ONE BROOKLYN HEALTH SYSTEM

BROOKDALE
UNIVERSITY HOSPITAL MEDICAL CENTER

Interfaith
Medical Center

KINGSBROOK
JEWISH MEDICAL CENTER

Request for Proposal

Legacy Application Support

November 27, 2018

Contents

Purpose

One Brooklyn Health System (OBHS) requests proposals from responsible vendors to meet its needs. A brief description is set forth below, with detailed requirements in subsequent sections of this solicitation. If you are interested and able to meet these requirements, OBHS appreciates and welcomes a response.

Description

In order to dedicate resources to an EHR implementation, OBHS seeks to contract for services to support and maintain the current multiple disparate clinical, operational and financial software systems. Support will include responding to and resolving customer reported issues submitted as incident tickets, proactive monitoring of application health, as well as implementing necessary software changes, enhancements and upgrades. The goal is to maintain normal operational use of these applications so that they can continue to support the health system. The term for these support services will be sixteen (16) months, with an option to renew every month thereafter.

As a respondent of this RFP (the "Proposer"), you are expected to support the applications listed in Section 4.2 (Portfolio of Applications), including any third-party modules or applications that are integrated into the system. Details for each application are documented in Section 4.4 (Detailed Application Information).

Pursuant to New York State Executive Law Article 15-A, OBHS recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women owned business enterprises ("MWBE") and the employment of minority group members and women in the performance of OBHS contracts. For purposes of this solicitation, OBHS has established an overall goal of 30% for MWBE utilization.

Please read the entire solicitation package and submit your response in accordance with the instructions.

To provide uniformity, all information submitted must clearly refer to the page number, section or other identifying reference in this solicitation. All information submitted must be noted in the same sequence as its appearance in the solicitation document.

1.   **Instructions for Submitting Response**

    1.1   **Responding to the Solicitation**: Follow the instructions carefully. Provide your response to each item requested. **Failure to provide the requested information may result in disqualification**.

    1.2   **Solicitation Contacts**: The individuals listed below shall be the only point of contact for this solicitation. Unless otherwise directed, do not discuss this solicitation, directly or indirectly, with any OBHS employee other than the Solicitation Contacts.

        One Brooklyn Health System, consisting of:
        Brookdale University Hospital Medical Center (BHMC)
        Interfaith Medical Center (IMC)
        Kingsbrook Jewish Medical Center (OBHS)

Contacts:

Eli Tarlow, VP & CIO (BHMC)   Jeffrey White
etarlow@bhmcny.org   jwhite@HealthTechAdvisors.com

1.3   **Vendor Questions / OBHS Responses**: All questions / concerns regarding this solicitation, including specifications, must be submitted via email to the Solicitation Contacts no later than December 5, 2018. Questions received and OBHS responses will be shared via email to all Proposers.

1.6   **Due Date and Electronic Delivery for Submission of Response**:

      1.6.1   Due Date & Time: **December 12, 2018 2:00 PM EST**

      1.6.2   Submit Responses Electronically To: etarlow@bhmcny.org
                                           jwhite@HealthTechAdvisors.com

1.7   **Late Submission**: Responses submitted late will not be considered. The Vendor is responsible for ensuring that their response is received by the date specified. Responses received after the specified date may be returned at the Vendor's request and expense.

1.8   **Response Firm Time**: The response and pricing must remain firm for 120 days from the opening date.

2.   **Evaluation Process**

2.1   **Evaluation**: OBHS evaluates four categories of information: responsiveness, responsibility, service quality and price. Furthermore,   OBHS will consider the information provided in the response and the quality of that information when evaluating responses. If OBHS finds a failure or deficiency, OBHS may reject the response or reflect the failure or deficiency in the evaluation as appropriate.

      2.1.1   **Responsiveness:** A Vendor is considered responsive when they have submitted a response that conforms in all material respects to the solicitation.

            2.1.1.1   OBHS will determine whether the response complied with the instructions and other administrative requirements for submitting responses. Except for late submissions, OBHS may require that a Vendor corrects deficiencies as a condition of further evaluation.

            2.1.1.2   OBHS will determine whether the response meets the stated requirements. This includes an evaluation of the Vendor's ability to meet OBHS's stated MWBE utilization goals. Minor differences or deviations that have negligible impact on the suitability of the

supply or service to meet the needs of OBHS may be accepted or corrections allowed.

2.1.2 **Responsibility:** A Vendor is considered responsible when it has the capability in all respects to fully perform the contract requirements and have the integrity and reliability that will assure good faith performance. OBHS will determine whether OBHS can or should do business with a Vendor. OBHS may consider factors including, but not limited to past performance in business or industry, references (including those found outside the solicitation), compliance with applicable laws, financial responsibility, insurability, equal opportunity compliance, payment of prevailing wages if required by law, capacity to produce or sources of supply, ability to provide required maintenance service or other matters relating to the Vendor's probable ability to deliver in the quality and quantity within the time and price as specified in the solicitation.

2.1.3 **Service Quality:** A vendor is considered to provide service quality acceptable by OBHS when it can demonstrate that service levels can be provided to OBHS. Furthermore, the Vendor should provide a list of all healthcare organizations where similar applications are currently or have been supported over the past two years.

2.2 **Award**: OBHS is not obligated to award a contract pursuant to this solicitation. If OBHS issues an award, the award shall be made to the responsible vendor whose proposal is determined in writing to be the most advantageous to OBHS, taking into consideration the evaluation factors set forth in this solicitation and price.

3. **Minority and Women-Owned Business Enterprises**

3.1 **Vendor Requirements:** Vendors must submit an MWBE Utilization Plan on the Form provided in Attachment A hereto with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the contract award and during the term of the contract must be reported on a revised MWBE Utilization Form and submitted to OBHS for acceptance. Vendors shall attempt to utilize, in good faith, any MBE or WBE firm identified within its MWBE Utilization Form, during the performance of the contract. Requests for a partial or total waiver of established goal requirements made subsequent to contract award may be made at any time during the term of the contract to OBHS, but must be made no later than prior to the submission of a request for final payment on the contract. Contractors are required to submit a Contractor's Quarterly MWBE Contractor Compliance & Payment Report on the Form attached to OBHS address by the 5th day following each end of quarter over the term of the contract documenting the progress made toward achievement of the MWBE goals of the contract.

4. Description of Services

4.1 Need for Services

OBHS seeks to contract for services to support and maintain the current multiple disparate clinical, operational and financial software systems at One Brooklyn Health System (OBHS). Support will include responding to and resolving customer reported issues submitted as incident tickets, proactive monitoring of application health, as well as implementing necessary software changes, enhancements and upgrades. The goal is to maintain normal operational use of these applications so that they can continue to support OBHS until the implementation of the new software suite.

As a respondent of this RFP, the Proposer is expected to support ALL the applications listed in Section 3.2 (Portfolio of Applications), including any third-party modules or applications that are integrated into the system. Details for each application are documented in Section 3.4 (Detailed Application Information).

The Proposer should provide a monthly fixed fee for each of the identified applications. Travel and expenses should be included in the proposed fixed fee and will not be invoiced separately. The service period is expected to begin as soon as January 7, 2019.

In general, it is anticipated that OBHS requested enhancements will be kept to a minimum and be supported by patient safety, regulatory, financial or operational justification. Such enhancements are expected to require less than 40 hours of total work effort, per enhancement request. Requests over 40 hours of work effort will require a detailed Statement of Work (SOW) document and price that will be reviewed and approved by OBHS. If approved, OBHS will be invoiced separately for the approved SOW. The SOW shall be based on a blended hourly rate provided by the Proposer. If required, the SOW can include travel and expense associated with delivering this enhancement. All enhancements completed by the contracted vendor will be the intellectual property of OBHS. This includes but is not limited to reports, custom configurations and programming, content, custom documentations, bolt-on products, and other features developed at the request of OBHS.

Some applications support the 24x7 critical operations of the health system and require on call coverage outside of business hours (9:00 AM - 5:00 PM EST). OBHS maintains a centralized on-call schedule, accessible by the Help Desk in order to contact the on-call resource in the event of a Critical or High Priority issue with such applications, including unplanned downtime. The need for on call services is documented for each application in Section 3.4 (Detailed Application Information). The Proposer will be responsible for engaging all parties, including the application vendor, to coordinate troubleshooting and issue resolution. The Proposer is also responsible for adhering to the escalation process defined by OBHS.

The Proposer will ensure that any necessary planned testing and validation is completed in both the test and production domains associated with application updates/upgrades, application configuration changes, server patching, domain

refreshes or infrastructure changes. Testing and validation associated to these items are considered to be part of the fixed fee scope of the requested services. Testing and validation associated to any enhancements for which a SOW will be created, should be included in the SOW. Required testing can include functional, integration or high-level validation. Some changes will occur outside of business hours in order minimize user impact. Every effort will be made to plan for such events and work with the Proposer to ensure coverage.

During the term of the service engagement, the Proposer will abide by all OBHS policies and processes. Proposers will be required to manage all of the identified OBHS applications. Each person assigned to work at OBHS will be trained and granted logins to each of these applications. OBHS will be responsible for providing licensing for the use of any of these applications.

This RFP is for professional services only. OBHS will continue to budget and fund annual software maintenance and support fees, and as needed replace hardware for all systems included in this solicitation for the duration of services contract.

During the term of the service engagement and for two (2) years following, proposer may not solicit for hiring OBHS staff without the express written consent of OBHS.

4.2   Portfolio of Applications

Listed below are the applications that require the services described within this RFP. Detailed description of each application and supporting components are in Section 3.4 (Detailed Application Information).

	Vendor	Application/Module	Description of Use
1	Cerner	Invision	CPOE, Medication Administration, EPCS, Clinical Observations and Results, Charge Capture/CDM, ePrescribing, Clinical Summaries, Nurse and Ancillary Charting, Downtime Registration, CCDA creation for submission.
2	Cerner	Eagle 2000	IP & OP Registration, IP & OP Technical billing, Payer Eligibility and Payer Contract Management
3	Wellsoft	Wellsoft EDIS V11	Patient Tracking, CPOE, Physician, Nursing and ancillary documentation, Ancillary Results processing, ePrescribing, EPCS, Syndromic Surveillance data submission, Visit Summary submission – PCP, MU Public Reporting Data submission, Bernoulli Vent Monitoring
4	eClinical Works	eClinical Works V10e	CPOE, Physician, Nursing and Ancillary clinical documentation, ePrescribing, EPCS, OP & IP Patient Portal, Messenger Service and Results interface
5	Wellsky (Previously Mediserve)	Medilinks IRF	Preadmission Rehab intake documentation, Physician, Nursing and Ancillary clinical documentation, Charge capture and integration, Discharge Summary
6	Siemens	SyngoWorkflow	Radiology Information System, Workflow Portal Radiologist, Modality Gateway, Nuance Powerscribe interface and Radiology Scheduling
7	Siemens	Syngo Plaza (PACS)	Radiology and Vascular study images
8	Sunquest	Sunquest Laboratory	iMentor, Ad-Hoc Report Writer, Co-Path, Ref Lab, Instrument Interfaces, Core Lab, Charge Edit/Processing, Orders and Results interfaces, Microbiology, Instrument Manager, Blood Bank, MU processing, Business Objects and Crystal Reporting
9	Cerner	Pharmacy	Pharmacy orders, dispensing and medication administration
10	Cerner	Openlink	Interface Engine

11	Reliable	Visual	LTC Census and Revenue Cycle Management software and MDS documentation.
12	HURON	TRAC/ONTRAC	Revenue Cycle Account Management
13	Healthcare Business Systems	InfoCase	Revenue Cycle Reporting Tool

4.3   Definition of Priority Levels for Incidents

OBHS uses ITIL (IT Infrastructure Library) standard methodologies in logging Incidents by identifying the Impact and Urgency of the Incident, which then automatically calculates the Priority. Incident priorities for OBHS are currently defined as noted below.

EXAMPLE ONLY

Level	Criteria	Resolution
Level 1 / Severe	Application or system is down and not operational, with multiple customers impacted. Severe issues are always escalated to the IS on-call staff. This ensures that within 30 minutes multiple members of IS have been contacted including members of IS Management.	2 hours
Level 2 / High	System is operational, but reported issue has a high impact to business operations. A temporary workaround may exist.	24 hours
Level 3 / Medium	Functionality/How To questions. Productivity not interrupted.	2 business days
Level 4 / Low	No business impact	3 business days

4.4   Detailed Application Information

Application 1: Cerner Invision	
General System Information	
Total # of Users	1919
Connected users during peak hours	30
Current Application Version	V27.5
Total # of Support Staff	1 On Call (6 overall if downtime situation)
Required Licenses, Certification or specific skills(s)	Knowledge of Invision CPOE, Assessments, EPCS enrollment and processing, CCDA, Rules, managing internal interface process (stopping/starting and interface or skipping a transaction) and Results integration. AD Hoc reporting. User access
Application Information	
On-Call support required outside business hours (09:00-17:00)	Yes
Number of Incident Tickets by Priority during and after business hours; Identify Date Range of extract	1,338 Tickets Total (1/1/18 – 10/1/18) • Business Hours: 0900 to 1700 o Priority 1 Tickets: 401 o Priority 2 Tickets: 103 o Priority 3 Tickets: 39 o Priority 4 Tickets: 38 • Non-Business Hours: 1701 to 0859 o Priority 1 Tickets: 384 o Priority 2 Tickets: 317 o Priority 3 Tickets: 35 o Priority 4 Tickets: 21
Number of Open Approved Service Requests and Projects	**(Identify start date and hours effort needed)** Open Service Requests – 12 Projects - 0
Existing Environments	**PROD/TEST**

	Application 1: Cerner Invision								

Interfaces

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Cerner INVISION	Invision HDX for CCD	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	MBMD, phone app	HL7	LU2	ADT/Orders	HL7	TCP/IP	OPENLink	
Cerner INVISION	MBMD, phone app	HL7	LU2	Pharmacy orders	HL7	TCP/IP	OPENLink	
Cerner INVISION	VRAD Radiology billing	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	Nurse Station Rehab	N/A	N/A	Orders	N/A	N/A	N/A	Order Print
Cerner INVISION	Dietary	N/A	N/A	Orders	N/A	N/A	N/A	Order Print
Cerner INVISION	EKG	N/A	N/A	Orders	N/A	N/A	N/A	Order Print
Cerner INVISION	Central Services	N/A	N/A	Orders	N/A	N/A	N/A	Order Print
Cerner INVISION	Sunquest Laboratory	HL7	LU2	ADT/Orders	HL7	TCP/IP	OPENLink	
Cerner INVISION	Wellsoft	HL7	LU2	ADT/Orders	HL7	TCP/IP	OPENLink	
Cerner INVISION	Mediware - IRF Medilinks	HL7	LU2	ADT	HL7		OPENLink	
Cerner INVISION	Mediware - IRF Medilinks	HL7	LU2	Orders	HL7		OPENLink	
Cerner INVISION	Mediware - OP Medilinks	HL7	LU2	ADT	HL7		OPENLink	Under development
Cerner INVISION	Cardiopulmonary Bernoulli Vent Monitor	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	Wound Expert	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	MD Online	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	Pentax Endoscopy	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	HealthIX (formerly BHIX)	HL7	LU2	LTC ADT/Consents	HL7	TCP/IP	OPENLink	
Cerner INVISION	Truven CareNotes	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	Teletracking	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	Alaris Pump	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	AIS for CCD	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	Cerner Eagle	Fixed	LU6.2	Charges (Nurse Charting & Ancillary)	Fixed	LU6.2	N/A	Batch

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Cerner Eagle 2000	Cerner INVISION	HL7	LU6.2	ADT	HL7	LU2	OPENLink	
Cerner INVISION	Invision HDX for CCD	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner MAK	Cerner INVISION	HL7	TCP/IP	Medication Charting	HL7	LU2	OPENLink	
Cerner Pharmacy	Cerner INVISION	HL7	TCP/IP	AOO/OSU/charting/med updates	HL7	LU2	OPENLink	
Cerner Pharmacy	Cerner Invision	Fixed	TCP/IP	Charges	Fixed	LU6.2	OPENLink	Batch
eClinical Works	Cerner INVISION	HL7	TCP/IP	Orders/Results	HL7	LU2	OPENLink	
eClinical Works	Cerner INVISION	HL7	TCP/IP	visit summary	HL7	LU2	OPENLink	Visit Summary
GE MUSE Cardiology	Cerner INVISION	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
MD Online	Cerner INVISION	HL7	TCP/IP	Results	HL7	LU2	OPENLink	Dictated Operative Report
Mediware - Medilinks	Invision	HL7	TCP/IP	Charting, Vitals	HL7	LU2	OPENLink	
Pentax Endoscopy	Cerner INVISION	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	Cerner INVISION	HL7	TCP/IP	AOO/OSU and Results	HL7	LU2	OPENLink	
Sunquest Laboratory	Cerner INVISION	HL7	TCP/IP	AOO/OSU and Results	HL7	LU2	OPENLink	
Wellsoft	Cerner INVISION	HL7	TCP/IP	Results	HL7	LU2	OPENLink	D/C Summary
Wellsoft	Cerner INVISION	HL7	TCP/IP	Orders	HL7	LU2	OPENLink	
Wound Expert	Cerner INVISION	HL7	TCP/IP	Results	HL7	LU6.2	OPENLink	

Integrated 3rd party modules/applications	Care Notes AIS
Uniqueness considerations	None

Application 2: Cerner Eagle 2000	
General System Information	
Total # of Users	782
Connected users during peak hours	62
Current Application Version	V3.1.05
Total # of Support Staff	3 - Asst. Director, Sr. Analyst and Cerner onsite Support for daily routine issues. We also have a vendor that provides support for creation and maintenance of jobs such as billing and remittances or reports, LWP program applies, SPARCS claims recycle and resubmit and Medical Necessity criteria (LCD) updates.
Required Licenses, Certification or specific skills(s)	Knowledge of Database maintenance, LWP apply, Registration and Billing processes and reporting. User access.
Application Information	
On-Call support required outside business hours (09:00-17:00)	Yes
Number of Incident Tickets by Priority during and after business hours; Identify Date Range of extract	333 Tickets Total (1/1/18 – 10/1/18) • Business Hours: 0900 to 1700 o Priority 1 Tickets: 88 o Priority 2 Tickets: 20 o Priority 3 Tickets: 41 o Priority 4 Tickets: 19 • Non-Business Hours: 1701 to 0859 o Priority 1 Tickets: 56 o Priority 2 Tickets: 53 o Priority 3 Tickets: 45 o Priority 4 Tickets: 11
Number of Open Approved Service Requests and Projects	(Identify start date and hours effort needed) Service Requests – 39 Projects - 0
Existing Environments	Prod / Test

Application 2: Cerner Eagle 2000								
Interfaces								

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Cerner Eagle 2000	Cerner INVISION	HL7	LU6.2	ADT	HL7	LU2	OPENLink	
Cerner Eagle 2000	3M Coding	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	3M Platform (Softmed)	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	Taylor Health (Standard Register)	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	TVRC	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	Meddata ED Coder	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	VRAD Radiology billing	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	eCW (EPP) Inpatient Patient Portal	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	ECIN/McKesson Interqual (Patient Care Management)	HL8	LU6.3	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	Powerscribe 360 Transcription	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	NAPA, Anesthesiology	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	HealthIX (formerly BHIX)	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	DOH NICS	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	Imaging Advantage	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	Phycare Solutions	HL7	TCP/IP	ADT	HL7	LU2	OPENLink	
Cerner Eagle 2000	FormativHealth	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner Eagle 2000	FormativHealth	Fixed	File	Charges	Fixed	File	N/A	Daily FTP
Cerner Eagle 2000	Huron Stockamp	Fixed	File	TB, Billing Errors	Fixed	File	N/A	Daily FTP

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
3M Coding	Cerner Eagle 2000	HL7	TCP/IP	DX/PR	HL7	LU6.2	OPENLink	
Cerner INVISION	Cerner Eagle 2000	Fixed	LU6.2	Charges (Nurse Charting & Ancillary)	Fixed	LU6.2	N/A	Batch
eClinical Works	Cerner Eagle 2000	HL7	TCP/IP	charges	HL7	LU6.2	OPENLink	
Meddata ED Coder	Cerner Eagle 2000	Fixed	NA	Charges	Fixed	LU6.2	N/A	Batch
Mediware - Medilinks	Cerner Eagle 2000	HL7	TCP/IP	Charges	HL7	LU6.2	OPENLink	
Phycare Solutions	Cerner Eagle 2000	HL7	TCP/IP	charges	HL7	LU2	OPENLink	
Sunquest Laboratory	Cerner Eagle 2000	Fixed	File	Charges	Fixed	File	N/A	Daily FTP
Wound Expert	Cerner Eagle 2000	HL7	TCP/IP	charges	HL7	LU6.2	OPENLink	

Integrated 3rd party modules/applications	FTP processing to collection agencies, HURON Stockamp, etc.
Uniqueness considerations	None

Application 3: Wellsoft EDIS	
General System Information	
Total # of Users	645
Connected users during peak hours	15
Current Application Version	V11
Total # of Support Staff	1
Required Licenses, Certification or specific skills(s)	CPOE, Order/Order set maintenance, EPCS enrollment and support, printing and connectivity logic, results and reporting. User access.
Application Information	
On-Call support required outside business hours (09:00-17:00)	Yes
Number of Incident Tickets by Priority during and after business hours; Identify Date Range of extract	490 Tickets Total (1/1/18 – 10/1/18) • Business Hours: 0900 to 1700 o Priority 1 Tickets: 82 o Priority 2 Tickets: 60 o Priority 3 Tickets: 6 o Priority 4 Tickets: 21 • Non-Business Hours: 1701 to 0859 o Priority 1 Tickets: 154 o Priority 2 Tickets: 148 o Priority 3 Tickets: 6 o Priority 4 Tickets: 13
Number of Open Approved Service Requests and Projects	**(Identify start date and hours effort needed)** Service Requests – 1 Projects – 0
Existing Environments **PROD/TEST**	
Interfaces	(see table below)

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Wellsoft	Meddata ED Coder	Fixed	File	Charts	Fixed	File	N/A	Daily FTP
Wellsoft	Cerner INVISION	HL7	TCP/IP	Results	HL7	LU2	OPENLink	D/C Summary
Wellsoft	Cerner INVISION	HL7	TCP/IP	Orders	HL7	LU2	OPENLink	
Wellsoft	BMS Center	Fixed	File	Charts	Fixed	File	N/A	Daily FTP
Wellsoft	Bernoulli	HL7	LU2	Vent Beds ADT	HL7	TCP/IP	OPENLink	
Wellsoft	DOH Syndromic	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Cerner INVISION	Wellsoft	HL7	LU2	ADT/Orders	HL7	TCP/IP	OPENLink	
Siemens Syngo Workflow (RIS)	Wellsoft	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Sunquest Laboratory	Wellsoft	HL7	TCP/IP	Results	HL7	TCP/IP	OPENLink	

Application 3: Wellsoft EDIS	
Integrated 3rd party modules/applications	Meddata – ED Part A & B Coder and billing vendor
Uniqueness considerations	EPCS enrollment requires the Emergency Dept. Chair and IT to authorize enrollment. Need to ensure this is coordinated carefully as the Asst. Director of Clinical Applications is the only person in IT authorized to authorize EPCS rights along with ED Chair.

Application 4: eClinical Works Ambulatory Care EMR	
General System Information	
Total # of Users	960
Connected users during peak hours	85
Current Application Version	V10
Total # of Support Staff	1
Required Licenses, Certification or specific skills(s)	Template build and support, CPOE, Results integration, EPCS, user access and profile setting and reporting via third party software DataPearl. User Access.
Application Information	
On-Call support required outside business hours (09:00-17:00)	Yes
Number of Incident Tickets by Priority during and after business hours; Identify Date Range of extract	910 Tickets Total (1/1/18 – 10/1/18) • Business Hours: 0900 to 1700 o Priority 1 Tickets: 367 o Priority 2 Tickets: 41 o Priority 3 Tickets: 29 o Priority 4 Tickets: 42 • Non-Business Hours: 1701 to 0859 o Priority 1 Tickets: 249 o Priority 2 Tickets: 133 o Priority 3 Tickets: 16 o Priority 4 Tickets: 33

Application 4: eClinical Works Ambulatory Care EMR	
Number of Open Approved Service Requests and Projects	**(Identify start date and hours effort needed)** Service Requests – 16 Projects – 0
Existing Environments	
Interfaces	

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
eClinical Works	Cerner Eagle 2000	HL7	TCP/IP	charges	HL7	LU6.2	OPENLink	
eClinical Works	Cerner INVISION	HL7	TCP/IP	Orders/Results	HL7	LU2	OPENLink	
eClinical Works	Cerner INVISION	HL7	TCP/IP	visit summary	HL7	LU2	OPENLink	Visit Summary
eClinical Works	Phycare Solutions	HL7	TCP/IP	MDM (Progress Notes)	HL7	LU2	OPENLink	

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Cerner Eagle 2000	eCW (EPP) Inpatient Patient Portal	HL7	LU6.2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	eClinical Works	HL7	LU2	ADT	HL7	TCP/IP	OPENLink	
Cerner INVISION	eClinical Works	HL7	LU2	Orders	HL7	TCP/IP	OPENLink	
Siemens Syngo Workflow (RIS)	eClinical Works	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Sunquest Laboratory	eClinical Works	HL7	TCP/IP	Results	HL7	TCP/IP	OPENLink	

Integrated 3rd party modules/applications	
Uniqueness considerations	N/A

Application 5: Medilinks IRF Rehab Clinical Documentation	
General System Information	
Total # of Users	480
Connected users during peak hours	29
Current Application Version	ML2015
Total # of Support Staff	1
Required Licenses, Certification or specific skills(s)	Knowledge of Preregistration process, Rehab Clinical Documentation, scheduling, Discharge Summaries, Charge Entry and reconciliation and Reporting. User Access.
Application Information	
On-Call support required outside business hours (09:00-17:00)	Yes
Number of Incident Tickets by Priority during and after business hours; Identify Date Range of extract	194 Tickets Total (1/1/18 – 10/1/18) • Business Hours: 0900 to 1700 o Priority 1 Tickets: 43 o Priority 2 Tickets: 14 o Priority 3 Tickets: 6 o Priority 4 Tickets: 14 • Non-Business Hours: 1701 to 0859 o Priority 1 Tickets: 43 o Priority 2 Tickets: 63 o Priority 3 Tickets: 6 o Priority 4 Tickets: 5
Number of Open Approved Service Requests and Projects	**(Identify start date and hours effort needed)** Service Requests – 6 Projects – 0
Existing Environments	Prod / Test
Interfaces	

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Mediware - Medilinks	Cerner Eagle 2000	HL7	TCP/IP	Charges	HL7	LU6.2	OPENLink	
Mediware - Medilinks	Invision	HL7	TCP/IP	Charting, Vitals	HL7	LU2	OPENLink	

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Cerner INVISION	Mediware - IRF Medilinks	HL7	LU2	ADT	HL7		OPENLink	
Cerner INVISION	Mediware - IRF Medilinks	HL7	LU2	Orders	HL7		OPENLink	
Siemens Syngo Workflow (RIS)	Medilinks Rehab System	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Sunquest Laboratory	Medilinks IRF Rehab System	HL7	TCP/IP	Results	HL7	TCP/IP	OPENLink	

Application 5: Medilinks IRF Rehab Clinical Documentation	
Integrated 3rd party modules/applications	UDS CMS FIM Reporting software
Uniqueness considerations	N/A

Application 6: Siemens SyngoWorkflow RIS	
General System Information	
Total # of Users	330
Connected users during peak hours	32
Current Application Version	VB10
Total # of Support Staff	1
Required Licenses, Certification or specific skills(s)	Overall software navigation, scheduling and integration with Modality Gateway for procedure worklists, PACS and Nuance Powerscribe for Radiology Results dictation and reporting and managing internal interface – starting/stopping the interface. Reporting (SQL/Access DB).User Access.
Application Information	
On-Call support required outside business hours (09:00-17:00)	Yes
mber of Incident Tickets by Priority during and after business hours; Identify Date Range of extract	89 Tickets Total (1/1/18 – 10/1/18) • Business Hours: 0900 to 1700 o Priority 1 Tickets: 31 o Priority 2 Tickets: 4 o Priority 3 Tickets: 10 o Priority 4 Tickets: 0 • Non-Business Hours: 1701 to 0859 o Priority 1 Tickets: 28 o Priority 2 Tickets: 12 o Priority 3 Tickets: 4 o Priority 4 Tickets: 0
Number of Open Approved Service Requests and Projects	**(Identify start date and hours effort needed)** Service Requests – 4 Projects – 1
Existing Environments	Prod / Test

Application 6: Siemens SyngoWorkflow RIS	
Interfaces	*(see interface table below)*

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Siemens Syngo Workflow (RIS)	Siemens PACS - Syngo Plaza	HL7	TCP/IP	Orders	HL7	TCP/IP	N/A	Point-to-Point
Siemens Syngo Workflow (RIS)	Powerscribe 360 Transcription	HL7	TCP/IP	ADT/Orders	HL7	TCP/IP	OPENLink	
Siemens Syngo Workflow (RIS)	Cerner INVISION	HL7	TCP/IP	AOO/OSU and Results	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	Wellsoft	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	Wound Expert	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	eClinical Works	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	Medilinks Rehab System	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	MBMD, phone app	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	Cerner LCR, PACS images	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	VRAD Radiology billing	HL7	TCP/IP	Orders	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	VRAD Radiology billing	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	BMS Center	Fixed	File	Results	Fixed	File	N/A	Daily FTP
Siemens Syngo Workflow (RIS)	BMS Center Athena EMR	HL7	TCP/IP	Results	HL7	LU2	OPENLink	Recently Live - Monitoring Parallel Processing
Siemens Syngo Workflow (RIS)	Imaging Advantage	HL7	TCP/IP	Orders	HL7	LU2	OPENLink	
Siemens Syngo Workflow (RIS)	Imaging Advantage	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Cerner INVISION	Siemens Syngo Workflow (RIS)	HL7	LU2	ADT/Orders	HL7	TCP/IP	OPENLink	
Imaging Advantage	Siemens Syngo Workflow (RIS)	HL7	TCP/IP	Results	HL7	LU2	OPENLink	Under development
Powerscribe 360 Transcription	Siemens Syngo Workflow (RIS)	HL7	TCP/IP	Results	HL7	TCP/IP	OPENLink	
Siemens Syngo Dynamics (Kinetdx)	Siemens Syngo Workflow (RIS)	HL7	TCP/IP	Results	HL7	LU2	OPENLink	
Siemens Plaza (PACS)	Siemens Syngo Workflow (RIS)	HL7	TCP/IP	Results	HL7	LU6.2	N/A	Point-to-Point
VRAD	Siemens Syngo Workflow (RIS)	HL7	TCP/IP	Results	HL7	LU2	OPENLink	

Integrated 3rd party modules/applications	Integrates with: Modality Gateway Modlink Nuance Powerscribe Invision – Results integration PACS
Uniqueness considerations	N/A

Application 7: Syngo PACS	
General System Information	
Total # of Users	TBD
Connected users during peak hours	TBD
Current Application Version	VB20
Total # of Support Staff	1
Required Licenses, Certification or specific skills(s)	Knowledge of PACS software – adding, removing and merging images, integration with Powerscribe.
Application Information	
On-Call support required outside business hours (09:00-17:00)	Yes

3

Application 7: Syngo PACS	
Number of Incident Tickets by Priority during and after business hours; Identify Date Range of extract	91 Tickets Total (1/1/18 – 10/1/18) • Business Hours: 0900 to 1700 o Priority 1 Tickets: 40 o Priority 2 Tickets: 1 o Priority 3 Tickets: 6 o Priority 4 Tickets: 1 • Non-Business Hours: 1701 to 0859 o Priority 1 Tickets: 33 o Priority 2 Tickets: 3 o Priority 3 Tickets: 7 o Priority 4 Tickets: 0
Number of Open Approved Service Requests and Projects	(Identify start date and hours effort needed) Service Requests – 0 Projects - 0
Existing Environments	Prod
Interfaces	
Integrated 3rd party modules/applications	VRAD – Radiology Part B Billing Vendor Imaging Advantage – Radiology Part B Billing Vendor
Uniqueness considerations	N/A

Interfaces table:

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Siemens Syngo Plaza (PACS)	Siemens Syngo Workflow (RIS)	HL7	TCP/IP	Results	HL7	LU6.2	N/A	Point-to-Point
Siemens Syngo Workflow (RIS)	Siemens PACS - Syngo Plaza	HL7	TCP/IP	Orders	HL7	TCP/IP	N/A	Point-to-Point

Application 8: Sunquest LIS	
General System Information	
Total # of Users	180
Connected users during peak hours	72
Current Application Version	V7.2
Total # of Support Staff	1.5
Required Licenses, Certification or specific skills(s)	Database maintenance, addition of new procedures and charge processing, overall software navigation, adding new users and results and charge integration. Reporting (Crystal). User access.

Application 8: Sunquest LIS	
Application Information	
On-Call support required outside business hours (09:00-17:00)	Yes
Number of Incident Tickets by Priority during and after business hours; Identify Date Range of extract	62 Tickets Total (1/1/18 – 10/1/18) • Business Hours: 0900 to 1700 o Priority 1 Tickets: 14 o Priority 2 Tickets: 1 o Priority 3 Tickets: 4 o Priority 4 Tickets: 3 • Non-Business Hours: 1701 to 0859 o Priority 1 Tickets: 27 o Priority 2 Tickets: 9 o Priority 3 Tickets: 3 o Priority 4 Tickets: 1
Number of Open Approved Service Requests and Projects	(Identify start date and hours effort needed) Service Requests – 5 Projects – 0
Existing Environments	Prod / Test
Interfaces	(see table below)

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Sunquest Laboratory	Blood Bank	N/A	N/A	ADT	N/A	N/A	N/A	Internal process
Sunquest Laboratory	COPATH Pathology	HL7	TCP/IP	ADT/Orders	HL7	TCP/IP	N/A	Point-to-Point
Sunquest Laboratory	Vitek2 Micro Biology	HL7	TCP/IP	ADT/Orders	HL7	TCP/IP	N/A	Point-to-Point (Download)
Sunquest Laboratory	Nova-Strip	HL7	TCP/IP	ADT	HL7	TCP/IP	N/A	
Sunquest Laboratory	ADV1, ADV2	HL7	TCP/IP	Orders	HL7	TCP/IP	N/A	point to point download
Sunquest Laboratory	AUWI, AUWI2	HL7	TCP/IP	Orders	HL7	TCP/IP	N/A	Point-to-Point (Download)
Sunquest Laboratory	CTR	HL7	TCP/IP	Orders	HL7	TCP/IP	N/A	Point-to-Point (Download)
Sunquest Laboratory	V3	HL7	TCP/IP	Orders	HL7	TCP/IP	N/A	Point-to-Point (Download)
Sunquest Laboratory	SYS1, SYS2	HL7	TCP/IP	Orders	HL7	TCP/IP	N/A	Point-to-Point (Download)
Sunquest Laboratory	DXC1, DXC2	HL7	TCP/IP	Orders	HL7	TCP/IP	N/A	Point-to-Point (Download)
Sunquest Laboratory	Quest	HL7	TCP/IP	ADT/Orders	HL7	TCP/IP	OPENLink	
Sunquest Laboratory	Cerner INVISION	HL7	TCP/IP	AOO/OSU and Results	HL7	LU2	OPENLink	
Sunquest Laboratory	eClinical Works	HL7	TCP/IP	Results	HL7	TCP/IP	OPENLink	
Sunquest Laboratory	Wellsoft	HL7	TCP/IP	Results	HL7	TCP/IP	OPENLink	
Sunquest Laboratory	Medilinks IRF Rehab System	HL7	TCP/IP	Results	HL7	TCP/IP	OPENLink	
Sunquest Laboratory	Wound Expert	HL7	TCP/IP	Results	HL7	TCP/IP	OPENLink	
Sunquest Laboratory	MBMD, phone app	HL7	TCP/IP	Results	HL7	TCP/IP	OPENLink	
Sunquest Laboratory	DOH A1C	HL7	TCP/IP	Results	HL7	TCP/IP	FTP	
Sunquest Laboratory	DOH ECLRS	HL7	TCP/IP	Results	HL7	TCP/IP	FTP	
Sunquest Laboratory	Cerner Eagle 2000	Fixed	File	Charges	Fixed	File	N/A	Daily FTP
ADV1, ADV2	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
GEM1, GEM2	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
ARC1, ARC2	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
SYS1, SYS2	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
DXC1, DXC2	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
ORTHO1	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
AUWI, AUWI2	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
Cerner INVISION	Sunquest Laboratory	HL7	LU2	ADT/Orders	HL7	TCP/IP	OPENLink	
COPATH Pathology	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point
CTR	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
DXC1, DXC2	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
Quest	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	OPENLink	
SYS1, SYS2	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
V3	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)
Vitek Micro Biology	Sunquest Laboratory	HL7	TCP/IP	Results	HL7	TCP/IP	N/A	Point-to-Point (Upload)

Application 8: Sunquest LIS	
Integrated 3rd party modules/applications	N/A
Uniqueness considerations	N/A

Application 9: Pharmacy/MAK	
General System Information	
Total # of Users	476
Connected users during peak hours	62
Current Application Version	V4.2.1
Total # of Support Staff	1
Required Licenses, Certification or specific skills(s)	Overall Knowledge of software navigation for pharmacist in pharmacy module and Nursing in MAK (Medication Administration) module, database maintenance specifically for addition of new drugs, NDC# maintenance and integration with Omnicell cabinets, UDA reporting and rules building and maintenance. User Access.
Application Information	
On-Call support required outside business hours (09:00-17:00)	Yes
Number of Incident Tickets by Priority during and after business hours; Identify Date Range of extract	696 Tickets Total (1/1/18 – 10/1/18) • Business Hours: 0900 to 1700 o Priority 1 Tickets: 282 o Priority 2 Tickets: 16 o Priority 3 Tickets: 21 o Priority 4 Tickets: 15 • Non-Business Hours: 1701 to 0859 o Priority 1 Tickets: 317 o Priority 2 Tickets: 28 o Priority 3 Tickets: 11 o Priority 4 Tickets: 6
Number of Open Approved Service Requests and Projects	**(Identify start date and hours effort needed)** Service Requests – 21 Projects – 1
Existing Environments	Prod / Test

Application 9: Pharmacy/MAK		
Interfaces		

Source (From)	Destination (To)	Source Format	Source Protocol	Data	Dest Format	Dest Protocol	Interface Engine	Comments
Cerner MAK	Cerner INVISION	HL7	TCP/IP	Medication Charting	HL7	LU2	OPENLink	
Cerner Pharmacy	Omnicell	HL7	TCP/IP	ADT/Orders	HL7	TCP/IP	OPENLink	
Cerner Pharmacy	Cerner Medication Administration Check (MAK)	HL7	TCP/IP	ADT/Orders	HL7	TCP/IP	N/A	Point-to-Point
Cerner Pharmacy	RxBOT V	HL7	TCP/IP	ADT/Orders	HL7	TCP/IP	OPENLink	
Cerner Pharmacy	Cerner INVISION	HL7	TCP/IP	AOO/OSU/charting/med updates	HL7	LU2	OPENLink	
Cerner Pharmacy	DOH CIR	HL7	TCP/IP	DOH, Imm Reg	HL7	TCP/IP	OPENLink	
Cerner Pharmacy	Cerner Invision	Fixed	TCP/IP	Charges	Fixed	LU6.2	OPENLink	Batch
Cerner INVISION	Cerner Pharmacy	HL7	LU2	ADT/Orders	HL7	TCP/IP	OPENLink	
Cerner Pharmacy	Cerner Medication Administration Check (MAK)	HL7	TCP/IP	ADT/Orders	HL7	TCP/IP	N/A	Point-to-Point
Omnicell	Cerner Pharmacy	HL7	TCP/IP	Charges	HL7	TCP/IP	N/A	Point-to-Point

Integrated 3rd party modules/applications	Omnicell Robot Omnicell Cabinets MacroHelix – 340B Inventory and Reporting Vendor
Uniqueness considerations	The Cerner Pharmacy and MAK software is one integrated database and all maintenance or upgrades impact both modules. Support for this software will need to be knowledgeable in both modules for ongoing support.

Application 10: OpenLink Interface Engine	
General System Information	
Total # of Users	1
Connected users during peak hours	1
Current Application Version	V24-1:5
Total # of Support Staff	1
Required Licenses, Certification or specific skills(s)	Subject matter expert on interface structure, transaction types and segment mapping. Must know how to troubleshoot the active interfaces on the dashboard – restarting a stopped interface, skipping a stalled transaction, etc.
Application Information	
On-Call support required outside business hours (09:00-17:00)	Yes

Application 10: OpenLink Interface Engine	
Number of Incident Tickets by Priority during and after business hours; Identify Date Range of extract	15 Tickets Total (1/1/18 – 10/1/18) • Business Hours: 0900 to 1700 o Priority 1 Tickets: 11 o Priority 2 Tickets: 0 o Priority 3 Tickets: 0 o Priority 4 Tickets: 0 • Non-Business Hours: 1701 to 0859 o Priority 1 Tickets: 4 o Priority 2 Tickets: 0 o Priority 3 Tickets: 0 o Priority 4 Tickets: 0
Number of Open Approved Service Requests and Projects	(**Identify start date and hours effort needed**) Service Requests – 1 Projects – 0
Existing Environments	Prod / Test
Interfaces	Almost all integration is processed via OpenLink. ***See attached*** list of all interfaces filtered by those processed via OpenLink Interface Engine.
Integrated 3rd party modules/applications	N/A
Uniqueness considerations	N/A

4.5   Inbound and Outbound Interfaces

Upon request from Proposer, a separate list of OBHS application systems interfaces will be provided.

5. Requested Vendor Information

5.1 Executive Summary
Please provide an executive summary describing your proposed support services. In this section, the Proposer should highlight aspects of the proposal that make it superior or unique in addressing the needs of OBHS.

5.2 Organization Information and Experience
Provide information about your organization including:
a. Your organization's mission and how it aligns with supporting the listed healthcare applications.
b. A bio for the leadership of the proposed support team responsible for the success of OBHS.
c. Any methodologies, unique to your firm, related to the services requested in this RFP that your company employs.

5.3 References
Describe how you have successfully provided the requested services for healthcare organizations similar to OBHS and those that we may contact during reference checking. Provide references for similar applications currently being supported or have been supported during the past two (2) years.

Provide references according to the instructions below. All references must be established organizations that can attest to Vendor's experience and ability to perform the contract that is the subject of this solicitation. These references will be contacted.

Reference Details:

1. Organization 1
Contact Person (name, email address, address, and phone):
Type of Supplies / Services Provided:

2. Organization 2
Contact Person (name, email address, address, and phone):
Type of Supplies / Services Provided:

3. Organization 3
Contact Person (name, email address, address, and phone):
Type of Supplies / Services Provided:

4. Organization NN
Contact Person (name, email address, address, and phone):
Type of Supplies / Services Provided:

5.4   Pricing

Vendor must provide monthly fixed fee for each of the applications. Price should be all inclusive, including travel and expenses. Attach additional pages if the specified pricing format requires additional pages.

Monthly Fixed Fee - Price should be all inclusive, including travel and expenses.

Ad-Hoc Request - Change to the application enhancements requiring over 40 hours of work efforts that would be detailed in a separate Statement of Work (SOW). Indicate price as a blended hourly rate for resources.

Pricing considerations include:

a. Price shall not be increased should vendor experience an increase in wage rates, materials, equipment, or in any other of Vendor's costs, or should Vendor be compelled to pay premium wages for overtime work prior to completion of Vendor's work under the agreement.
b. Vendor should provide their standard agreement for applications support services.
c. Vendor should supply their standard approach for contract termination for cause and/or convenience.
d. Vendor shall not commence any work before it is selected and the contract is signed by all parties.

5.5   Other Requirements

New York State Business Registration – Vendor Financial Responsibility: The funding for the EHR implementation and support of legacy applications is through a grant from the New York State Department of Health. Vendor must be registered with the State and complete a Vendor Responsibility Questionnaire. Online registration can be found at: https://www.osc.state.ny.us/vendors/index.htm

New York State Workers' Compensation & Disability Insurance: Vendor is required to register online with the State to attest that it has workers' compensation and disability insurance. If Vendor's employees providing services to OBHS reside outside of the state of New York, it may be eligible for an exemption. Online registration can be found at: https://www.businessexpress.ny.gov/app/loginregister

MWBE Registration: The Minority and Woman-Owned Business Enterprise (MWBE) program provides for minority and woman-owned businesses that want to do business with New York government can receive certification. The Proposer can determine eligibility and submit MWBE Certification application online. https://esd.ny.gov/mwbe-new-certification

Proposer shall submit copies of any New York State certifications with their proposal.

ATTACHMENT A – MWBE Forms

GUIDE TO NEW YORK STATE DOH M/WBE RFA NFP REQUIRED FORMS

All DOH procurements have a section entitled **"MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE REQUIREMENTS."** This section of procurement sets forth the established DOH goal for that particular procurement and also describes the forms that must be completed with their proposal or application. Below is a summary of the forms used in the DOH MWBE Participation Program by a grantee.

Form #1: NFP MWBE Utilization Plan - This document must be completed by all grantees responding to RFAs with an MWBE goal greater than zero. The grantee must demonstrate how it plans to meet the stated MWBE goal. In completing this form, the grantee should describe the steps taken to establish communication with MWBE firms and identify current or future relationships with certified MWBE firms. The second page of the form should list the MWBE certified firms that the vendor plans to engage with on the project and the amount that each certified firm is projected to be paid. Plans to work with uncertified firms or women and minority staffed firms do not meet the criteria for participation. If the plan is not submitted or is deemed deficient**,** the grantee may be sent a notice of deficiency. It is mandatory that all awards with goals have a utilization plan on file.

Form #2: MWBE Utilization Waiver Request - This document must be filled out by the grantee if the utilization plan (Form #1) indicates less than the stated participation goal for the procurement. In this instance, Form #2 must accompany Form #1 with the proposal. When completing Form #2, it is important that the grantee thoroughly document the steps that were taken to meet the goal and provide evidence in the form of attachments to the document. The required attachments are listed on Form #2 and will document the good-faith efforts taken to meet the desired goal. A grantee can also attach additional evidence outside of those referenced attachments. Without evidence of good-faith efforts, in the form of attachments or other documentation, the Department of Health may not approve the waiver and the grantee may be deemed non-responsive.

New MWBE firms are being certified daily and new MWBE firms may now be available to provide products or services that were historically unavailable. If Form #2 is found by DOH to be deficient, the grantee will be sent a deficiency letter asking for a revised form to be returned within 7 business days of receipt.

Any MWBE related questions or questions regarding the completion of MWBE forms can be sent to the "substantive contact" listed under **Section IV. Administrative Requirements, B. Questions and Answer Phase**. No questions will be accepted after the "Questions Due" date listed on Page#1 of this RFA.

Form #3: Replaced by Online Compliance System - https://ny.newnycontracts.com   Grantees will need to login and submit payments to MWBE Firms in this online system once payments to these vendors commence.

Form#4 – MWBE Staffing Plan - This form should be completed based on the composition of staff working on the project. Enter the numbers or counts in the corresponding boxes and add up the totals in each column. This form is for diversity research purposes only and has no bearing on MWBE goal achievement.

Form#5 – EEO and MWBE Policy Statement - This is a standard EEO policy that needs to be signed and dated and submitted.

New York State Department of Health
MWBE UTILIZATION PLAN

Applicant/Grantee Name:	
Vendor ID:	**Telephone No.** **Email:**
RFA/Contract Title:	**RFA/Contract No.**

Description of Plan to Meet MWBE Goals (Use pages 2-3 to provide specific M and W subcontractor information)

PROJECTED MWBE USAGE

	%	Amount
1. **Total Dollar Value of Eligible Expenditures for Life of Contract (Any open market subcontracts or purchases are eligible for Not-For-Profits)**		$
2. **MBE Goal Applied to Eligible Expenditures**		$
3. **WBE Goal Applied to Eligible Expenditures**		$
4. **MWBE Combined Eligible Expenditure Totals***		$

"Making false representation or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization."

*If less than the stated goal in RFA, Form #2 is required.   Form #1 -Page 1 of 3

MWBE UTILIZATION PLAN
MINORITY OWNED BUSINESS ENTERPRISE (MBE) INFORMATION

In order to achieve the MBE Goals, grantee expects to subcontract/purchase with New York State certified MINORITY-OWNED entities as follows: (add additional pages as needed)

MBE Firm (Exactly as Registered)	Description of Work (Products/Services) [MBE]	Projected MBE Expenditure Amount
Name Address City, State, ZIP Employer I.D. Telephone Number ( ) -		$_____
Name Address City, State, ZIP Employer I.D. Telephone Number ( ) -		$_____
Name Address City, State, ZIP Employer I.D. Telephone Number ( ) -		$_____

MWBE UTILIZATION PLAN
WOMEN OWNED BUSINESS ENTERPRISE (WBE) INFORMATION

In order to achieve the MBE Goals, grantee expects to subcontract/purchase with New York State certified WOMEN-OWNED entities as follows: (add additional pages as needed)

WBE Firm (Exactly as Registered)	Description of Work (Products/Services) [WBE]	Projected WBE Expenditure Amount
Name Address City, State, ZIP Employer I.D. Telephone Number ( ) -		$_____
Name Address City, State, ZIP Employer I.D. Telephone Number ( ) -		$_____
Name Address City, State, ZIP Employer I.D. Telephone Number ( ) -		$_____

New York State Department of Health
MWBE Waiver Request

Applicant/Grantee :   **Federal Identification No.:**
Click here to enter text.   Click here to enter number.
Address: **Solicitation/Contract No.:**
Click here to enter text.   Click here to enter number.

City, State, Zip Code: **M/WBE Goals: MBE** %%**%   WBE** %%**%**
Click here to enter text.   (From Lines 2&3 of Form 1)

By submitting this form and the required information, the officer or/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.
Contractor is requesting a :

☐**MBE Waiver – A waiver of the MBE Goal for this procurement is requested. Total / Partial (circle one)**
☐**WBE Waiver – A waiver of the WBE Goal for this procurement is requested. Total / Partial (circle one)**
☐ **Waiver Pending ESD Certification –** (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.)
Date of such filing with Empire State Development: Click here to enter a date.

If a total or partial waiver is requested, appropriate supporting documentation as outlined in the Detailed MWBE Form Instructions is required.

_____ _____

PREPARED BY (Signature)   Date:
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.
Name and Title of Preparer (Printed or Typed):   Telephone Number: Email Address:

Submit with the bid or proposal or if submitting after award submit to: doh.sm.mwbe@health.ny.gov

*********** FOR DMWBD USE ONLY **********
REVIEWED BY: DATE:

Waiver Granted: ☐**YES** ☐**NO**
MBE: ☐   **WBE:** ☐
☐**Total Waiver**   ☐**Partial Waiver**
☐**ESD Certification Waiver**   ☐***Conditional**
☐**Notice of Deficiency Issued   _____**

New York State Department of Health
M/WBE STAFFING PLAN

For project staff, consultants and/or subcontractors working on this grant complete the following plan. This has no impact on MWBE utilization goals, or the submitted Utilization Plan - Form#1. This is for diversity research purposes.

Contractor Name_____

Address_____

_____

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Executive/Senior level Officials							
Managers/Supervisors							
Professionals							
Technicians							
Administrative Support							
Craft/Maintenance Workers							
Laborers and Helpers							
Service Workers							
Totals							

_____

(Name and Title)

_____

(Signature)

_____

Date

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES –
EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

<u>M/WBE AND EEO POLICY STATEMENT</u>

I, _____, the (awardee/contractor)_____ agree to adopt the following policies with respect to the project being developed or services rendered at

_____

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations. Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

_____
Name & Title

_____
Signature & Date

EEO

undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
(b)This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.
(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.
(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will

Form#1 – MWBE Utilization Plan

Page#1 of Form#1:

Description of Plan - Describe any steps/details that support Grantee/Contractor plan to meet the MWBE goals stated in the procurement/contract. Certified MWBE entities to correspond with and work with are found in the NYS MWBE Directory located at: https://ny.newnycontracts.com/.

Line#1 - **Total Dollar Value of Eligible Expenditures –** This line should represent a total of all Grantee/Contractor budgeted expenditures for Contractual Services (Subcontracting), Equipment and Supplies. Salaries, Fringe, Rent, Space and Utilities are all not considered eligible expenses for goal setting.

Example: Grantee/Contractor has $50,000 in salaries, $25,000 in Subcontracting and $5,000 in supplies. The Eligible total to be placed on Line #1 would be $30,000 or ($25,000 sub + $5,000 supplies. Note: Salaries is not included in the equation because salaries are not considered eligible for Grant Contracts).

Line#2 - MBE Goal Applied to Eligible Expenditures – Grantee/Contractor lists the amount to be paid to a Certified Minority-owned Business Enterprise and states what percentage this amount is of the Total Value listed on Line #1.

Example: If Contractor is paying two MBE firms $100,000 & $50,000 each and the eligible amount listed on line#1 is $1,000,000 then list 15% and $150,000 on Line#2.

Line#3 - **WBE Goal Applied to Eligible Expenditures –** Grantee/Contractor lists the amount to be paid to a Certified Woman-owned Business Enterprise and states the percentage this amount is of the Total Value listed on Line #1.

Example: Grantee/Contractor is paying two WBE firms $50,000 & $100,000 each and the eligible amount listed on line #1 is $1,000,000 then Grantee/Contractor lists 15% and $150,000 on Line#2.

Line#4 - **MWBE Combined Eligible Expenditure Totals -** Grantee/Contractor totals Line #2 and Line #3 for both Percentage and Amount to state the Combined M&W percentages and Combined M&W amount.

Example: Using the above Line #2 and Line #3 examples for payment data, Grantee/Contractor achieves a combined MWBE % of 30% and a combined MWBE amount of $300,000. (15%M and 15%W; $150,000M + $150,000W). MWBE combined Total/Total Dollar Value Eligible = the MWBE % (300,000/1,000,000 = 30%).

Page#2 of Form#1:

The first column (left column): Grantee/Contractor lists any Minority-owned Business Enterprises (MBE) that Grantee/Contractor is subcontracting with or purchasing from and the MBE contact/company information.

The second column (center column): Grantee/Contractor describes what type of work certified MBE will be providing or what product certified MBE will be supplying to Grantee/Contractor.

The third column (right column): Grantee/Contractor states the amount to be paid to the certified MBE during the term of the contract. The amount totaled from Page #2 should equal the amount listed on Line#2 of Page#1.

Page#3 of Form#1:

The first column (left column)**:** Grantee/Contractor lists any Woman-owned Business Enterprises (WBE) that Bidder/Contractor will be subcontracting with or purchasing from and WBE contact/company information.

The second column (center column): Grantee/Contractor describes what type of work certified WBE will be providing or what product certified WBE will be supplying to Grantee/Contractor.

Third column (right column): Grantee/Contractor states the amount to be paid to the certified WBE during the term of the contract. The amount totaled from Page#3 should equal the amount listed on Line#3 of Page#1.

Form#2 – MWBE Utilization Waiver Request

 "Form#1 MWBE Utilization Plans" that commit to a goal % less than the stated MWBE goal percentage in procurement must be accompanied by a "Form#2 MWBE Utilization Waiver Request". A Grantee/Contractor may qualify for a partial or total waiver of the MWBE goal requirements established on a State contract only upon the submission of a waiver form by a Grantee/Contractor, documenting good-faith efforts by the Contractor to meet the goal requirements of the state contract and a consideration of applicable factors. The ability to subcontract with M/WBEs and separately the ability to purchase from M/WBEs must be addressed in attachments on all waiver requests.

Fill out the header with the name of the Grantee/Contractor requesting the waiver under Offeror/Contractor Name, include your Federal Identification ID, Address, Solicitation/Contract Number, and M/WBE Goals. Check off the appropriate box for the type of waiver that is being requested and whether it is a total or partial waiver. If the Waiver is Pending ESD Certification, meaning the subcontractor has applied for certification with Empire State Development, check off that box and state the date that they applied for certification. Directly below the Pending ESD Certification area, sign and date the waiver. Provide the name of the preparer as well as a telephone number and email address (Grantee/Contractor direct contact number of person authorized to discuss submission).

The following attachments should be provided:

1. A statement setting forth your basis for requesting a partial or total waiver. The statement should at a minimum include the services being subcontracted out and why a portion of those services cannot be subcontracted to certified MWBE(s). In addition, statement must also include what purchases of equipment and supplies are being made and why those purchases cannot be provided by certified MWBE(s).

2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals related to this contract.

3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.

4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.

5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.

6. Provide copies of responses to your solicitations received by you from certified M/WBEs.

7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.

8. Provide documentation of any <u>negotiations</u> between you, the Grantee/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.

9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.

* All attachments are created by the entity requesting the waiver. These are self-generated attachments and are not provided by the agency.