ensure the presence of multiple fail-safes and backup mechanisms for all essential components? We place a premium on continuous system availability and the prevention of data loss. Could you detail the architecture and strategies employed to safeguard against potential system failures, outages, or unexpected disruptions? Additionally, provide insights on the frequency and comprehensiveness of backups, the speed of system recovery, and any protocols in place for disaster recovery. Finally, elaborate on any past instances where these fail-safes were tested, either in real-world scenarios or through deliberate system stress tests, and the outcomes of such events.	
B1.12	How does your solution cater to diverse user bases in terms of language and time zone support? We aim to ensure accessibility for users across different geographies and linguistic backgrounds. Could you detail the range of languages currently supported, the process for adding additional languages, and how the system manages and displays time-sensitive information across various time zones? Additionally, provide insights on any user experience enhancements or features that cater specifically to multi-language and multi-time zone environments.	
B1.13	With a focus on rigorous security and privacy standards, we'd like to know if your solution holds current HiTrust and SOC 2 certifications. Can you provide documentation or evidence of these certifications, and detail any related audits or assessments your solution has undergone? Furthermore, please elaborate on the practices, processes, and measures in place that have enabled you to achieve and maintain these certifications. Are there any additional industry or security standards that your solution adheres to?	
B1.14	How secure is your solution, and what measures are in place to protect patient data and ensure compliance with relevant regulations such as HIPAA? Please describe your data breach protocol?	
B1.15	How flexible is your solution, and can it be customized to meet the specific needs and workflow of our organization?	
B1.16	What kind of integration capabilities does your solution have with other healthcare IT systems and technologies that are already in use at your organization?	

**C. VENDOR QUALIFICATIONS**



Item No.	Vendor Qualifications	Vendor Response
C1.0	What is the vendor's experience in the healthcare industry and specifically in implementing healthcare information exchange systems?	
C1.1	Does the vendor have references or case studies from other healthcare organizations that have successfully implemented their system?	
C1.2	How scalable is the vendor's professional services, and does it have the capacity to handle the data volume and integration needs of your organization?	
C1.3	How user-friendly is the vendor's system, and what kind of training and support do they offer for onboarding and ongoing use?	
C1.4	What is the vendor's pricing model and what is included in their services (e.g., implementation, maintenance, support)?	
C1.5	Does the vendor offer ongoing maintenance and support for their system, and what is their track record for addressing issues and providing updates?	

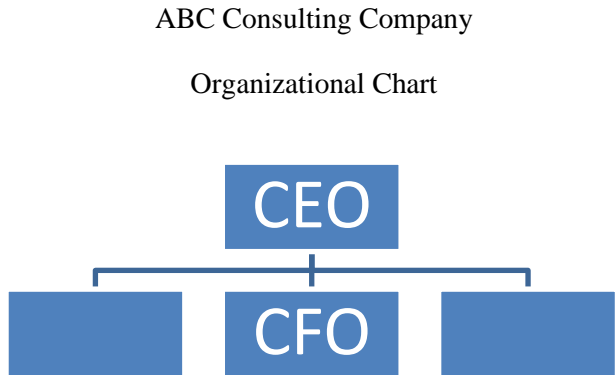
**ATTACHMENT B**  
**SCHEDULE OF FEES**

Proposal Costs (This section is derived from the Scope of Services, Attachment A)

- A. Define your proposed method of reimbursement for services provided through your organization. Kern Health Systems customarily prefers itemized billing on a project basis (or as major milestones are accomplished for very large projects) with specific deadlines identified in the Proposal.
- B. Please provide a summary table matrix of costs by line item including:
  - 1. Item description
  - 2. Quantities required (specify units of measure)
  - 3. Not-to-exceed amounts for installation or travel
  - 4. Target date of completion
- C. List any additional costs that may be incurred in completion of this project and the circumstances that would trigger those costs.

**ATTACHMENT C**  
**COMPANY EVALUATION CRITERIA**

- A. Provide a “functional organizational chart” of your company. Indicate the name and experience of the Manager or Lead Employee that will be assigned to Kern Health Systems and the functional area to which this position reports. If your company is NOT a full service consulting organization, indicate which services are subcontracted in the “functional organizational chart.” The following chart is for illustration purposes only:



- B. **IMPORTANT:** Bidder’s present financial statements are necessary and must be part of the Proposal submission. If any type of prepayment is required, Bidder must provide company’s summary of its present financial status **and** performance *for the past three years*

C. Organizational information

1. Provide a summary list of the organizational personnel that will actively participate and contribute their skills to this project. Include in this list the individual’s name, job title, work location and relevant experience in projects of similar size and complexity. (Responses may be one page per individual.)
2. Provide a summary of the work plan and/or methodology and physical resources (staff and equipment) your company will commit to ensure successful project completion. (Response may be up to four pages.)
3. Summarize your company’s overall project services that you are able and willing to provide.
4. Provide three current customer references of organizations currently receiving products or services similar to those proposed. Include in the reference list organization name, location, contact name and telephone number.
5. Summarize your billing procedures.
6. List the members of your organization who are authorized to negotiate Proposals/Contracts.
7. What is your company’s Mission Statement?
8. How long has your company been in business?

9. Describe the educational background and experience of the key members of the project team your firm would assign to KHS' project.
  10. Describe your company's experience with health insurance plans.
  11. Describe your company's experience with governmental agencies (in particular, California Department of Health Care Services, California Department of Managed Health Care, and the Centers for Medicare and Medicaid Services).
  12. Does your company perform audits or consulting services for any Independent Physician Associations (IPAs) or hospitals?
  13. Is your firm currently under investigation or being sued by any governmental agency? If so, describe.
  14. Has your company been investigated or sued by any governmental agency over the past five years? If so, describe.
  15. Has your company been sued over the last five years for services similar to those that are the subject of this RFP?
  16. Has your company been the subject of a sanction, audit deficiency, settlement or Corporate Integrity Agreement under the Medicare or Medicaid Programs?
  17. What is the form of your organization? (e.g., profit, not-for-profit, private, public)
  18. List any shareholders who own five or more percent of the company and their percent share.
  19. Describe your organization's policies, procedures and protocols to protect Protected Health Information under HIPAA, HITECH and the California Confidentiality of Medical Information Act.
- Add any information that would be useful in describing your company.

**ATTACHMENT D**

**PROPOSAL SIGNATURE VERIFICATION**

All offers in response to this RFP must be received on or before **October 17, 2023, 2:00 PM PST** at the office of **Kern Health Systems, Attn: Purchasing Dept., 2900 Buck Owens Blvd, Bakersfield, CA 93308.** All offers are subject to the attached Instructions and Conditions, general provisions, special provisions, and Attachments. The undersigned agrees, if its offer is accepted (in whole or in part) to provide products, other materials, and services as set forth in the Attachments, it shall do so in accordance with the provisions of this RFP, the controlling contract between the parties, and the master contracts between KHS and the State of California.

Offer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX: \_\_\_\_\_

Typed or printed name and title of person authorized to sign offer:

\_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

Date of Offer: \_\_\_\_\_

Grand Total of "Attachment B": \$ \_\_\_\_\_

Acknowledgment of Amendments

The Offer acknowledges receipt of Amendments to the RFP numbered and dated as follows:

Amend #	Date	Amend #	Date	Amend #	Date

**ATTACHMENT E**  
**NON-COLLUSION DECLARATION**

TO BE EXECUTED BY BIDDER  
AND SUBMITTED WITH PROPOSAL (Mandatory)

Public Contract Code § 7106

State of California

County of Kern

The undersigned declares:

I am the \_\_\_\_ of \_\_\_\_, the party making the foregoing bid.

The bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The bid is genuine and not collusive or sham. The bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid. The bidder has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or to refrain from bidding. The bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder. All statements contained in the bid are true. The bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof, to effectuate a collusive or sham bid, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the bidder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on \_\_[date], at \_\_[city], \_\_[state].”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date