

Request for Proposal

The Research Corporation of the University of
Hawai'i
requests proposals for the
Community Health Center Certified
Electronic Health Record
Implementation Project

(RFP #TASI-GUCHC-2022-001)

for the

Pacific Health Information Exchange
Telecommunications and Social Informatics
Research Program/Pacific Health
Informatics and Data Center
University of Hawai'i
Honolulu, HI

November 18, 2022

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This RFP contains 74 pages.

Notice to Offerors

RFP Availability

A copy of the Request for Proposal (RFP) Community Health Center Certified Electronic Health Record Implementation Project RFP # TASI-GUCHC-2022-001 is available on the website:

<https://procurement.uhtasi.org>.

Questions About the RFP

All questions about the RFP must be directed to Ginger Porter at tasiadmin@uhtasi.org. Closing Date for Receipt of Offeror Questions is 3:00 P.M. (Hawai'i Standard Time or HST), December 1, 2022.

Closing Date for Receipt of Proposals

Completed proposals must be received no later than 3:00 P.M. (HST), December 30, 2022 at the email address listed in Section 1.13 of this RFP. Offerors may be required to give an oral presentation (if short-listed) tentatively scheduled January 16, 2023. Only emailed submissions will be accepted, and it is the Offeror's responsibility to ensure confirmation of proposal receipt prior to the Closing Date for Receipt of Proposals. Proposals received after the time and date fixed for submission will not be considered.

This RFP is issued by The Research Corporation of the University of Hawai'i.

Research Corporation of the University of Hawai'i
2800 Woodlawn Drive, Suite 200
Honolulu, HI 96822

SECTION 1: Administrative Overview

1.1 Introduction

This is a Request for Proposals (RFP) issued by the Research Corporation of the University of Hawai'i (RCUH) of the University of Hawai'i (UH) on behalf of Telecommunications and Social Informatics Research Program/Pacific Health Informatics and Data Center (TASI/PHIDC) to solicit proposals from Offerors who wish to be considered. The contract will be issued and administered as an Agreement for Services with the RCUH.

1.2 Project Summary

The UH TASI/PHIDC serves as the Technical Assistance and Research Program (TARP) of the Territory of Guam Community Health Centers (Guam CHC) under the Department of Health and Human Services (DPHSS). The TASI/PHIDC is accepting proposals to implement, train, and support an Electronic Health Record (EHR) system in the Territory of Guam.

The Guam CHC is a Health Resources and Services Administration (HRSA) Federally Qualified Community Health Center (FQHC). The Guam CHC is planning to replace the existing Resource and Patient Management System (RPMS) EHR system used by the Indian Health Services (IHS) with a ONC Certified EHR Technology system that meets Guam CHC, HRSA and other relevant federal agency compliance. The replacement is needed to meet the requirements as a HRSA FQHC and for making enhancements under the American Rescue Plan Act (ARPA).

1.3 Background – About TASI/PHIDC

The Guam DPHSS and the UH have an Intergovernmental Cooperative Agreement (ICA) to support ongoing Health Information Technology (HIT) initiatives. The TASI/PHIDC research program is able to provide technical assistance to the Guam CHC in accordance with Work Task Letters (WTLs) executed in accordance with the ICA.

1.4 Schedule of Key Dates

The schedule of key dates set forth herein represents the RCUH's best estimate of the schedule that will be followed. Any of the dates listed below may be changed at any time at the sole discretion of the RCUH Procurement Officer or Delegated Procurement Officer.

The project timeline is subject to change, within reason, if agreed to in writing by all parties. The Offeror shall provide written documentation of systems/technical and design elements, updates, training, and changes of the EHR system.

RFP and Award

Description	Date/Time
Date of Notice (RFP Issued)	November 18, 2022
RFP Conference	November 28, 2022

Description	Date/Time
Closing Date for Receipt of Offerors Attachment A (Notice of Intent to Submit a Proposal)	November 30, 2022
Closing Date for Receipt of Offerors Questions	December 1, 2022 3:00 p.m. Hawaii Standard Time (HST)
Responses to Offerors Questions	December 12, 2022 3:00 p.m. HST
Closing Date for Receipt of Proposals	December 30, 2022 3:00 p.m. HST
Proposal Review Period	December 30 - January 31, 2023
Interviews/Demonstrations	January 16 - January 27, 2023
Date of Contractor Selection and Award	February 3, 2023
Services Start Date (Tentative)	February 17, 2023

1.5 RFP Amendments

The RCUH reserves the right to amend the RFP at any time prior to the Closing Date for Receipt of Proposals. All RFP amendments will be posted on the following website, <https://procurement.uhtasi.org/>. **Offerors are solely responsible to check this website for any modifications to the RFP. The RCUH reserves the right to cancel this RFP at any time for any reason at no cost to the RCUH.**

1.6 Questions by Offerors and Potential Offerors to RCUH

All questions by Offerors or potential Offerors should be submitted in writing via email to December 1, 2022 at tasiadmin@uhtasi.org. The RCUH reserves the right to only respond to questions regarding proposal requirements, contents, and details that are received by 3:00 P.M. (HST), December 1, 2022. All received questions and responses will be posted by 3:00 P.M. (HST), December 12, 2022 on the website, <https://procurement.uhtasi.org/>.

The website referred to in the preceding paragraph will be unsecured (open and accessible to anyone to view). Since all questions and responses will be posted and accessible to the public, statements and questions regarding proprietary information or material SHALL NOT be communicated by an Offeror to the website identified above.

1.7 Questions by RCUH to Offerors

The Offeror is responsible for ensuring the correctness and readability of its proposal. However, the RCUH reserves the right to seek clarifications during the Proposal Review Period. Content for which a clarification may be requested includes obvious mislabeling of figures or tables, illegible text (such as may occur in a figure label being reduced to too small a font size), or an obvious clerical mistake (e.g., a misplaced decimal point or obvious mistake in designation of a unit such as feet instead of meters). The authority to permit correction of proposals is limited to proposals that, as submitted, are responsive to the RFP

and may not be used to permit correction of proposals to make them responsive.

1.8 Clarification of the RFP

An Offeror shall carefully review this RFP for defects and questionable or objectionable matter. Comments concerning defects and questionable or objectionable matter shall be promptly submitted to the RCUH prior to the Closing Date for Receipt of Offeror Questions December 1, 2022. This shall allow issuance of any necessary amendments to the RFP. The Offeror hereby acknowledges, agrees, and waives any claim arising from any knowledge of any defect in this RFP acquired prior to the Closing Date for Receipt of Offeror Questions and failing to inform the RCUH prior to said deadline. The Offeror further acknowledges and agrees that: (1) the RCUH reserves the right to waive any technical irregularity not affecting an unbiased and objective evaluation of all proposals; (2) such waiver will be in the best interest of the RCUH; and (3) the Offeror hereby waives any claim against the RCUH arising from such technical irregularity.

1.9 Tax Clearance for Proposals

A tax clearance from the Hawai'i Department of Taxation and the U.S. Internal Revenue Service (IRS) is not required for submission of a proposal. However, in accordance with Section 103-53 of the Hawai'i Revised Statutes, the selected contractor shall submit a valid tax clearance from the Hawai'i Department of Taxation and the U.S. IRS prior to execution of the Agreement for Services. A Certificate of Vendor Compliance that reflects a "Compliant" status from **Hawai'i Compliance Express (ehawaii.gov)** is acceptable in satisfying the tax clearance requirement. Governmental agencies in the U.S. (i.e., city, county, state, federal) and any foreign governmental agencies are excepted from the tax clearance requirement.

Due to the fact that the proposal review and contract award period may be tightly scheduled, it is highly recommended that Contractors submitting proposals apply for tax clearance upon submission of the proposal in order to meet key dates.

1.10 Preparation Costs

Any costs incurred by Offerors in preparing or submitting a proposal shall be the sole responsibility of the Offeror.

1.11 Propriety Information

The Offeror should clearly identify any proprietary information or material in the Offeror's submitted proposal. Upon final execution of an Agreement for Services, all non-proprietary information in an Offeror's proposal may be made available by the RCUH for public inspection upon request. Accordingly, material designated as confidential should be readily separable from the proposal in order to facilitate inspection of the non-confidential portion of the proposal.

1.12 Submission of Proposals

Offerors may submit proposals by email. Note that the maximum allowable file size for email attachments is 10 MB, so an Offeror may need to send its complete proposal in multiple parts. Proposals may be modified by an Offeror prior to the Closing Date for Receipt of Proposals December 30, 2022, and it is the responsibility of the Offeror to confirm that the RCUH has received its proposal prior to said Closing Date.

Email address: tasiadmin@uhtasi.org

1.13 Certification of Proposal

By submitting a proposal, the Offeror certifies that the proposal submitted to the RCUH is in accordance with any required authorization by the governing body of the Offeror's organization. The Offeror further certifies that the information and responses contained in the proposal are true, accurate, and complete so that the RCUH may justifiably rely upon said information for purposes of evaluation and contracting with the Offeror. If it is later discovered that any information provided in the Offeror's proposal is false, it will result in the Offeror's elimination from consideration.

1.14 Proposal Withdrawal

An Offeror may withdraw its proposal by submitting a written request to the RCUH any time prior to the Closing Date for Receipt of Proposals.

1.15 RFP Submittals Become the Property of RCUH

All proposals and other material submitted shall become the property of the RCUH and may be returned at the sole discretion of the RCUH.

1.16 Opening of Proposals

Proposals will be opened after 3:00 P.M. (HST) on the closing date, December 30, 2022, or as amended at the office to which the proposals are submitted. The proposal opening will not be available to the public, and proposals will not be subject to public inspection until after an Agreement for Services is signed by all parties. In no case will proprietary information or material submitted in the proposal be available for public inspection.

1.17 Disqualification of Proposals

The RCUH reserves the right to consider as acceptable only those proposals submitted in accordance with all the requirements set forth in this RFP and which demonstrate an understanding of the scope of work. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP, or that reserves the right to accept or reject award or the right to enter into a contract pursuant to an award, may be disqualified without further notice at the discretion of the RCUH.

An Offeror shall be disqualified and its proposal automatically rejected for any one or more of the following reasons:

- The proposal shows any noncompliance with applicable law.

- The proposal is incomplete or irregular in such a way as to make the proposal indefinite or ambiguous as to its meaning.
- The Offeror is debarred or suspended. Entities that are currently debarred or suspended from federal procurement transactions are listed in the Excluded Parties Listing System. A search can be performed at <https://www.sam.gov/SAM/> to determine whether an entity has an active exclusion.

1.18 References

The Offeror must disclose all contracts for similar services for the last two (2) years, and these will serve as potential references to be contacted by the RCUH as part of the evaluation of the Offeror's proposal. Points of contact and contact information should be indicated for each contract listed.

The RCUH reserves the right to contact the references named in the Offeror's proposal and any other references provided by the Offeror during the past years. The results of discussions with the references will be used to score the proposal, as described in Section 4 of this RFP.

1.19 Selection of Initial Proposals

The RCUH may select a Contractor on the basis of initial offers received, without discussions. Therefore, each initial offer should contain the Offeror's best terms. RCUH may elect to require oral presentations following the submission of proposals if requirements for the oral presentation process is included in Section 4.5.

1.20 Basis For Selection

Based on the evaluation process discussed in Section 4 of this RFP, the highest ranked responsible and responsive Offeror will be selected.

1.21 Process For Negotiations

The RCUH will attempt to negotiate a mutually acceptable Agreement for Services with the selected Offeror. If this cannot be accomplished within twenty-one (21) calendar days after initial Selection, the RCUH reserves the right to terminate contract negotiations with the first-ranked Offeror and select the second-ranked Offeror for negotiation of a potential award. This process may continue in order of Offeror ranking until a mutually acceptable Agreement for Services is achieved with the RCUH and an award is made to a selected Offeror.

1.22 Availability of Funds

Offerors are advised that entering into an Agreement for Services is contingent upon availability of funds. If funds are not available, the RCUH reserves the right to not enter into an agreement.

1.23 Notice to Proceed

The RCUH shall not be responsible for work done, even in good faith, prior to the RCUH's execution of an Agreement for Services unless specific provisions are made in the Agreement for Services.

1.24 Changes to Contractor's Fee

It is recognized that financial audit disallowances and other changes may require adjustments in the compensation due to the Contractor. In the event that future actions would either disallow or minimize the payments already made to the Contractor, the Contractor shall assist the RCUH in defending the correctness of the claim for reimbursement. If the disallowance or adjustment is upheld, then the Contractor will repay RCUH to the extent the amount of the disallowance or adjustment was included in the total fee received by the Contractor. Payment to the RCUH shall be made within THIRTY (30) calendar days from which official notice is received by the Contractor from the RCUH.

1.25 Procurement Officer

This RFP is issued by the RCUH on behalf of the UH TASI/PHIDC. The Delegated Procurement Officer, Christina Higa, is responsible for overseeing the entire RFP process and Agreement for Services (e.g., reviewing/evaluating the proposals, selecting the committee members, selecting the vendor, etc.).

SECTION 2: Scope of Work

2.1.1 Purpose

The UH TASI/PHIDC is seeking a Certified Electronic Health Record System (CEHRT) that will support the Guam CHC operations as a HRSA FQHC. The solution may be a Software as a Service (SaaS), vendor-hosted EHR system or on-premise system. However, the system must support clinic operations including, but not limited to, patient registration, revenue cycle management (RCM), clinical services, patient and provider communications, and reporting.

Implementation shall be a phased approach to be described in the timeline of the Offeror's response. The scope will describe a 5 implementation and support. The requirements for each phase are listed in Section 3 Proposal Requirements this RFP. Any operational requirements not currently developed should be fully described in the Offeror's implementation section.

The selected Contractor shall comply with all requirements throughout the full term of the Contract. Offerors shall provide a complete response to each requirement without cross-referencing other sections of the proposal. Offerors shall format and maintain numbering provided in this RFP when responding to each requirement.

2.1.2 Goal and Objectives

The UH TASI/PHIDC is seeking a Contractor that can provide an EHR solution that is responsive to the specific requirements detailed in this RFP. The EHR solution shall be constructed using standards and components that comply with software best practices as well as healthcare system and data standards from the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Office of the National Coordinator for Health Information Technology (ONC), Centers for Medicare and Medicaid Services (CMS), and the Health Resources and Services Administration (HRSA).

The EHR solution shall enable and support providers in the Guam CHC to achieve Meaningful Use (MU) per the EHR Incentive Program now referred to as the Promoting Interoperability (PI) Program, allow for clinical data interoperability between providers in the Territory of Guam and off-island providers to improve the quality of healthcare, and administer the program and operations as a HRSA FQHC.

The purpose of this RFP is to solicit competitive proposals from Offerors who can:

1. Provide a complete EHR solution to the TASI/PHIDC;
2. Provide the technical specifications as listed in *Section 3.2* of this RFP;
3. Provide data migration; implementation and consulting services for the technical components; data hosting; and partners/subcontractors to be a part of the RFP specifications and EHR implementation, and support;
4. Support interoperability with existing Guam CHC systems and services that assist providers in meeting MU, administering the 340B program and clinic operations;
5. Meet all MU and CEHRT standards as per the Final Rule 42 CFR 495;

6. Meet HRSA Uniform Data System (UDS) reporting requirements; and,
7. Provide support and associated services for the EHR including Help Desk, support, maintenance, and hosting.

This project is to be implemented in a phased approach. The Offeror shall, at a minimum, support the clinical data standards of HL7 v2.x and 3.x, ADT, and C-CDA (XML) to support the transition of the IHS RPMS to a new EHR solution.

2.1.3 EHR Platform

The TASI/PHIDC and Guam CHC is seeking an EHR solution that has the ability to support HRSA FQHC clinic capabilities. The Guam CHC primary components include, but are not limited to:

1. Practice Management System
2. Patient registration
3. Patient scheduling
4. Charge entry
5. Patient accounting
6. Statement generation
7. Remittance advice posting
8. Account management
9. Clinical care documentation
10. Population management and education
11. Pharmacy and 340B
12. Laboratory
13. Radiology
14. Screening and assessments
15. Patient portal
16. Reporting

In addition, the TASI/PHIDC and Guam CHC are seeking operational support and standards which includes, but are not limited to:

1. National Data Standards and Certifications: The EHR solution must meet and comply with the most current national data standards at all times during the term of the contract. Examples of the standards include:
 - a. NIST
 - b. HITRUST
 - c. Fast Healthcare Interoperable Resource (FHIR)
 - d. HL7
 - e. Extensible Markup Language (XML)
 - f. National Council for Prescription Drug Programs (NCPDP)
 - g. American Society for Testing and Materials (ASTM)
 - h. Systematized Nomenclature of Medicine (SNOMED CT)
 - i. Integrating the Healthcare Enterprise (IHE) integration profiles

- j. Logical Observation Identifiers Names and Codes (LOINC)
- k. eHealth Exchange
- l. International Classification of Diseases (ICD10)
- m. Digital Imaging and Communications in Medicine (DICOM)
- n. ONC Health IT Certification Standards
- o. Healthcare Information Technology Standards Panel (HITSP)

The EHR solution must also meet messaging and interoperability protocols, including FHIR, Consolidated Continuity of Care Architecture constructs/segments (C-CDA), U.S. Core Data for Interoperability (USCDI), and Integrated Health Enterprise (IHE). All federal standards to comply with CMS, SSA, IRS, ONC, VA/DoD, and federal partners as required.

2. System Architecture and Performance: At a minimum, the TASI/PHIDC supports a peak load of no fewer than 1,000 concurrent user sessions and 50 requests per second.
3. Certified Electronic Health Record (CEHRT): The Offeror must conform to the most current and to future technical specifications for the CEHRT, health information exchange as established by the ONC, and the HRSA system specifications and capabilities.
4. Access and Authorization Controls.
5. Privacy/Security: Data Protection.
6. Privacy/Security:
7. Consent Registry:
8. Standardized Platform.
9. Store Clinical Data in Relational Database.

The Offeror must effectively describe in concise detail its experience, competence, and knowledge in providing implementation and connectivity service solutions to establish the ability to provide Participants with health information capabilities.

2.1.4 Guam Community Health Center Background

The Territory of Guam is the largest and southernmost island in the Mariana Islands archipelago located in the western North Pacific Ocean. The Territory of Guam has been identified as a Medically Underserved Area by the HRSA.

The Guam Community Health Centers are multi-specialty primary care clinics. Their mission is to:

“Improve the health status of the people of Guam and provide leadership in health information and surveillance, assurance of a healthful environment, and promotion of community partnerships.”

The Guam CHC has two locations: the Northern Region Community Health Center (NRCHC) and Southern Region Community Health Center (SRCHC). They provide primary healthcare, acute outpatient care, preventive, and outreach services to the community. The CHC staff includes family practitioners, pediatricians, internists, nurse practitioners, and

other health professionals who provide an array of essential primary care services.

The target population for the Guam CHC consists of the low income, uninsured, and medically underserved population (e.g., children, adolescents, women of child bearing age with health risk factors, pregnant women, the elderly, Federated States of the Micronesia and Marshallese and Palauan citizens, and Asian immigrants).

2.1.5 Stakeholders

Guam CHC: Guam Community Health Center

DPHSS: Department of Health and Human Services

OTECH: Office of Technology

SECTION 3: Proposal Requirements

The proposal shall be organized in sections in the following order:

3.1 Executive Summary

The Offeror shall submit an Executive Summary outlining the key elements of the proposal. Additionally, the Offeror shall document the following:

General Information	Name, Address (Headquarters), Main Telephone Number, Website
Company Profile	Publicly traded or privately held, mergers/acquisitions in last 10 years, parent company general information, planned mergers/acquisitions in the next 5 years.
Main Contact	Name, Title, Address Telephone Number, Fax Number, Email Address
Market Information	Number of years as EHR vendor, size of existing user base, how company plans to meet the increase in demand for your EHR product (including implementation, training, and support) over the next five (5) years.
FQHC Market Information	Number of years as FQHC vendor, number of FQHC clients, any, whether your company has an FQHC-dedicated team, FQHC-specific support you provide, actions does your company takes to ensure long-term success for your FQHC clients.
Product/System Information	EHR Product Name and Current Product Version #

3.2 Technical Proposal

The proposal must address the issues that have been described in Section 2. While references to EHR System manuals are welcomed, the vendor must not simply reference pages in a manual in response to a requirement. The vendor must provide a detailed description of how the EHR System meets each requirement. Specifically, the proposals should include information on how the Offeror and EHR System meets and addresses the following:

	Registration
Registration	The system includes a Registration module/functionality. Please describe.
Registration	The system provides a Mater Patient Index (MPI) or patient merge functionality.
Registration	The system automatically generates EHR numbers upon patient registration.
Registration	The system alerts the user (provider/nurse) when there is missing or incomplete information in a record.
Registration	The system allows for patient lookup by different criteria (e.g., name, MRN, SSN, DOB).
Registration	The system allows for registration to be accessed from multiple

	screens such as visit screens w/o leaving the visit screen (i.e., registration screen opens on top of, below, or next to the visit screen).
Registration	The system supports a unique patient identifier (e.g., account number) to identify the patient across medical and dental clinics.
Registration	The system supports patient registration through information interface and manual entry.
Registration	The system captures demographics that complies with the § 170.315 requirements and UDS reporting.
Registration	The system captures patient demographic fields specific to Guam operations (passport, other countries, villages, Guam/other territories, etc.)
Registration	The system captures patient demographics (e.g., name, address or place or type of residence, migrant status, homeless status, primary language, date of birth, gender, sex, sexual orientation, etc.).
Registration	The system captures granular Asian and pacific island race/ethnicity (e.g., Chamorro, Carolinian, Chuukese, Yapese, Japanese, Korean).
Registration	The system captures citizenship.
Registration	The system allows users to register individuals by family.
Registration	The system documents patients associated with a family or guarantor that can have surnames and addresses that differ from the head of household or guarantor.
Registration	The system differentiates between patients and guarantors (patients or non-patients who are to pay the patient's bill if no one else does).
Registration	At registration, the system establishes a patient account status indicator or code that reflects the payment status of the patient's account. This account status indicator or code will change automatically as the account status changes. Users will have the ability to change this account status indicator or code. An account status indicator value or code will be reserved to indicate that no bill should be sent out.
Registration	The system allows a patient to have more than one guarantor without requiring the patient to have more than one account.
Registration	The system supports recording both a permanent and local or temporary address for the patient.
Registration	The system flags potential duplicate accounts for reconciliation/merge.
Registration	The system has the ability to merge patients.
Registration	The system has the ability to merge providers.
Registration	At registration, the user identifies and enters other programs in which the patient is enrolled for federal reporting.
Registration	The system records a patient's housing status and ethnicity using

	values in a user-defined table.
Registration	The system records geographical information associated with the patient's and guarantor's residence (e.g., homeless, neighborhood, or census tract) via the registration module.
Registration	The system provides a free text comment field associated with the patient's registration record.
Registration	The system displays special instructions on screen based on appointment type, clinic, etc. (e.g., "bring immunization records with you" or "minimum payment due today").
Registration	The system allows custom tasks to be created at check-in.
	The system allows for custom documents to be generated (e.g., medical power of attorney, privacy practice, screenings, assessments)
Registration	The system supports alerts or documents task completion or status for patient registration and check-in.
Registration	The system provides multiple text fields that can be used to categorize the patient for reporting. These fields are accessible via the report-writing tool.
Registration	The system allows updates to the poverty level and sliding fees with changes in poverty guidelines annually.
Registration	The system supports the determination of eligibility and enrollment in programs (e.g., 340B, sliding fee, etc.).
Registration	The system can check insurance eligibility electronically from public and private payers. List clearinghouses with which this functionality exists.
Registration	The system allows identification of a patient by his or her prior name (e.g., maiden name) or alternate name (e.g., alias) previously entered into the system.
Registration	The system supports and indexes scanned documentation to patient charts and document management system.
	Scheduling
Scheduling	The system includes a Scheduling module/functionality. Please describe.
Scheduling	The system should support features to configure provider/staff availability for appointments.
Scheduling	The system should allow a user to view daily, weekly, or monthly schedules.
Scheduling	The system includes a drag-and-drop scheduling feature.
Scheduling	The system supports appointment scheduling for a clinic. The system should allow multi-provider/multi-staff scheduling in a single view.
Scheduling	The system should allow a user to reserve/block time slots for specific procedure types.
Scheduling	The system alerts user when patient registration is not complete and disallows appointments to be scheduled until they are fully

	registered.
Scheduling	The system sends out appointment reminders.
	Charge Entry
Charge Entry	The system includes a Charge Entry and billing module/functionality. Please describe.
Charge Entry	The EHR includes a billing system.
Charge Entry	The system updates procedure codes annually (CPT & HCPCS).
Charge Entry	The system updates to procedure codes is not a separate agreement for annual updates.
Charge Entry	The system automatically translates codes to data.
Charge Entry	The system provides the ability to identify all procedures which are covered by FQHC rates including those that are date-sensitive.
Charge Entry	The system supports splitting global fees into user-defined components (e.g., Rx vs 340B program Rx).
Charge Entry	The system must be able to combine separate doses and dosing times for a medication into a single prescription claim (e.g., Depakote 500 mg QAM and 1000 mg QHS billed on one claim).
Charge Entry	The system must allow for real-time insurance billing for bulk and multi-dose items (e.g., inhalers, insulin, topical medications, etc.).
Charge Entry	The system must support pharmacy billing information, including doses administered, not dispensed, and be able to account for half-tablets and multi-dose containers.
Charge Entry	The system prevents users from entering procedures to incorrect sites, departments, or providers (e.g., dental codes cannot be entered for pediatrics providers/units).
Charge Entry	Documentation on charge entry and is rule based (i.e., signed and audited or auto released).
Charge Entry	The system is capable of automatically calculating and entering the charge amounts for provided services.
Charge Entry	The system provides the ability to establish and have bills automatically adjust to a center-specific sliding fee scale policy, including the following:
Charge Entry	a) Procedure code;
Charge Entry	b) Visit;
Charge Entry	c) Department
Charge Entry	d) Facility;
Charge Entry	e) Service type;
Charge Entry	f) Combination of above.
Charge Entry	The system supports the calculation of sliding fee by percentage of full charge.
Charge Entry	The system has the ability to identify procedures ineligible for sliding fee schedule.
	Patient Accounting
Patient Accounting	The system includes a Patient Accounting and financial module/functionality. Please describe.

Patient Accounting	The system shall have the ability to split family members and assign them to appropriate accounts (mandatory with family billing).
Patient Accounting	The system can bill secondary payers on a fee-for-service basis, then bill the state on an FQHC basis, and offset all payments received for services related to the FQHC visit.
Patient Accounting	Each family can have an unlimited number of insurance policies covering members of the family.
Patient Accounting	The system allows the user to specify which members in the family are covered by each insurance policy.
Patient Accounting	The system provides the ability to automatically replicate identical data for family members during the registration function (e.g., home telephone number, address, payor source, etc.).
Patient Accounting	The system allows the user to assign the patient to a sliding fee scale and record an associated date for recertifying the patient's sliding fee scale eligibility.
Patient Accounting	The system provides fields that can be used to categorize the patient for reporting. These fields are accessible via the report-writing tool.
Patient Accounting	The system has the ability to automatically compute a sliding scale and percentage of poverty based on family size plus income data.
Patient Accounting	The system sends alerts after every set period/year to ask the patient for proof of documentation for sliding fee scale.
Patient Accounting	The system retains past fee guidelines and schedules for sliding scales.
Patient Accounting	The system tracks the status of each outstanding guarantor and third-party insurer balance by the age of the balance (in intervals of 30 days up to 80 days) and by whether a minimum payment (percentage basis), a full payment, or no payment has been made against the outstanding balance.
Patient Accounting	The system supports the development of budget plans and bills guarantors according to the budget plan agreement.
Patient Accounting	Special group accounts are available to handle the situation in which services provided to a large group of patients are billed to a single third-party payor and should not or cannot be billed to the patient's guarantor.
Patient Accounting	The system detects insurance coverage for program eligibility.
Patient Accounting	The system can be configured to ignore sliding fee scale on patients with certain insurances.
Patient Accounting	The system has work queues or assigned views for follow up on sliding fee accounts.
Patient Accounting	The system allows the tracking of various payments, credits, and recoupments related to patients under sliding fee.
Patient Accounting	The system has the ability to alert cashiers about any incomplete documentation at the time of patient check out.

Patient Accounting	The system has the ability to flag the records of patients who have an outstanding balance.
Patient Accounting	The system is capable of displaying the amount a patient has already paid.
Patient Accounting	The system has cashiering functionality.
Patient Accounting	The system is capable of automatically calculating and entering the charge amounts for provided services.
Patient Accounting	The system automatically captures charges.
Patient Accounting	The system supports billing based upon program and funding source.
	Payments Posting
Payments Posting	The system includes a Payments Posting and financial module/functionality. Please describe.
Payments Posting	The system has the ability to generate reminder notices to patients with expired sliding fee review dates.
Payments Posting	The system maintains a history of statements mailed to patients (required to file for Medicaid bad debts). The history records the date and type of statement sent.
Payments Posting	The system allows the user to flag accounts for follow-up and to add special collection accounts via the collections module.
Payments Posting	The system has the ability to change the sliding fee type of patients with expired sliding fee coverage (temporary category).
Payments Posting	The system has the ability to slide patient balance after insurance payment is received.
Payments Posting	The system will provide support for third-party report writing products.
Payments Posting	The system supports a dashboard for financial data.
	Statement Generation
Statement Generation	The system includes a Statements Generation and financial module/functionality. Please describe.
Statement Generation	The system has or can establish HIPAA-compliant electronic claims interfaces with the following entities:
Statement Generation	a) Medicaid;
Statement Generation	b) Medicare;
Statement Generation	c) DPHSS Divisions, Programs, and Grants; and,
Statement Generation	d) Guam third party provider.
Statement Generation	The vendor must list clearing houses connected to or if the system includes clearinghouse functions.
Statement Generation	The system is capable of printing a bill at the time of checkout (on demand).
Statement	The patient statement should include readable and core

Generation	information (e.g., source of payment, date of service, co-payment, co-insurance, allowances allowed and not allowed).
Statement Generation	The system has the ability to reprint a day bill on demand.
Statement Generation	The system reprinting of a bill or batch statements will not impact re-billing logs.
Statement Generation	The system supports printing of statements based on custom criteria (e.g., department, date range, etc.).
Statement Generation	The system has the ability to manually generate claims.
Statement Generation	The system uses claims clearinghouses to submit electronic claims to all entities listed below:
Statement Generation	a) Medicaid;
Statement Generation	b) Medicare; and
Statement Generation	c) DPHSS Divisions, Programs, and Grants.
Statement Generation	d) Guam third party provider
Statement Generation	If the patient has been identified as eligible for a certain discount percentage, the bills will automatically include the credit adjustment and the reversing debit adjustment for the discount.
Statement Generation	If a fixed (minimum) co-payment is specified for the system as a whole or for particular accounts (Medicaid indigents), the bill will reflect the associated adjustments.
Statement Generation	The balance and aging of an account are updated at the time the demand bill is generated and is not delayed until the end of the accounting period.
Statement Generation	The system supports billing by family where all bills associated with members of the family are summarized in a single-family account.
Statement Generation	The system allows the system manager to modify the format of the patient or family statement/bill without vendor intervention.
Statement Generation	The system automatically determines the sliding fee category based on the family size and income.
Statement Generation	The system is capable of running a report displaying the total posted for a given day.
Statement Generation	The system is capable of automatically generating a receipt.
	Practice Management
Practice Management	The system includes a Practice Management module/functionality. Please describe.
Practice Management	The system supports customizable automation of business tasks.

Practice Management	The system supports business tasks to be configured to run at specified times.
Practice Management	The system produces encounters for patients without third-party coverage report that lists patients' full names, Social Security numbers, and all encounters and their associated charges within a user-specified date range for patients that show no insurance coverage on their accounts. This report can be used to check eligibility for medical reimbursement.
Practice Management	The system is able to provide early intervention program billing and reporting capabilities.
Practice Management	The system provides dynamic responses that allow the user to view summary information and drill down into detailed information from the report (e.g., provider, claim patient, etc.).
Practice Management	Does system allow for ad hoc reporting against the database by customer using standard reporting software (Crystal Reports) or standard database queries?
Practice Management	The system allows reporting and analysis of any/all components included in the Clinical Practice Guidelines (CPG).
Practice Management	Included in each CPG, the system has the capability to create, review, and update information about:
Practice Management	The performance measures that will be used to monitor the attainment of objectives.
Practice Management	The quantitative and qualitative data to be collected.
Practice Management	Performance metrics: CPG shall allow for decision support based on standardized discrete data to be used to calculate clinical performance measures.
Practice Management	Collection means and origin of data to be evaluated.
Practice Management	The system allows the provider or other authorized user to override any or all parts of the guideline. The system is able to collect exceptions for NOT following the CPG.
	Remittance Advice
Remittance Advice	The system includes a Remittance Advice and financial module/functionality. Please describe.
Remittance Advice	The system has HIPAA compliant remittance interfaces to the following payors:
Remittance Advice	a) Medicaid;
Remittance Advice	b) Medicare; and,
Remittance Advice	c) DPHSS Divisions, Programs, and Grants.
Remittance Advice	d) Guam third party provider
Remittance Advice	The system supports the ingest to EOBs or EOMBs.
Remittance Advice	The system supports interfacing with clearing houses (e.g., Ability).
Remittance Advice	The system allows payments to be applied at time of collection or

	same day.
	Account Management/Follow-Up
Account Management	The system has customizable online work queues to provide follow-up by payor, financial class, balance, etc.
	General Functionality
General Functionality	The system supports clinic operations. Please describe.
General Functionality	Describe the maximum number of users, customers, and database size based on the recommended hardware configuration that would still provide good user response times.
General Functionality	The system supports or improves the workflow for operations (e.g., pharmacy, laboratory, clinic, etc.).
General Functionality	The system supports multiple user access to a record. However, only one user is permitted to make changes to the same part of the record at a time.
General Functionality	The system supports FQHC specialties (primary care, dental, behavioral health).
General Functionality	The system uses timeouts to unlock locked files or records if the original user is inactive for a specified period of time.
General Functionality	The system allows users to prompt other users if they want to edit a locked file or record.
General Functionality	The system displays a prompt after a period of inactivity prior to locking.
General Functionality	The system supports the customization of note templates for disease management based on certain conditions.
General Functionality	The system possesses Structured Templates for Clinical Conditions/Workflows (Standard).
General Functionality	The system possesses Structured Templates for Clinical Conditions/Workflows (Custom).
General Functionality	The system includes built-in menus for diagnosis and coding (e.g., diagnosis (ICD-10, DSM, SNOMED CT) and procedure lookup (CPT, HCPCS).
General Functionality	The system supports flags codes are attributed an HCC or ACG risk scores.
General Functionality	The system supports the manual input of ICD codes.
General Functionality	The system ensures that only authorized clinicians can sign clinical documentation.
General Functionality	The system supports document signing logs and alerts for completion (e.g., date/time stamp).
General Functionality	The system supports real time data entry.
General Functionality	The system includes customizable user interface.
General	The system includes user customizable alert screens/messages,

Functionality	enabling capture of alert details.
General Functionality	The system has the capability of forwarding the alert to a specific provider(s) or other authorized users via secure electronic mail or by other means of secure electronic communications.
General Functionality	The user interface runs in a single application or window.
General Functionality	The system supports data entry options (e.g., direct entry, dictation, voice recognition, structured notes, etc.).
General Functionality	The system supports referrals and tracking of referrals to the clinic or to outside providers.
General Functionality	The system enables the origination, documentation, and tracking of referrals between care providers or healthcare organizations.
General Functionality	The system requires the input of procedure and/or diagnosis codes for referrals to specialists.
General Functionality	The system must allow all Admission, Discharge, Transfer, and Leave (ADTL) data to be viewed for any client throughout the system and support the ability to add or remove patients individually.
General Functionality	The system has an inbox for managing new information and messages between users.
General Functionality	The system supports industry standard interfaces, including FHIR, HL7, CCR, CCD, CDA, and ELINCS at a minimum.
General Functionality	The system accepts results via bi-directional standard interface from all standard interface compliant/capable entities or through direct data entry.
General Functionality	The system can provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.
General Functionality	Immunization Registry (WebIZ) interface/data exchange. Please describe.
General Functionality	Cancer Registry interface/data exchange. Please describe.
General Functionality	Other Specialty Registry interface/data exchange. Please describe.
General Functionality	API, Interfaces (FHIR, HL7) interface/data exchange. Please describe.
General Functionality	Health Information Exchange (HIE) interface/data exchange. Please describe.
General Functionality	Third-Party Patient Portal interface/data exchange. Please describe.
General Functionality	Practice Management System interface/data exchange. Please describe.
General Functionality	Please describe other interface engines supported.
General	Provide list of currently available interfaces for clinical

Functionality	information systems, if available, including laboratory, radiology, and pharmacy systems.
General Functionality	Third-Party Kiosk for patient intake (check in, registration, notice of privacy practices).
General Functionality	The system sends CCDA to providers that don't have CCDA exchange capability via DSM.
General Functionality	The system has a queue that can be displayed on another monitor that shows the current patient queue.
General Functionality	The system must support data import (e.g., patient history, etc.) in multiple formats:
General Functionality	a) Import - Paper;
General Functionality	b) Import - PDF;
General Functionality	c) Import scanned document (PDF, JPEG, etc.); and,
General Functionality	d) Import - Continuity of Care Document (CCD).
General Functionality	e) Import – HL7 and FHIR
General Functionality	The system supports the export of records in multiple formats:
General Functionality	a) Export - Paper;
General Functionality	b) Export - PDF; and,
General Functionality	c) Export - Continuity of Care Document (CCD).
General Functionality	The system is able to send secure email messages.
General Functionality	The system is able to receive secure email messages.
General Functionality	The system is able to send documents via fax directly through the EHR.
General Functionality	The system is able to receive documents via fax directly through the EHR.
General Functionality	The system supports Direct Secure Messaging (DSM).
General Functionality	The system supports customizable access permissions (e.g., billing).
General Functionality	The system supports connection and use from multiple handheld devices (e.g., computer and tablet). Please list supported handheld devices and if any there is any specific security configuration requirements.
General	The system supports remote access. Describe remote access

Functionality	options and requirements.
General Functionality	The system supports internal communications chat functionality (e.g., see who is logged on, notification if message was read, etc.).
General Functionality	The system supports tracking of attachments and documents shared via internal communications.
General Functionality	The system supports collaboration with other clinicians on the same client to discuss relevant notes, treatment plan, etc. (potentially via comment/tagging functionality).
General Functionality	The system has a status indicator when a patient is checked in.
General Functionality	The system has a status indicator when a patient is checked out.
General Functionality	The system has a status indicator when a patient checks vitals/sees the processing nurse.
General Functionality	The system has a status indicator when a patient is done being assessed by the provider.
General Functionality	The system has a status indicator when a patient checks out with a nurse.
General Functionality	The system has a status indicator when a patient is ready for/completing additional orders (immunizations, labs, or pharmacy).
General Functionality	The system has a status indicator when a patient is done with all orders.
General Functionality	The system is capable of interfacing with the Guam government accounting system (JD Edwards).
General Functionality	The system is capable of interfacing with an external financial accounting system.
General Functionality	Guam Government or DPHSS System for interfacing.
General Functionality	The system has customizable roles that can be assigned to users.
General Functionality	The vendor provides list of applications that are supported and/or need to be installed on the workstations for use of system and support.
General Functionality	The system supports a dashboard for financial data.
General Functionality	The system supports a dashboard for clinical data.
General Functionality	The system has built-in mechanism/access to other systems to capture cost information.
	Clinical Care Documentation and Charting
Clinical Care and Documentation	The system supports clinical care, documentation and charting. Please describe.
Clinical Care and Documentation	The system supports displays of patient summaries.

Clinical Care and Documentation	The system can provide a summary care record for each transition of care and referral visit.
Clinical Care and Documentation	The system offers prompts to support the adherence to care plans, guidelines, and protocols at the point of information capture.
Clinical Care and Documentation	The system supports patient look up (e.g., demographics, registries, etc.).
Clinical Care and Documentation	The system provides a flexible, user modifiable, search mechanism for retrieval of information captured during encounter documentation.
Clinical Care and Documentation	The system alerts providers for unfinished portions of clinical documentation or procedures.
Clinical Care and Documentation	The system alerts for required periodic clinical documentation (e.g., annual assessments).
Clinical Care and Documentation	The system allows providers to bypass alerts for unfinished clinical documentation.
Clinical Care and Documentation	The system supports attachments, edits and addendums to clinical documentation (e.g., notes).
Clinical Care and Documentation	The system archives entries so that amended, modified, voided and other entries are not deleted completely.
Clinical Care and Documentation	The system must be able to archive patient records, and provide a long-term repository for all clinical patient data with a longitudinal view of the patient's clinical data. Describe how long-term data is managed and retrieved (for example, archived to a different data store, purged, etc.).
Clinical Care and Documentation	The system has the ability to ingest data (e.g., create data objects from lab tests, pharmacy medication profiles, vital signs, height & weight, etc.).
Clinical Care and Documentation	The system allows access to other clinical information such as previous results, notes, etc. while charting.
Clinical Care and Documentation	The system supports workflows where providers can multi-task entries (e.g., creating tasks, order tab, etc.) while charting.
Clinical Care and Documentation	The system supports multiple growth charts based on ethnicity or conditions (Down's Syndrome, premature, etc.).
Clinical Care and Documentation	The system supports attachments to patient charts.
Clinical Care and Documentation	The system supports the calculation, display, and printing of patient reminders for health maintenance activities.
Clinical Care and Documentation	The system offers the flexibility for the client to develop clinic-specific questionnaires, checklists, and flow sheets.
Clinical Care and Documentation	The systems support templates and customized templates for documentation (e.g., history and physical exam, school or work excuse slips, sports physical clearance, etc.).
Clinical Care and Documentation	The system includes a combination of system default, provider customizable, and provider-defined and reusable templates for data capture.

Clinical Care and Documentation	The system supports OB/GYN documentation.
Clinical Care and Documentation	The system supports pediatric documentation.
Clinical Care and Documentation	The system supports the capture of documentation and patient electronic signatures (e.g., advanced directives, medical power of attorney, master treatment plan, consent etc.).
Clinical Care and Documentation	The system has the capability to create, maintain, and verify patient treatment decisions in the form of consents and authorizations when required.
Clinical Care and Documentation	The system supports provider printing patient forms including electronic signatures.
Clinical Care and Documentation	The system provides the ability to directly capture historical patient data (bubble sheets that can be scanned, waiting room, patient portal, etc.).
Clinical Care and Documentation	The system provides a mechanism to capture, review, or amend history of current illness.
Clinical Care and Documentation	The system supports the capture of a coded problem list that maps directly to ICD-10 or SNOMED terminology.
Clinical Care and Documentation	The system captures medical and surgical history in a structured format to allow for use in the calculation of alerts and reminders.
Clinical Care and Documentation	The system supports notifications for ADT.
Clinical Care and Documentation	The system has the ability to alert providers of immunizations, critical interventions, or preventative screenings due for a patient.
Clinical Care and Documentation	The system has a clinical rules engine and a means of alerting the practice if a patient is past due.
Clinical Care and Documentation	The system has the capability to display health prevention prompts on the summary display. The prompts must be dynamic and take into account sex, age, and chronic conditions.
Clinical Care and Documentation	The system includes a patient tracking and reminder capability (patient follow-up) updatable by the user at the time an event is set or complied with.
Clinical Care and Documentation	The system requires users (providers/nurses) to supply all information necessary for billing upon visit completion.
Clinical Care and Documentation	The system records progress notes utilizing a combination of system default, provider customizable, and provider-defined templates.
Clinical Care and Documentation	The system includes a progress note template that is problem oriented and can, at the user's option be linked to either a diagnosis or problem number.
Clinical Care and Documentation	The system presents a chronological, filterable, and comprehensive review of patient's EHR, which may be summarized and printed, subject to privacy and confidentiality requirements.

Clinical Care and Documentation	The system includes user-modifiable health maintenance templates.
Clinical Care and Documentation	The system captures, maintains, and provides access to patient advance directives.
	Order Entry
Order Entry	The system supports clinic Order Entry. Please describe.
Order Entry	The system includes an electronic Order Entry module that has the capability to be interfaced with a number of key systems depending on the health center's existing and future systems as well as external linkages, through a standard, real time, HL7 two-way interface.
Order Entry	The system displays order summaries on demand to allow the clinician to review/correct all orders prior to transmitting/printing the orders for processing by the receiving entity.
Order Entry	Health maintenance reminders or interaction alerts can be "turned on" permanently or for definable intervals on a per patient basis once the reason has been documented.
Order Entry	An interaction alert override history is available for providers to review.
Order Entry	The provider can be notified if a patient fails to have the test performed at the defined interval.
Order Entry	The system prioritizes how alerts are shown (e.g., order of severity or order of efficacy of intervention).
Order Entry	Indicate whether CPOE is part of the core product or a separate module.
Order Entry	Indicate whether CPOE is customizable per provider or templates are available.
Order Entry	The system supports recurring orders. Describe how the system accommodates this workflow.
Order Entry	The system supports Orderable Favorite per user and/or per specialty.
Order Entry	Describe how the system supports ordering for off-site (non-integrated/interfaced) orders.
Order Entry	Describe any reporting tools available for monitoring all CPOE steps (e.g., unsigned orders, overdue orders, etc.).
Order Entry	List LIS vendors that currently interface "out of the box" with CPOE.
Order Entry	List RIS/PACS systems that interface "out of the box" with CPOE.
Order Entry	The system includes an intuitive, user customizable results entry screen linked to orders.
	Population Management and Patient Education
Population Mgt and Patient Education	The system supports clinic operations including population management and patient education. Please describe.
Population Mgt and	The system allows customized organization of patient information.

Patient Education	
Population Mgt and Patient Education	The system provides support for the management of populations of patients that share diagnoses, problems, demographic characteristics, etc.
Population Mgt and Patient Education	The system allows for patient look up by demographics or conditions.
Population Mgt and Patient Education	The system can generate lists of patients by specific conditions to use for quality improvement.
Population Mgt and Patient Education	The system has custom/internal registries.
Population Mgt and Patient Education	The system supports disease management registries by:
Population Mgt and Patient Education	Allowing patient tracking and follow-up based on user defined diagnoses.
Population Mgt and Patient Education	The system generates follow-up letters to physicians, consultants, external sources, and patients based on a variety of parameters such as date, time since last event, etc. for the purpose of collecting health data and functional status for the purpose of updating the patient's record.
Population Mgt and Patient Education	Providing a longitudinal view of the patient medical history.
Population Mgt and Patient Education	Providing intuitive access to patient treatments and outcomes.
Population Mgt and Patient Education	The system enables the practice to participate in collaboration for chronic disease management and prevention.
Population Mgt and Patient Education	Providers can create or modify care plans and protocols.
Population Mgt and Patient Education	The system utilizes clinical information from all parts of the chart to provide decision support.
Population Mgt and Patient Education	Tools related to care plans and protocols are updated regularly by the vendor according to evolving care standards.
Population Mgt and Patient Education	The system can suggest interventions at the point of care such as eye exams for diabetics.
Population Mgt and Patient Education	The system alerts when intervention is recommended (e.g., Hgb A1C if patient is diabetic).
Population Mgt and Patient Education	The system can prioritize the intervention solutions mentioned in terms of greater potential benefit.
Population Mgt and Patient Education	The system provides a summary of the patient's health status.
Population Mgt and Patient Education	The system allows providers to maintain patient lists (e.g., programs, allergies, medication, etc.)
Population Mgt and Patient Education	The system supports provider printing of a patient summary sheet at the conclusion of each visit, providing all recommendation to patients and a summary of the visit.
Population Mgt and Patient Education	The system provides reference tools for patient education (e.g.,

Patient Education	medical literature, clinical guidelines, evidence-based guidelines/literature, etc.) including but not limited to Clinical Practice Guidelines (CPGs) published and maintained by credible sources such as the American Heart Association (AHA), U.S. Preventive Services Task Force (USPSTF).
Population Mgt and Patient Education	The system has the capability to create, review, update, or delete patient education materials. The materials must originate from a credible source and be maintained by the vendor as frequently as necessary.
Population Mgt and Patient Education	The system has the capability of providing printed patient education materials in culturally appropriate languages on demand or automatically at the end of the encounter.
Population Mgt and Patient Education	The system allows reference tools to be modified to meet organizational needs.
Population Mgt and Patient Education	The system allows clinical users to use these tools to import educational materials or instructions and modify them for a specific patient.
Population Mgt and Patient Education	Reference tools are available in multiple languages, at lower literacy levels, and in enlarged fonts.
Population Mgt and Patient Education	The system can use diagnoses, medications, lab results, and problem list entries in any combination to identify a population (e.g., two random glucose tests greater than 200 or two fasting glucose tests greater than 126 or any combination within 12 months).
Population Mgt and Patient Education	The system creates and maintains patient-specific problem lists.
Population Mgt and Patient Education	The system can produce work lists of patients out of compliance with recommended lab values, lab test intervals or medication management.
Population Mgt and Patient Education	The System has the capability to allow documentation templates to be setup to require the documentation of certain aspects of care in a format allowing the data to be queried or searched on for population management purposes.
Population Mgt and Patient Education	Once the population has been identified, staff can access or create a work queue of the patients in the population that are delinquent for a test (or meet some other criterion for intervention).
Population Mgt and Patient Education	The system has the capability to capture and monitor patient health risk factors in a standard format.
Population Mgt and Patient Education	The system has the capability to assign risk scores based on standardized risk factors.
Population Mgt and Patient Education	The system allows staff to navigate from the work queue or list to a particular patient's demographics, to the letter module, or to a patient's chart for documentation.
Population Mgt and Patient Education	The system would help users intervene only once for patients in multiple populations, providing all recommendations appropriate

	for those patients.
Population Mgt and Patient Education	The system flags which care management is inconsistent with the indicated disease management protocols.
Population Mgt and Patient Education	The system supports disease management tracking key to patient registries to allow automatic tracking of care-specific performance measures.
Population Mgt and Patient Education	The system provides tools for defining and developing disease-specific patient registries for tracking disease management information (e.g., clinical outcomes, complications, healthcare utilization, patient satisfaction, patient self-management, adherence to guidelines, percentage of patients using self-monitoring, and other data elements specific to the disease being managed).
Population Mgt and Patient Education	The system supports the integration of tools for remote patient monitoring (e.g., wearables, etc.).
Population Mgt and Patient Education	The system supports time-sensitive, system-produced mailers or letters to alert patients of their need for follow-up care.
Population Mgt and Patient Education	Describe how customer will be able to upload patient-provided records, either paper or electronic format (radiology, medical records, lab data, etc.).
	Pharmacy
Pharmacy	The system supports pharmacy services and billing. Please describe.
Pharmacy	Specify whether E-Prescribing is part of the core product or a separate module.
Pharmacy	Specify whether E-Prescribing is customizable per provider and/or at the enterprise level.
Pharmacy	Describe the E-Signature Requirements for E-Prescribing and what is required of the customer in order to set this up.
Pharmacy	Indicate whether an extra expense is required for local pharmacies to be set up for E-Prescribing. If so, what is the rate per transmission and what form of transmission is required?
Pharmacy	Describe the security settings available in the system to govern who can E-Prescribe.
Pharmacy	The system includes reporting tools for E-Prescribing.
Pharmacy	Describe where E-Prescription information is housed in the system.
Pharmacy	Describe the audit features for E-Prescribing. Does the system keep a running history of Rx renewal changes?
Pharmacy	Describe how new medications are displayed in the system if added by: MD, RN, MA, PA/NP, Residents.
Pharmacy	The system must provide duplicate order checking for identical active orders and identical unsigned orders.
Pharmacy	The system supports order sets for streamlined electronic pharmacy orders.

Pharmacy	The system supports the electronic pharmacy orders following the NCPDP standards.
Pharmacy	The system supports updates to meet the NCPDP standards.
Pharmacy	The system supports electronic pharmacy refills.
Pharmacy	The system provides standard drug utilization reports with various sort options (e.g., antibiotic usage for a defined period of time).
Pharmacy	The system has the capability to allow search of medication information.
Pharmacy	The system alerts for interactions (e.g., drug-drug interactions, allergy etc.).
Pharmacy	The system identifies drug interaction warnings (prescription, over the counter) at the point of medication ordering. Interactions include: drug to drug, drug to allergy, drug to disease, and drug to pregnancy.
Pharmacy	The system alerts providers to potential administration errors for both adults and children, such as wrong patient, wrong drug, wrong dose, wrong route, and wrong time in support of medication administration or pharmacy dispense/supply management and workflow.
Pharmacy	The system provides prompts for correct days' supply for non-oral and as needed medications.
Pharmacy	The system supports multiple drug formularies and prescribing guidelines.
Pharmacy	The system supports electronic eligibility checking for formularies.
Pharmacy	The system supports free text ordering.
Pharmacy	The system maintains a database for pharmacy.
Pharmacy	The system supports updates to medication library/database.
Pharmacy	Indicate how often medication updates are performed, along with the following:
Pharmacy	Vendors the system supports.
Pharmacy	Whether drug contraindications are included in updates.
Pharmacy	Whether drug interactions are included in updates.
Pharmacy	Whether drug warnings are received in updates.
Pharmacy	The system supports the need to separate pharmacy information for administering the 340B Program (stock, billing, pricing, etc.).
Pharmacy	The system must allow for contract (cost) pricing, 340B and wholesale pricing tracking.
Pharmacy	The system supports complying to tracking, alerting and reporting on prescription drugs.
Pharmacy	The system supports reports and alerts for prescriptions for specified drug classes (e.g., antipsychotic, incretin mimetics, psychotropics etc.).
Pharmacy	The system supports PDMP standards.
Pharmacy	The system supports the administration of a 340B program using

	Cerner/Etreby.
Pharmacy	The system supports interface with Cerner/Etreby.
Pharmacy	The system supports compliance with the PDMP standards (e.g., opioids, etc.).
Pharmacy	The system must include an electronic medication administration record (E-MAR) component. This must manage all orders (medications, treatments, diets, etc.) for users tasked with administration and follow-up duties.
Pharmacy	Can your system comply with printing to tamper proof paper if required to fill controlled substances orders to an external pharmacy?
Pharmacy	The EHR system can integrate with Cerner/Etreby for both billing and prescription services.
Pharmacy	If the system does not currently have an Etreby interface, the vendor is capable of building such an interface.
Pharmacy	The system supports the customization of the quantities of units/doses for medications administered.
Pharmacy	The system provides the capability for electronic transfer of prescription information to a patient or organization selected pharmacy for dispensing.
	Laboratory
Laboratory	The system supports laboratory services and billing. Please describe.
Laboratory	The system supports ordering labs electronically within the EHR for External Reference Laboratories.
Laboratory	The system obtains test results via standard HL7 interface from:
Laboratory	Laboratory;
Laboratory	Radiology/imaging; and,
Laboratory	Other equipment such as Vitals, ECG, Holter, Glucometer.
Laboratory	The system has standard interfaces for the following laboratory equipment:
Laboratory	List of lab equipment to be provided by GCHC.
Laboratory	The system must provide duplicate order checking for identical active orders and identical unsigned orders.
Laboratory	The system receives lab results electronically within the EHR (e.g., from DLS, Clinical Lab of Hawai'i, etc.).
Laboratory	The system includes ability to generate reports to validate the continued accuracy of the test system throughout the laboratory's reportable range of test results for the test system.
Laboratory	The system has a bi-directional lab component.
Laboratory	The system bi-directionally interfaces with the Guam LIS technologies.
Laboratory	The system supports receiving imaging results electronically within the EHR.
Laboratory	The process for ordering & reviewing labs is efficient.

Laboratory	The system supports tracking and reports for in-house lab orders vs external lab orders.
Laboratory	The system allows timely notification of lab results to appropriate staff as well as easy routing and tracking of results.
Laboratory	The system has the capability to evaluate results and notify the provider.
Laboratory	The system automatically alerts you if a lab result is urgent.
Laboratory	The system automatically alerts you if a lab result is abnormal/out of range.
Laboratory	The system automatically flags lab results that are abnormal or have not been received.
Laboratory	The system offers longitudinal trending of patient lab results over time.
Laboratory	The system generates patient instructions for laboratory procedure (e.g., print during order or electronic).
Laboratory	The system supports separate reference range values for males and females.
Laboratory	Panic Value Result must be indicated in EHR. It should be indicated by *CL (critically low) or *CH(critically High).
Laboratory	The system has the capability to route, manage, and present current and historical test results to appropriate clinical personnel for review, with the ability to filter and compare results.
Laboratory	Results can be easily viewed in a flow sheet as well as graph format.
	Patient Portal
Patient Portal	The system has a patient portal. Please describe.
Patient Portal	The system can provide patients with timely electronic access to their health information.
Patient Portal	The system has a guide to portal use.
Patient Portal	The system allows the patient to download their health information.
Patient Portal	The system allows the patient to transmit their health information.
Patient Portal	The system has the ability to merge patients.
Patient Portal	The system has a clinical summary page (e.g., lab or other test results etc.)
Patient Portal	The system stores information chronologically (e.g., clinical summaries, laboratory test results, images etc.).
Patient Portal	The system allows patients to request for refills of prescriptions.
Patient Portal	The system supports access on multiple devices (computer, phone, tablet).
Patient Portal	The system supports patient registration for clinic.
Patient Portal	The system can alert patients to update their information (demographics)
Patient Portal	The system is able to handle the upload of images and scanned documents (insurance card, driver's license).

Patient Portal	The patient portal supports notice of privacy practice notices for different sites.
Patient Portal	The system supports auto enrollment into the patient portal.
Patient Portal	The system supports consent to access to records (e.g., guardian access to dependent's records).
Patient Portal	The system supports tiered access to patient portal.
Patient Portal	The system includes multi-factor authentication for access.
Patient Portal	The system supports Direct Secure Messaging (patient-provider) including the following:
Patient Portal	a) Text;
Patient Portal	b) Images; and,
Patient Portal	c) PDF.
Patient Portal	The system supports access to patient education on clinical topics (e.g., patient education, events, etc.).
Patient Portal	The system supports patient scheduling/requesting of appointments.
Patient Portal	The system provides a calendar view within the portal (daily, weekly or monthly appointments).
Patient Portal	The system can send out reminder alerts.
Patient Portal	The system supports telehealth sessions including the following:
Patient Portal	a) Voice
Patient Portal	b) Video
Patient Portal	c) Chat
Patient Portal	The system supports e-signature on forms including but not limited to the following:
Patient Portal	a) Advanced Directives;
Patient Portal	b) Medical Power of Attorney;
Patient Portal	c) Informed Consent to treatment; and,
Patient Portal	d) Patient intake form.
Patient Portal	The system supports multiple languages.
	Nutrition
Nutrition	The system supports nutrition clinical services. Please describe.
Nutrition	The system should provide a history of clients' diet orders and weight record, as well as be able to calculate percent change in weight and send out alerts for significant weight change.
Nutrition	The system must allow for information on diet orders and food allergies entered in one place to be accessible to dietary, nursing, and medical staff.
Nutrition	The system should support a Medical Nutritional Therapy (MNT) Assessment/Screening Form
Nutrition	Does Guam CHC have a nutrition software for integration?
	Vision/Ophthalmology (Assessment only)
Vision	The system supports vision screening.
Vision	The system documents system eye symptoms (asthenopia,

	physiologic, and other visual symptoms).
Vision	The system collects the data fields required by the American Academy of Ophthalmology (AAO), IRIS Registry (Intelligent Research In Sight) eye disease clinical registry.
	HIPAA Privacy and Security
HIPAA Privacy and Security	The system complies and supports compliance with HIPAA privacy and Security Rules. Please describe.
HIPAA Privacy and Security	The system supports unique user access and prevent the creation of duplicate or shared user accounts.
HIPAA Privacy and Security	The system supports role-based security and permissions including the ability to lock or terminate access.
HIPAA Privacy and Security	The system support single log-on across all modules, applications, and networks/sub-networks, including interfaced/integrated third-party products. If so, explain security tools and how access codes are managed.
HIPAA Privacy and Security	The system supports 42 CFR and behavioral health privacy concerns.
HIPAA Privacy and Security	The system must provide for user-generated password reset.
HIPAA Privacy and Security	The system supports customizable access for information blocking. The system must have the ability to lock certain forms and data elements that are available within a given security level for data searching and reporting to ensure data would not be released inadvertently.
HIPAA Privacy and Security	The system supports provider login from multiple devices (e.g., login from main computer).
HIPAA Privacy and Security	The system supports access control (e.g., Multifactor authentication, keytags, etc.).
HIPAA Privacy and Security	The system supports user lockout (inactivity, password entry failures etc.).
HIPAA Privacy and Security	The system supports alerts and reporting for inappropriate access to information.
HIPAA Privacy and Security	The system supports provider registration and segmentation of data based on assigned division.
HIPAA Privacy and Security	Describe how often access is audited at vendor site and by whom.
HIPAA Privacy and Security	Indicate whether vendor has an off-site disaster recovery location and how often it is tested.
HIPAA Privacy and Security	Describe how data is kept secure.
HIPAA Privacy and Security	Describe how data is secured when accessed by handheld devices (e.g., secured through SSL web sites, iPhone apps, etc.).
HIPAA Privacy and Security	The system/vendor has a solution to encrypt data at rest.
HIPAA Privacy and Security	The system/vendor has a solution to encrypt data in transit.

Security	
HIPAA Privacy and Security	The system/vendor supports automated system backup & data recovery.
HIPAA Privacy and Security	Describe backup processes, requirements and indicate whether third-party backup solutions are supported.
HIPAA Privacy and Security	Indicate whether a third-party vendor hosts any part of your product and/or data.
HIPAA Privacy and Security	The system must incorporate extensive, secure telecommunications capabilities that allow staff and clinicians to access the EHR from remote locations.
HIPAA Privacy and Security	The system supports alert configuration for disclosure limitations (e.g., potential harm, HIV, SUD etc.)
HIPAA Privacy and Security	The system/vendor has the ability to generate and access audit trails (user, data/time, transaction activities etc.).
HIPAA Privacy and Security	The vendor has annual or regular SOC 2 audit letter.
HIPAA Privacy and Security	The vendor provides reports supporting HIPAA compliance and reporting needs.
HIPAA Privacy and Security	The vendor has documentation verifying ownership of the data belongs to the provider organization.
HIPAA Privacy and Security	The vendor identifies ownership of hardware, software, enhancements etc.
HIPAA Privacy and Security	The vendor lists all third-party support services.
HIPAA Privacy and Security	The vendor conducts third-party or internal auditing conducted for vulnerability management (e.g., penetration testing, disaster recovery testing), including typical frequency.
HIPAA Privacy and Security	Provide a list of standard reports (no customization) which the customer may run at Go Live to meet HIPAA requirements.
HIPAA Privacy and Security	Can vendor provide a contingency strategy or disaster recovery plan in the event Internet service is lost and customer is unable to access your system and application?
HIPAA Privacy and Security	List all security enhancements which must be accommodated on client workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc.).
	Federal Program Requirements
Federal Program	The system complies with federal regulations and requirements for a clinic and federally qualified community health center.
Federal Program	The vendor maintains and makes available documentation on compliance and/or certifications with federal rules and regulations for data systems, exchange, access etc. including but not limited to HIPAA, CMS, ONC, 21 st Century CURES Act.
Federal Program	The vendor has the ONC CEHRT Certification ID
Federal Program	The vendor complies with ONC data exchange and interoperability standards and requirements.

Federal Program	The system has been verified based on specific modules or application. If not, the vendor will verify if the system was certified as a whole system solution?
Federal Program	Plans for support and upgrades to meet new ONC certification?
Federal Program	How many FQHC are presently using your software?
Federal Program	The pharmacy solution must comply with federal track and trace requirements, Prescription Drug Monitoring Program (PDMP) reporting requirements, and other state/territory and federal requirements.
Federal Program	The system meets ADA accessibility options / settings (i.e., color blind, blind, etc.)
Federal Program	The patient portal meets ADA accessibility options / settings (i.e., color blind, blind, etc.)
Federal Program	Certificate for CLIA. Please list all.
	Business Requirements
Business Requirements	Indicate how long vendor has been in business.
Business Requirements	Support multi-year agreement.
Business Requirements	Indicate who has ownership of the following: data, software, enhancements or customizations paid for by customer, hardware, servers, workstations.
Business Requirements	If the product (or any significant functionality) was acquired from another company, supply the following: original company's name, original product's name, and version the vendor purchased.
Business Requirements	Specify the total number of EHR installations over the last three (3) years.
Business Requirements	Specify the percentage of EHR installations over the last three (3) years for FQHC clients.
Business Requirements	Specify the percentage of vendor-provided installs vs. outsourced to third-party companies.
Business Requirements	Indicate the current implementation timeframe when using only vendor-supplied resources.
Business Requirements	Indicate whether your company uses resellers to distribute your products. If yes, describe the reseller structure. If no, describe your distribution and sales structure.
Business Requirements	Describe how the product is licensed (i.e., individual licensing, concurrent, or both).
Business Requirements	In concurrent licensing systems, when are licenses released by the system (i.e., when the workstation is idle, locked, or only when user logs off)?
Business Requirements	For modular systems, indicate whether each module requires a unique license.
Business Requirements	Describe what each license provides.

Business Requirements	If licensing is determined per workstation, indicate whether handheld devices count towards this licensing.
Business Requirements	Indicate whether licenses are purchased per user.
Business Requirements	Define “user” if it relates to the cost and/or licensing model.
Business Requirements	Indicate whether user licenses can be reassigned when a workforce member leaves.
Business Requirements	The vendor provides a PDF copy of any user and technical manuals.
Business Requirements	List any additional fee-based services.
Business Requirements	Describe enhancement request model:
Business Requirements	Process when customer wants to add an enhancement.
Business Requirements	Additional costs for an enhancement.
Business Requirements	How soon customer will be able to view, test, and use enhancement.
Business Requirements	How upgrades will work with new enhancement.
Business Requirements	How vendor will stay up-to-date on required quality metric changes.
Business Requirements	What other companies have you partnered with to provide services on your behalf and what are their contact information? If their work is done on your behalf (implementation, upgrades, etc.), do you warranty their work as if it was your own?
Business Requirements	Will you allow the representations made in your response to this RFP to be incorporated into the contract?
Business Requirements	Will you agree to a cap on price increases? For how long?
Business Requirements	Will the customer be allowed to make payments based upon milestones with a significant portion of the fees not payable until Go Live?
	General Analytics and Reporting
General Analytics and Reporting	The system includes built-in tools for analytics. Please describe.
General Analytics and Reporting	Describe any data analytic software that is provided by the system.
General Analytics and Reporting	Describe and provide documentation on the data extraction tools the system has to enable data extraction for data analysis.
General Analytics	Specify the reporting engine utilized within the software? (ex.

and Reporting	Crystal Reports, Excel, proprietary).
General Analytics and Reporting	The system includes a stand-alone environment for analytics.
General Analytics and Reporting	The system supports user ease of creating a customized report.
General Analytics and Reporting	The system will provide support for third-party report writing products.
General Analytics and Reporting	The system supports the export of analytic reports in multiple formats (e.g., CSV, PDF).
General Analytics and Reporting	The system must generate scheduled reports triggered by facility-defined criteria.
General Analytics and Reporting	Can reports be set up to run automatically as well as routed to a specific person with in the office?
General Analytics and Reporting	The system supports the creation of complex queries and reports from multiple tables within the system (e.g., data dictionary for users for table linkage/reporting).
General Analytics and Reporting	The system supports user ease of extracting data using coding language. What coding language is used for data extracts for analytics?
General Analytics and Reporting	The system supports the view of reports online and export to print/paper.
General Analytics and Reporting	The system allows providers to create ad-hoc reports.
General Analytics and Reporting	The system had the ability to browse the data in any field, as well as the ability to search or browse records based on the value in a particular field.
General Analytics and Reporting	The system must provide flexibility to select, sort, group, and/or filter on multiple fields prior to running a query or report.
General Analytics and Reporting	The system supports provisioning users with "view-only" access for reports.
General Analytics and Reporting	At minimum, the system is able to generate a variety of reports based on performance measures identified by the Physician Consortium for Performance Improvement (AMA/Consortium), the Centers for Medicare & Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA) for chronic diseases. The system follows measures approved by NQF (National Quality Forum) and prompted by the AQA (Ambulatory Quality Alliance) as well as those identified by the HRSA's Health Disparities Collaborative.
General Analytics and Reporting	The system supports real-time or retrospective trending, analysis, and reporting of clinical, operational, demographic, or other user-specified data including current and future UDS+ reports.
General Analytics and Reporting	The system allows customized reports or studies to be performed utilizing individual and group health data from the electronic record.

General Analytics and Reporting	How will running large batch jobs impact production system performance?
	Business Reporting
Business Reporting	The system includes or supports accounting/business office reports
Business Reporting	The system creates reports or alerts for potential fraud, waste or abuse.
Business Reporting	The system must provide duplicate record checking and alerts including detail what elements are used to support duplicate record checking.
	Clinical Reporting
Clinical Reporting	The system supports Compact Impact Reporting.
Clinical Reporting	The system includes NCD and custom registries (Internal)
Clinical Reporting	The system includes built-in dashboards for QI & population health trends
Clinical Reporting	The system includes standard reports.
Clinical Reporting	The system includes custom and ad hoc reports.
Clinical Reporting	The system includes longitudinal trending on lab results.
Clinical Reporting	The system must have pharmacy auditing and reporting capabilities (e.g., inventory of controlled substances, charges from the system, hazardous drugs etc.)
Clinical Reporting	The system has standard clinical reports built into the system for the user to query aggregate patient population numbers.
	Policy and Government Reporting
Policy and Government Reporting	The system includes eCQM report configuration.
Policy and Government Reporting	The system includes the Medicare Cost Report configuration.
Policy and Government Reporting	The system includes Promoting Interoperability program Meaningful Use reporting configuration.
Policy and Government Reporting	The vendor describes what support the system offers for HRSA-required UDS reporting.
Policy and Government Reporting	The vendor describes how the system supports changes/updates to UDS reporting requirements and fields, as required by HRSA.
Policy and Government Reporting	The system includes automatic UDS reporting configurations per HRSA-issued reporting requirements.
Policy and Government Reporting	The vendor demonstrates and provide documentation for UDS reporting compliance (e.g., data fields, historic report generation).

Policy and Government Reporting	The system supports UDS reporting split up by tables.
Policy and Government Reporting	The system supports Physician Consortium for Performance Improvement (AMA/Consortium), the Centers for Medicare & Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA) for chronic diseases reporting.
	Practice Management Reporting
Practice Management Reporting	The system supports reporting to support Practice Management operations. Please describe.
Practice Management Reporting	The system supports entry of required demographic and statistical reporting capabilities for the Guam specific grant project or government Project.
Practice Management Reporting	The system provides Ryan White reports for HIV patients.
Practice Management Reporting	Data can be exported, manipulated, and downloaded to Microsoft Access or Excel in the following formats, at minimum: xls, html, xml, and csv.
Practice Management Reporting	The system includes a complete set of tools for the development of reports including a library of standard reports used in similar organizations (Crystal Reports, Business Objects, Cognos etc.)
Practice Management Reporting	The system must provide reports for account reconciliation, statement account reconciliation, and monthly account balance totals.
Practice Management Reporting	The system supports clinical quality related reporting (eQMs, PQRS, etc.)
	Data Architecture and Technology
Data Architecture and Technology	The vendor documents data architecture and technology stack. Please describe EHR system architecture and technology. If any aspects of the system is propriety please identify.
Data Architecture and Technology	Is the system comprehensive of clinical, practice management, etc. functionalities or modular?
Data Architecture and Technology	If modular list all modules available, their current version, and provide additional documents with all technical specifications, requirements, and dependencies for each module to operate fully with the "core" product.
Data Architecture and Technology	Does product provide database software? If yes, describe the advantages to your database software configuration. If no, what database application is required? (MS SQL, Oracle, MySQL, Other)?
Data Architecture and Technology	Describe in detail the database management system (DBMS) and software used by the EHR.
Data Architecture	Describe whether the DBMS license will be maintained (updated)

and Technology	by vendor and whether the maintenance of the DBMS license is included in the EHR contract.
Data Architecture and Technology	Single database for practice management (scheduling, billing) and EHR?
Data Architecture and Technology	Indicate whether the system is hosted in the cloud or on-prem.
Data Architecture and Technology	Describe where and how data is hosted. If cloud hosted and vendor has data centers outside the U.S., specify the location(s).
Data Architecture and Technology	In the past two (2) years, how many outages have you experienced due to your own infrastructure problems?
Data Architecture and Technology	Do you have redundant Internet providers?
Data Architecture and Technology	Describe how data is gathered during Internet outages.
Data Architecture and Technology	If the system is cloud-hosted, data center services shall be available on a 24/7 basis with monthly operations reports provided to the customer.
Data Architecture and Technology	The system operates in low bandwidth environments (e.g., mechanisms to address latency issues).
Data Architecture and Technology	Specify whether the system requires internet access.
Data Architecture and Technology	The system/vendor documents minimum bandwidth requirements.
Data Architecture and Technology	If the system is cloud-hosted, describe in detail how latency is or is not an issue.
Data Architecture and Technology	The vendor documents hardware, software, network infrastructure, and other requirements for system implementation and operational use, including recommended manufacturer/model (e.g., server, workstation etc.).
Data Architecture and Technology	Specify any third-party software products (other than DBMS software) required to run the proposed solution.
Data Architecture and Technology	If the solution must be hosted locally, define compute, storage, and database needs along with an estimated yearly expansion rate matrix.
Data Architecture and Technology	If the solution must be hosted locally, on-site/remote support is provided for the installation/configuration of the proposed system.
Data Architecture and Technology	Describe the minimum workstation configuration required to run the proposed solution (e.g., OS and version number, minimum hard drive space, minimum RAM, minimum processor and speed, and web browser).
Data Architecture and Technology	The vendor specifies if any proprietary hardware is proposed in system and service.
Data Architecture and Technology	The vendor documents network infrastructure requirements (e.g. firewall, switches, routers etc.).

Data Architecture and Technology	Describe the minimum network configuration required to run the proposed solution.
Data Architecture and Technology	The vendor specifies all other applications needed required for the server and system application.
Data Architecture and Technology	The vendor specifies all other components needed to support on-premise system and services.
Data Architecture and Technology	Provide a list with specifications of recommended hardware (servers, etc.) for on-premise system.
Data Architecture and Technology	The vendor describes, in detail, the minimum configuration required for on-premise Dell servers and software to support providers and operations.
Data Architecture and Technology	Specify whether the system can be virtualized. If yes, specify software required.
Data Architecture and Technology	The vendor will provide any and all virtualization software required for efficient and effective implementation of the dedicated EHR in a Dell server environment.
Data Architecture and Technology	The vendor indicates whether the customer is required to purchase hardware from the vendor.
Data Architecture and Technology	Specify whether the vendor provides hardware or has a relationship with a hardware vendor. If such a relationship exists, does vendor have negotiated pricing with them? If yes, is there discounted pricing for pricing to purchase equipment?
Data Architecture and Technology	Specify the external devices supported by the system (USB devices, scanners, flatbed, handheld, card readers, other input devices).
Data Architecture and Technology	Does the product require any type of client (i.e., Citrix, ClientWare, Cisco VPN, etc.)?
Data Architecture and Technology	The vendor specifies number and type of printers proposed to accommodate system and services.
Data Architecture and Technology	The vendor specified is there is any maximum for local or remote devices for system. Please specify by device type and limitation (excluding printers).
	Data Migration
Data Migration	The system supports data ingest from another EHR. Please describe.
Data Migration	The vendor is capable of performing the entirety of the data migration process (i.e., bulk import of CCDAs from the current system to the new EHR).
Data Migration	The system supports data exports into another EHR or system.
Data Migration	List data formats that can be exported (CSV, text/comma delimited, etc.).
Data Migration	The vendor provides a detailed data migration plan.
Data Migration	The vendor has completed data migration activities (e.g., plan, tests, etc.).
Data Migration	The system supports data migration for registration and clinical data:

Data Migration	a) Laboratory results;
Data Migration	b) Pharmacy medication;
Data Migration	c) Family history;
Data Migration	d) Social history; and,
Data Migration	e) Patient profile;
Data Migration	Will there ever be a charge to copy, move, or retrieve patient data from the product should a customer decide to change vendors or a provider leave the customer?
	Implementation and Testing
Implementation and Testing	The vendor provides EHR implementation and testing of implementation services. Please describe.
Implementation and Testing	The vendor allows the customer to test the system in a test environment.
Implementation and Testing	The vendor grants the customer access to a development/training environment for testing during upgrades and during training processes.
Implementation and Testing	End-to-end testing is completed.
Implementation and Testing	The vendor allows the customer to perform acceptance testing of the system prior to Go Live.
Implementation and Testing	The vendor gives the customer the opportunity to parallel test with the vendor or conduct acceptance testing.
Implementation and Testing	The vendor contractually permits the customer to access the live system prior to Go Live for build or “pilot” purposes.
Implementation and Testing	The vendor completes a workflow assessment or sends a workflow assessment document to be completed by the clinic. Specify the additional cost, if any, for workflow assessment.
Implementation and Testing	Vendor staff will be on-site during Go Live timeframe. Specify their role during Go Live (e.g., technical, trainer, etc.).
Implementation and Testing	Describe the vendor’s responsibility when:
Implementation and Testing	a) Implementation is not completed by vendor in the agreed upon timeframe due to issues related to the vendor (staffing conflicts, software problems, etc.);
Implementation and Testing	b) Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software;
Implementation and Testing	c) Promised product functionality does not exist at time of implementation; and,
Implementation and Testing	d) Damage occurs to hardware during transport if purchased through vendor or while vendor is on-site during installation.
	Training
Training	The vendor provides training services. Please describe.
Training	The vendor provides a sandbox environment for system evaluation and training prior to contracting.

Training	The vendor provides a learning management system or interactive learning platform. System can be accessed concurrent to implementation activities.
Training	Remote (i.e., Zoom or Webex) training or do you provide on-site training & at what cost?
Training	Is FQHC-specific training offered? If so, specify how this is provided.
Training	The vendor provides recorded training.
Training	The vendor provides train-the-trainer instruction.
Training	The vendor maintains training materials should reflect all updated information and new versions. The vendor identifies the format of training documents, the speed at which updated training documents are made available, and shares documents prior to contracting to support user acceptance evaluation.
Training	The vendor supports training for the following:
Training	Clinical Application Coordinator (main screen, system navigation, new encounters, coding, patient notes, communication)
Training	Clinical quality measures and Meaningful Use
Training	Patient registration and scheduling
Training	Revenue Cycle Management (batch payments, accounts, receivables)
Training	Electronic prescribing
Training	Reporting (end of day, registries, immunization etc.)
Training	Patient portal
Training	Trainers complete a staff readiness assessment prior to Go Live.
Training	Describe the vendor's responsibility when training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables.
	Maintenance
Maintenance	The vendor provides maintenance services. Please describe.
Maintenance	The system must meet current and future industry standards of the HITECH Act, ACA, HIPAA, CMS, and ONC. The vendor must provide list of all certifications from ONC and if certification applies to whole system or specific module. The vendor must describe change control notifications for upgrades to comply with quality, reporting and other clinic or FQHC requirements.
Maintenance	The vendor has documentation on how updates, enhancements, and new releases are delivered to customers (indicate how federal and state/territory regulatory changes are made).
Maintenance	Describe on-going maintenance, how often it is performed, and who is responsible for maintenance (i.e., backups, updates, performance monitoring and enhancements).
Maintenance	Specify normal "downtime" periods for system backup and maintenance and how this affects customer access.
Maintenance	The vendor includes upgrades in the maintenance agreement.

Maintenance	Specify the frequency of upgrades.
Maintenance	Specify how long the customer can delay an upgrade without losing support.
Maintenance	The vendor provides release notes with each upgrade.
Maintenance	Describe the vendor's responsibility when:
Maintenance	e) Upgrades cause problems;
Maintenance	f) Data is corrupted during the course of normal use and operation of the product; and
Maintenance	g) SLAs are not met.
Maintenance	Is training provided for new functionality?
Maintenance	Will a test environment be available for upgrades?
Maintenance	Specify how long the vendor will guarantee to provide maintenance or other support for the system.
Maintenance	Describe the process the vendor will follow when "sunsetting" this product.
Maintenance	The vendor updates the configuration of tables and data fields for UDS.
Maintenance	Documentation and processes for remote update.
Maintenance	Web-accessible documentation on upgrades, enhancements and new releases.
Maintenance	Supports establishment of interfaces with new technologies (e.g., laboratory, radiology etc.).
Maintenance	Should the system go down, how are operations addressed?
Maintenance	Pharmacy orders
Maintenance	Laboratory orders
Maintenance	Radiology/imaging orders
	Support
Support	The vendor provides support services. Please describe.
Support	Describe technical support offered if the system is hosted on-premise.
Support	Describe technical support offered if the system is cloud-hosted.
Support	If the system is cloud-hosted, the vendor provides qualified staff for system troubleshooting and operations management.
Support	Describe technical support offered if the system is hosted on-premise.
Support	Describe technical support offered if the system is cloud-hosted.
Support	If the system is cloud-hosted, the vendor provides qualified staff for system troubleshooting and operations management.
Support	After Go Live, specify who will be available to answer questions, issues, and/or training requests. If original implementation team, how long before this level of service is transferred to "normal" support team?
Support	Will a post Go Live assessment be completed after a specified amount of time by the vendor?

Support	If multiple support programs are offered, provide a detailed list of each with your standard SLA for each support program.
Support	Describe how support issues are handled and detail the problem/resolution process (e.g., response time, average time to close tickets, escalation process, severity level system, issue/resolution tracking system, etc.).
Support	The vendor provides remote support.
Support	For remote support, detail security setup and access rules governing when connections are created and what type of work can be performed on the live system during normal business hours.
Support	What hours are technical phone support available?
Support	The vendor provides after-hours call center support for the system to accommodate Guam time zone.
Support	The vendor has standardized communications and escalation policies and procedures including tracking or electronic ticketing for non-emergent technical support. Support is documented in an SLA.
Support	The vendor has standardized communications for product enhancement requests including cost, test, etc.
Support	The vendor defines and documents the support structure (Tiered Approach, Client assigned 1 point of contact, etc.)
Support	Describe the vendor's responsibility when problem resolution is not met by a certain time based on severity level of the problem or issue.
Support	Indicate whether online support is available (Knowledgebase, InfoCenter, etc.).
Support	Does vendor have a user group/forum for practices to seek help from peers and share ideas?
Support	Do you have electronic ticketing for non-emergent technical support?
Support	In the event access to your site is unavailable, what steps will you take to notify the customer of progress towards resolving the issue? What steps should the customer take during this time?

3.3 Term of Agreement

The initial term of contract will be for two (2) years with possible three (3) 1-year extensions based on availability of funds.

3.4 Schedule

The proposal shall include the schedule. The schedule includes the suggested project timetable detailing the time required for each major phase of the project. Please provide a general overview of the implementation process end-to-end.

- **Project Management Plan** – The proposal shall contain a comprehensive and

practical description of the Offeror's plans for project management and control mechanisms, including staff organizational structure, progress reporting, major decision making, sign-off procedures, and internal control procedures. The Offeror shall also indicate flexibility in meeting changes in program requirements and coping with problems.

- **Project Delays and Risk Management** – The proposal shall also describe how project delays will be mitigated and addressed should they occur, including assurances that sufficient resources and knowledgeable, experienced staff are available to meet the project schedule.

Provide a description of how the Offeror shall conduct risk management planning, identification, analysis, responses, and monitoring as well as controlling the risks throughout the life cycle of the project. Identify how the Offeror's Risk Management Plan shall increase positive impacts and decrease adverse events in the project.

3.5 Qualifications and Expertise

The qualifications and expertise sections of the proposal shall include:

- **Company Overview** – Tell us about your company; your experience in implementing and operating EHRs; your experience with projects similar to ours; and your experience in working with clients in small healthcare systems, multiple time zones, Medicaid programs, and low bandwidth communities. Provide links to your organization's website and online portfolios.
- **References** – Provide a list of 3-4 references (at least two FQHCs or clinics) who can attest to services requested in this RFP. Please include contact information and a brief description of work done for those clients. Website addresses to the EHR would be helpful.
- **Team** – Identify the team who will work on this project. Include name, title/role, and brief background/experience of each member. Include subcontractors if applicable.
- **Project Organization** – An Organization Chart shall be included with the following:
 - All proposed personnel
 - Differentiations between Offeror Staff and Subcontractor Staff
 - Staffing levels
 - Total hours to be expended, per phase and for the entire project
 - Supervisor level
 - Responsibilities
 - Key personnel
 - Other staff members who shall be involved in the project

Describe how the Offeror utilizes account managers or project manager assignments to its clients.

- **Subcontracting** – The Offeror and sub-contracting entities must have all necessary business licenses, registrations, and professional certifications at the time of the contracting to be able to do business in the Territory of Guam and Hawai'i. All companies submitting proposals in response to this RFP must be qualified to transact business in the State of Hawai'i.

- **Service Level Agreements** – Describe Offeror service level targets and results to its clients.
- **Qualifications** – In this Section, the Offeror shall provide the following information (referencing the subsections in sequence) to evidence the Offeror’s experience in delivering services such as those sought under this RFP:
 - A brief statement of how long the Offeror has been performing the services sought under this RFP;
 - A description of the experience level, technical and application knowledge, and government experience of the corporate technical resources that may be used for the contract;
 - A list of relevant engagements;
 - The dates of the period of service, by engagement;
 - A description of the service provided, by engagement;
 - A statement of why the Offeror believes these engagements constitute relevant company experience for this solicitation; and,
 - The Offeror shall name and describe the use and experience of all proposed Subcontractors.
- **Expertise** - Offerors shall submit a statement of relevant corporate experience within the last two (2) years, including the experience of major Subcontractors.

Vendor and System Profile

Vendor/System	The vendor has a health clinic customer base.
Vendor/System	The vendor has examples of customer recommendation.
Vendor/System	The vendor can attest to financial stability.
Vendor/System	The vendor has previous experience interfacing the system with an external financial system.
Vendor/System	The vendor has previous experience with RPMS, Etreby Cerner, etc.

- **Project Work Plan** -
 - The Offeror must provide a project plan in Microsoft Project that includes the tasks, resources, and time frame necessary for the requirements analysis, build, test, and implementation of an EHR.
 - Risk mitigation, communication protocol with TASI/PHIDC, and the Offeror’s change control process for the project should be addressed.
 - The Project Management Plan must meet American National Standards Institute (ANSI), International Organization for Standardization (ISO), and Project Management Institute (PMI) standards.
 - Appropriate Offeror staffing, subject to approval by TASI/PHIDC, must be onsite full time during development, completion, and approval of the specified deliverables.
 - Describe the implementation strategy, recommendations, and Offeror experience with implementations for other EHRs.
 - Describe how the proposed project plan aligns with project management principles and standards embodied in the Project Management Book of Knowledge (PMBOK).
 - Project Management Tools – A draft project plan and overview of the Offeror’s

- process for tracking and documenting project status.
- Describe all activities necessary to construct, configure, operate, and enable connectivity for the EHR.
- Describe the Offeror’s facility onboarding process and test acceptance requirements.
- Describe in detail how the Offeror will train, educate, monitor, and transfer the knowledge and skill sets of EHR implementations, connectivity, and data interoperability to the TASI/PHIDC and Guam CHC personnel for the purpose of continuity of operations, connectivity, and innovation.
- Describe clearly and concisely the Offeror’s expectations as to what roles these TASI/PHIDC and Guam CHC personnel occupy and the impact on the operational approach to an EHR.
- Other tasks not outlined in this RFP.

3.6 Price Proposal

The proposal shall include the price information:

- Provide a summary and algorithm of pricing for the proposed services and products. Please ensure to include all costs associated with your proposals. Indicate clearly (where/if) applicable OPTIONAL (and/or) ADD-ON Costs. Clearly indicate the estimated TCO ("total cost of ownership") for the product over a 5 year period. The initial term of contract will be for two (2) years with possible three (3) 1-year extensions based on availability of funds.
- Provide the proposed cost for the EHR and its implementation. The proposed costs will include the completion of the following major tasks preceding the complete “Go-Live” of the EHR. The start-date for the payment of the annual license by the GCHC will begin on the date that the systems is completely installed and functional for use by the Guam CHC. GCHC will pay for the license to use the system.
 - Initial installation of the EHR on-premise or cloud;
 - Conversion of data from the current EHR CCDAs into the new EHR;
 - Training in the administrative and clinical modules, beginning with Patient Registration and Billing and Accounts Receivables (including any third-party payer service);
 - Interfaces with laboratory and pharmacy modules (if an Etreby interface is provided); and,
 - Hardware, software, licenses etc.

The annual license cost for the use of the EHR shall commence with the full “Go Live” of the EHR and the completion of the above activities. See Attachment F.

- **Solutions Menu with Pricing** – Based on the elements included in the Project Scope/Objective section, tell us about your proposed solution in terms of experience, strategy, methodology, plan, and other important aspects of the implementation, training, and operational processes as well as ongoing annual costs vs one-time costs. Include all scope and tasks, along with a line-item breakdown of

costs if not included in Attachment F.

The Offeror shall provide the annual license cost for the use of the EHR that shall be fixed for a 5-year period. For each subsequent 5-year period, the license cost shall be increased by not more than 4%. The cycle of the incremental increase over all subsequent 5-year periods shall be in perpetuity.

The Offeror must further warrant that should the Proposer seek to sell the software to another company, the purchasing company shall novate this license in whole to the company purchasing the software ownership or provide the option for the RCUH and successor to use the software and the Proposer shall provide all source code for the software.

- **Support** – Cost for providing continued maintenance (monthly Cost) includes system upgrades and modifications required by the Federal government, ONC, and Medicaid to comply with changes to regulations, state/territory policies, and CMS directives.
- **Optional Offering** – Cost for providing additional modules and services.
- **Financial Stability** – Offerors shall submit copies of their organization's independently audited financial statements within the last eighteen (18) months or provide a letter of good credit from their bank. If neither of these are available, Offeror shall submit a performance bond. The financial statement submitted shall be solely for the Offeror.

3.7 Appendices

The proposal shall include the information as specified in the following appendices:

- Appendix A – Proposal Letter. The Proposal Letter shown in Appendix A shall be signed and dated by an individual authorized to legally bind the Offeror. Evidence shall be submitted showing the individual's authority to bind the Offeror.
- Appendix B – Offeror's Profile. The Offeror's Profile form shown in Appendix B shall be completed in its entirety.
- Appendix C – References. Using the form shown in Appendix C, the Offeror must disclose all contracts for similar services performed during the last two (2) years. Points of contact and contact information should be indicated for each contract listed. These will serve as potential references to be contacted by the RCUH as part of the evaluation of the Offeror's proposal.
- Appendix D – Cost and Pricing Questionnaire. This must be completed.

Appendix A Proposal Letter To The Research Corporation Of The University Of Hawaii

We propose to provide services for the Research Corporation of the University of Hawaii, for the benefit of _____ of the University of Hawaii.

It is understood that this proposal constitutes an offer.

It is understood and agreed that we have read the Research Corporation of the University of Hawaii's specifications described in the RFP and this proposal is made in accordance with the provisions of such specifications. By signing this proposal, we guarantee and certify all items included in this proposal meet or exceed any and all such specifications, and agree to the terms and conditions in all of the documents described in Section 4.6 of the RFP, including Attachments.

If selected, we agree to deliver goods and services which meet or exceed the specifications.

Respectfully submitted,

Authorized Signature

Date

Printed Name

Title

Email Address

Telephone

If contract is awarded, the purchase order/payment
should be made to

Federal EIN

Remittance Address

City, State, Zip Code

*Attach to this page: Evidence of authority of the above officer to submit an offer on behalf of the company, giving also, the names and addresses of the other officers of the company.

Appendix B Offeror Profile

OFFEROR PROFILE

(All items must be provided to be considered)

Company Name: _____

Type of Company: _____

Address:

Total # Full Time Employees: _____

Phone Number: _____

Email: _____

Federal ID #: _____

Company Start Date _____

State ID #: _____

Project Manager / Principal Contact (Attach Bio): _____

Assigned Employees (Attach Bios):

(Attach Additional Listings)

Signature: _____ Date: _____

Position/Title: _____

*Attach to this page: Resumes for all project team members.

Appendix C References

REFERENCES

Name of Firm

Address

Contact Name

Position

Telephone Number

Email Address

Dates of Services

Description of Services Provided

Appendix D Cost and Pricing Questionnaire

This Cost and Pricing Questionnaire must be completed in full in order for your proposal to be considered in response to the Community Health Centers Certified Electronic Health Record Implementation Project RFP. Please state your total cost for all products and services, including system implementation, for the first 5 years of the system's operation on line 1, below. On line 2, below, state the ongoing annual cost for the system.

For each cost category or item listed in the table below, please provide a dollar cost and brief description. In the description column, clarify if the cost is one-time, annual, or other frequency. If there is an anticipated increase for annual costs, please specify in the description column. The total cost should equal the sum of all the costs listed in these sections.

If a category or item is not included in the table below, add additional cost categories as necessary. If additional services or system components are recommended by the Offeror for this RFP, but not specified in the requirements, please include in the table below and note as optional service or functionality in the description column.

Offeror guarantees the support costs shall not exceed or escalate beyond three percent (3%) for license costs. If Offeror cannot make this guarantee, please include in the appropriate category's description. Offeror shall provide the annual license cost for the use of the EHR that shall be fixed for a 5-year period. For each subsequent 5-year license period, the license cost shall be increased by not more than 3%. The cycle of the incremental increase over all subsequent 5-year license periods shall be in perpetuity.

1. Total Cost for First 5 Years: _____

2. Total Ongoing Annual Cost: _____

Product/Service	Description	Cost
Software modules included in the system, not including any licensing costs.		

Product/Service	Description	Cost
Hardware (if applicable).		
Cloud hosting (if applicable)		
Project management.		
System installation and configuration.		
Interfaces (e.g., lab, pharmacy, financial, etc.).		
Travel expenses for implementation.		
Data migration.		
Training services, including training materials.		
System User Acceptance Testing.		
Any system support/maintenance, not including licensing/subscription costs.		
All licensing and/or subscription costs associated with the system.		
Other one-time costs (please specify).		
Other ongoing costs (please specify).		
<i>Add more rows for cost categories as needed.</i>		

SECTION 4: Evaluation of Proposals and Basis for Award (Criteria for Selection)

4.1 Evaluation of Offeror Proposals

All responsive proposals received by the Closing Date for Receipt of Proposals of 3:00 P.M. (HST), December 30, 2022 will be evaluated and scored.

4.2 Evaluation Committee

A committee, comprised of at least three (3) representatives, will evaluate and score each proposal submitted following the review of all proposals and completion of oral presentations, if required. The committee will submit its evaluations to the Delegated Procurement Officer, who may also be a representative on the committee. The Delegated Procurement Officer will review the RFP and the evaluations before the selection of a Contractor. The firm with the highest score, according to the criteria shown in this section, shall be awarded the contract.

4.3 Criteria for Proposal Evaluation and Scoring Method

The scoring and subsequent ranking of each proposal will be based on a scoring method using weighted formulas for technical merit (e.g., ability to meet scope of work/schedule), qualifications and expertise, references, price, and other. The total score for each proposal will be on a scale of 0 to 100 points. Four (4) general categories will be used to evaluate the proposals:

Category	Maximum Number of Points per Category
Technical Merit	55
Qualifications and Expertise	10
References	5
Price	30
Total	100

4.3.1 Detailed Evaluation Formula For Technical Merit

	Maximum Number of Points per Category
Technical Merit	
Clinical and Operations Functionalities	30
Data Architecture and Technology	10
Implementation and Support	15

4.3.2 Detailed Evaluation Formula For Qualifications and Expertise

	Maximum Number of Points per Category
Qualifications and Expertise	
Years of Experience as EHR Vendor	2
Work with FQHCs	3
ONC Certified System	5

4.3.3 Detailed Evaluation Formula For Reference

References	Maximum Number of Points per Category
Background	5

4.3.4 Detailed Evaluation Formula For Price

Price	Maximum Number of Points per Category
Lowest Price	30

A pricing formula shall be used to allot points based on the Offeror’s price (not including options and add-ons) and the price of the lowest bidder (not including options and add-ons).

The References category will be scored by selecting up to three (3) to four (4) of the Offeror’s previous or current customers and factoring their responses to standardized questions into the evaluation.

4.4 Basis For Selection And Award Of An Agreement For Services

The RCUH will select and attempt to negotiate a mutually acceptable Agreement for Services with the first-ranked Offeror. If this cannot be accomplished within twenty-one (21) calendar days after initial Selection, the RCUH reserves the right to terminate contract negotiations with the first-ranked Offeror and may select the second-ranked Offeror for negotiation of a potential award. This process may continue in order of Offeror ranking until a mutually acceptable Agreement for Services is achieved with the RCUH and an award is made to a selected Offeror.

4.5 Oral Presentations

Following the scoring and ranking of proposals, RCUH may elect to have the offerors make presentations of their proposals to RCUH; however, no new information can be presented. If there are more than three (3) proposals submitted, RCUH may elect to limit the number of offerors eligible to make presentations, to a priority list of offerors (comprised of at least three (3) highest ranked qualified offerors). If, after presentations by the offerors RCUH determines that an amendment to the RFP is needed, the offerors will be permitted to submit a new proposal or amend their first proposal which will be considered their best and final offer (BAFO), and rescored.

4.6 Requirements For An Agreement For Services With The Research Corporation of the University Of Hawai’i

The selected Offeror must submit the following documentation prior to execution of an Agreement for Services with the RCUH:

1. Tax clearance from the Hawai’i Department of Taxation and the U.S. Internal Revenue Service. See Section 1.10 of this RFP.
2. Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters, if applicable.
3. Certification and Disclosure Regarding Payments to Influence Certain Federal

Transactions, if applicable.

Acceptance of an Agreement for Services with the Research Corporation of the University of Hawai'i requires acceptance of **Attachment B** – General Conditions for Services Agreements; **Attachment C** – Special Conditions for Services Agreements – Federal Provisions, if applicable; **Attachment D** – Standards of Conduct Declaration; and **Attachment E** – Insurance Requirements, if applicable. Necessary forms will be provided to the selected Offeror.

Attachment A. Notice of Intent to Submit a Proposal

(To be sent by email to tasiadmin@uhtasi.org.)

Company Name: _____

Address: _____

Phone No.: _____

Email.: _____

I acknowledge receipt of Request for Proposal No. _____ and my company intends to submit a proposal prior to the Closing Date for Receipt of Proposals. I acknowledge the requirements for a services agreement with the Research Corporation of the University of Hawaii, including submittal of a price proposal; State of Hawaii Department of Taxation and Internal Revenue Service tax clearances; Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters; Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions; Standards of Conduct Declaration; and acceptance of the General Conditions for Services Agreements and the Special Conditions for Services Agreements (Federal Provisions).

I acknowledge receipt of Request for Proposal No. _____ but my company is not submitting a proposal.

Submitted by:

Signature

Date

Typed Name

Title

Attachment B. General Conditions for Services Agreements

1. Coordination of Services by the State. RCUH, or RCUH's designee, shall coordinate the services to be provided by CONTRACTOR in order to complete the Project. CONTRACTOR shall maintain communications with RCUH or the RCUH designee at all stages of CONTRACTOR's work and submit to RCUH or the RCUH designee, for resolution, any questions which may arise regarding this Agreement, including, but not limited to, CONTRACTOR's performance of this Agreement.
2. Relationship of Parties. Independent Contractor Status and Responsibilities, including Tax Responsibilities.
 - a) In the performance of services required under this Agreement, CONTRACTOR shall be an "independent contractor", with the authority and responsibility to control and direct the performance and details of the work and services required under this Agreement; however, RCUH shall have a general right to inspect work-in-progress to determine whether, in RCUH's opinion, the services are being performed by CONTRACTOR in accordance with the provisions of this Agreement. It is understood that RCUH does not agree to use CONTRACTOR exclusively, and the CONTRACTOR is free to contract their services to other individuals or entities while under contract with RCUH.
 - b) CONTRACTOR will execute a Business Associate Agreement with contract.
 - c) CONTRACTOR, and CONTRACTOR's employees and agents, shall not be considered agents or employees of RCUH for any purpose, and CONTRACTOR's employees and agents shall not be entitled to claim or receive from RCUH any vacation, sick leave, retirement, workers' compensation, unemployment insurance, or other benefits provided to RCUH employees.
 - d) CONTRACTOR shall be responsible for the accuracy, completeness, and adequacy of its performance under this Agreement. Furthermore, CONTRACTOR intentionally, voluntarily, and knowingly assumes the sole and entire liability (if such liability is determined to exist) to CONTRACTOR's employees and agents, and to any individual not a party to this Agreement, for all loss, damage, or injury caused by CONTRACTOR or CONTRACTOR's employees or agents in the course of their employment.
 - e) CONTRACTOR shall be responsible for payment of all applicable federal, state, and county taxes and fees which may become due and owing by CONTRACTOR by reason of this Agreement, including but not limited to (i) income taxes; (ii) employment related fees, assessments, and taxes; and (iii) general excise taxes. CONTRACTOR is further responsible for obtaining all licenses, permits, and certificates that may be required by reason of this Agreement, including but not limited to a general excise tax license from the Department of Taxation, State of Hawai'i.
 - f) CONTRACTOR shall be responsible for securing any and all insurance coverage for CONTRACTOR and CONTRACTOR's employees and agents which is, or may

be, required by law. CONTRACTOR shall further be responsible for payment of all premiums, costs, and other liabilities associated with securing said insurance coverage.

3. Personnel Requirements.

- a) CONTRACTOR shall secure, at CONTRACTOR's own expense, all personnel required to perform the services required by this Agreement.
- b) CONTRACTOR shall ensure that CONTRACTOR's employees and agents are experienced and fully qualified to engage in the activities and services required under this Agreement. Additionally, all applicable licensing and operating requirements imposed or required under federal, state, and county law as well as all applicable accreditation and other standards of quality generally accepted in the field of the activities of such employees and agents are complied with and satisfied.

4. Nondiscrimination. No person performing work under this Agreement, including any subcontractor, employee, or agent of CONTRACTOR, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.

5. Subcontracts and Assignments. CONTRACTOR shall not assign or subcontract any of CONTRACTOR's duties, obligations, or interests under this Agreement without the prior written consent of RCUH. Additionally, no assignment by CONTRACTOR of CONTRACTOR's right to compensation under this Agreement shall be effective unless and until the assignment is approved in writing by RCUH and a tax clearance is submitted by the assignee. RCUH must also approve, in writing, all other assignment or subcontract agreements entered into by CONTRACTOR's assignees and subcontractors, prior to execution.

6. Conflict of Interest. CONTRACTOR represents that neither CONTRACTOR, nor any employee or agent of CONTRACTOR, presently has any interest (and promises that no such interest, direct or indirect, shall be acquired), which would or might conflict in any manner or degree with the performance of CONTRACTOR's services under this Agreement.

7. Modifications of Agreement. Any modification, alteration, amendment, change, or extension to any term, provision, or condition of this Agreement shall be made only by written amendment to this Agreement, signed by CONTRACTOR and RCUH. No modification, alteration, amendment, change, or extension to any term, provision, or condition of this Agreement signed by any persons, including the University of Hawai'i, shall be binding on RCUH unless signed by an authorized official of RCUH.

8. Suspension of Agreement. RCUH reserves the right at any time and for any reason to suspend all or any part of the performance required by this Agreement for any reasonable period, upon written notice to CONTRACTOR. Upon receipt of said notice, CONTRACTOR shall immediately comply with said notice and suspend all such work under this Agreement at the time stated.

9. Termination of Agreement for Default.

- a) If CONTRACTOR breaches this Agreement by failing to satisfactorily fulfill in a timely or proper manner CONTRACTOR's obligations under this Agreement, or failing to perform any of the promises, terms, or conditions of this Agreement, RCUH shall have the right to terminate this Agreement in whole or in part, by giving written notice to CONTRACTOR at least seven (7) calendar days (or any longer time as specified by RCUH in writing) before the effective date of termination. The notice shall provide CONTRACTOR with an opportunity to cure its default or take satisfactory corrective action within the seven (7) days (or other longer time as specified by RCUH). In the case of a partial termination, CONTRACTOR shall continue performance of this Agreement to the extent it is not terminated.
- b) CONTRACTOR shall, within four (4) weeks of the effective date of such termination (or within four (4) weeks of the scheduled expiration of the time of performance specified in this Agreement, whichever is earlier), compile and submit in an orderly manner to RCUH an accounting of the work performed up to the effective date of termination or expiration. In such event, CONTRACTOR shall be paid for the actual cost of the services rendered, but in no event more than the total compensation payable to CONTRACTOR under this Agreement.
- c) As of the date of termination provided in the notice, CONTRACTOR shall incur no further obligations in connection with the terminated performance, and CONTRACTOR shall stop performance to the extent specified. CONTRACTOR shall also terminate outstanding orders and subcontracts as they relate to the terminated performance. CONTRACTOR shall settle the liabilities and claims arising out of the termination of subcontracts and orders connected with the terminated performance, subject to RCUH's approval. RCUH may choose to direct CONTRACTOR to assign CONTRACTOR's right, title, and interest under terminated orders or subcontracts to RCUH.
- d) CONTRACTOR shall not be relieved of liability to RCUH for damages sustained because of any breach by CONTRACTOR of this Agreement, including but not limited to RCUH's procurement of similar goods and services in a manner and upon terms deemed appropriate by RCUH. In such an event, RCUH may retain any amounts which may be due and owing to CONTRACTOR until such time as the exact amount of damages due to RCUH from CONTRACTOR has been determined. RCUH may also set off any damages so determined against the amounts retained.
- e) Upon termination of this Agreement (or upon the scheduled expiration of the time of performance specified in this Agreement, whichever is earlier), all finished and unfinished material prepared by CONTRACTOR shall, at RCUH's option, become RCUH's property and, together with all material, if any, provided to CONTRACTOR by RCUH, shall be delivered and surrendered to RCUH on or before the expiration date or date of termination. For purposes of this Agreement, "material" includes but is not limited to any information, data, reports, summaries, tables, maps, charts, photographs, films, graphs, studies, recommendations, program concepts, titles, scripts, working papers, files,

models, audiotapes, videotapes, computer tapes, cassettes, diskettes, documents, and records developed, prepared, or conceived by CONTRACTOR in connection with this Agreement, or furnished to CONTRACTOR by RCUH. Additionally, CONTRACTOR shall take timely, reasonable, and necessary action to protect and preserve property and materials in the possession of CONTRACTOR, in which RCUH has an interest.

10. Termination of Agreement for Convenience.

- a) RCUH may terminate this Agreement without statement of cause at any time, in whole or in part, by giving written notice to CONTRACTOR of such termination at least thirty (30) calendar days before the effective date of such termination. In the event of a partial termination, CONTRACTOR shall continue performance of this Agreement to the extent it is not terminated.
- b) Upon termination of this Agreement, CONTRACTOR shall, within four (4) weeks of the effective date of such termination, compile and submit in an orderly manner to RCUH an accounting of the work performed up to the effective date of termination. In such event, CONTRACTOR shall be paid for the actual cost of the services rendered, but in no event more than the total compensation payable to CONTRACTOR under this Agreement.
- c) As of the date of termination provided in the notice, CONTRACTOR shall incur no further obligations in connection with the terminated performance, and CONTRACTOR shall stop performance to the extent specified. CONTRACTOR shall also terminate outstanding orders and subcontracts as they relate to the terminated performance. CONTRACTOR shall settle the liabilities and claims arising out of the termination of subcontracts and orders connected with the terminated performance, subject to RCUH's approval. RCUH may choose to direct CONTRACTOR to assign CONTRACTOR's right, title, and interest under terminated orders or subcontracts to RCUH.
- d) All finished and unfinished material prepared by CONTRACTOR shall, at RCUH's option, become RCUH's property and, together with all material, if any, provided to CONTRACTOR by RCUH, shall be delivered and surrendered to RCUH on or before the date of termination. For purposes of this Agreement, "material" includes but is not limited to any information, data, reports, summaries, tables, maps, charts, photographs, films, graphs, studies, recommendations, program concepts, titles, scripts, working papers, files, models, audiotapes, videotapes, computer tapes, cassettes, diskettes, documents, and records developed, prepared, or conceived by CONTRACTOR in connection with this Agreement, or furnished to CONTRACTOR by RCUH. Additionally, CONTRACTOR shall take timely, reasonable, and necessary action to protect and preserve property and materials in the possession of CONTRACTOR, in which RCUH has an interest.

11. Compliance with Laws. CONTRACTOR shall comply with all federal, state, and county laws, ordinances, codes, rules, and regulations, as the same may be amended from time to time, which in any way affect CONTRACTOR's performance of this Agreement.

12. Indemnification and Defense. CONTRACTOR shall defend, indemnify, and hold harmless RCUH, the University of Hawai'i, the State of Hawai'i, and the Project, and their respective officers, employees, and agents from and against all liability, loss, damage, cost, and expense, including all attorneys' fees and costs, and all claims, suits, and demands therefore, arising out of or resulting from the acts or omissions of CONTRACTOR or CONTRACTOR's employees, officers, agents, or subcontractors, occurring during or in connection with the performance of CONTRACTOR's services under this Agreement. The provisions of this paragraph shall remain in full force and effect notwithstanding the expiration or early termination of this Agreement.

13. Disputes. No dispute arising under this Agreement may be sued upon by CONTRACTOR until after CONTRACTOR's written request to RCUH to informally resolve the dispute is rejected, or until ninety (90) days after RCUH's receipt of CONTRACTOR's written request, whichever occurs first. While RCUH considers CONTRACTOR's written request, CONTRACTOR agrees to proceed diligently with the provision of services necessary to complete the scope of services described in Attachment 1.

14. Confidentiality of Material.

- a) All material given to or made available to CONTRACTOR by virtue of this Agreement, whether oral or written, and which is identified as proprietary or confidential information, will be safeguarded by CONTRACTOR and shall not be disclosed to any individual or organization without the prior written approval of RCUH.
- b) All information, data, or other material provided by CONTRACTOR to RCUH, which is identified as proprietary or confidential, shall be kept confidential to the extent permitted by law.

15. Ownership and Intellectual Property Rights.

- a) Physical Material. The University of Hawai'i shall have complete ownership of all physical material, both finished and unfinished, which is acquired, developed, prepared, or assembled by CONTRACTOR pursuant to this Agreement, unless the provisions of the Project's Prime Award (grant/contract awarded directly by the federal government), if any, requires that title to physical material vest in another party. If determined by RCUH to be necessary, CONTRACTOR and RCUH shall execute any and all documents necessary to establish the University of Hawai'i or other required party as the owner of the material, without the need for any additional consideration.
- b) Patentable Inventions.
 - i. Rights to Patentable Inventions. The rights to patentable inventions shall be determined in accordance with the provisions of the Project's Prime Award, if any. If the Prime Award is subject to the applicable regulations governing patents and inventions incorporated in 37 CFR 401, the term "subcontractor" shall be substituted for "contractor" throughout 37 CFR 401, unless the context of the clause requires otherwise. It is intended that 37 CFR 401 shall apply to CONTRACTOR in such a manner as is

necessary to: (1) reflect the position of CONTRACTOR as a subcontractor to RCUH, (2) ensure CONTRACTOR's rights under 37 CFR 401 and its obligations to RCUH, the Project, and the United States government, and (3) enable the Project to meet its obligations under its Prime Award. In the absence of ownership provisions in the Prime Award, or if the Project is supported by other funds, the ownership of patentable inventions developed pursuant to this Agreement will be determined under applicable U.S. law. If determined by RCUH to be necessary, CONTRACTOR and RCUH shall execute any and all documents necessary to establish the rights to the patentable inventions, without the need for any additional consideration.

- ii. Licensing of Patentable Inventions. CONTRACTOR agrees to grant and hereby does grant to the University of Hawai'i an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, make, have made, and distribute any patentable invention first conceived or reduced to practice in the performance of this Agreement.
- c) Copyrights. The University of Hawai'i shall have complete ownership of all copyright material (including but not limited to any computer software and its documentation and/or databases) that is developed or prepared by CONTRACTOR for RCUH pursuant to this Agreement, and all such material shall be considered "works-made-for-hire." All such material shall be delivered to RCUH upon expiration or termination of this Agreement. CONTRACTOR, however, may use thereafter any ideas and techniques that may be embodied in such works. To the extent the material is not recognized as a "work-made-for-hire" as a matter of law, CONTRACTOR hereby assigns to the University of Hawai'i any and all copyrights in and to the material. If determined by RCUH or the University of Hawai'i to be necessary, CONTRACTOR, the University of Hawai'i, and RCUH shall execute any and all documents necessary to establish the University of Hawai'i as the owner of the material, without the need for any additional consideration.

16. Publicity. CONTRACTOR shall not refer to RCUH, the University of Hawai'i, the Project, or any office, agency, or officer thereof, or to the services provided pursuant to this Agreement, in any of CONTRACTOR's brochures, advertisements, or other publicity of CONTRACTOR. All media contacts with CONTRACTOR about this Agreement shall be referred to RCUH.

17. Payment Procedures; Final Payment. All payments under this Agreement shall be made only upon (a) submission by CONTRACTOR to RCUH of original invoices specifying the amount due and certifying that services requested under this Agreement have been performed by CONTRACTOR according to this Agreement, and (b) satisfactory performance as determined by RCUH and as specified in Attachments 1, 2, and 3.

18. Tax Clearance. Final payment under this Agreement shall be subject to Section 103-53 of the Hawai'i Revised Statutes, which requires a tax clearance from the Hawai'i Department of Taxation and the U.S. Internal Revenue Service, stating that all delinquent taxes, if any, levied or accrued against CONTRACTOR have been paid. A tax

clearance is required on final payment for agreements of \$25,000 or more. In addition to obtaining a tax clearance prior to final payment, CONTRACTOR is required to obtain a tax clearance from the Hawai'i Department of Taxation and the U.S. Internal Revenue Service prior to the execution of this Agreement, if \$25,000 or more.

19. Governing Law, Jurisdiction, and Venue. The validity of this Agreement and any of its terms and/or provisions, as well as the rights and duties of the parties to this Agreement, shall be governed by the laws of the State of Hawai'i. Any action at law or in equity to enforce or interpret the provisions of this Agreement shall be brought in a state court of competent jurisdiction in Honolulu, Hawai'i.
20. Notices. Any written notice required to be given by a party to this Agreement shall be (a) delivered personally, or (b) sent by United States first class mail, postage prepaid, to RCUH at its address, and to CONTRACTOR at its address, as indicated in this Agreement. A notice shall be deemed to have been received by the recipient three (3) days after mailing or at the time of actual receipt, whichever is earlier.
21. Severability. In the event that any provision of this Agreement is declared invalid or unenforceable by a court of competent jurisdiction, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining terms of this Agreement, provided that the remaining terms and conditions of this Agreement remain legal and enforceable.
22. Waiver. The failure of RCUH to insist upon strict compliance with any term, provision, or condition of this Agreement shall not constitute or be deemed to constitute a waiver or relinquishment of RCUH's right to enforce the same in accordance with this Agreement.
23. Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same Agreement.
24. Federal Provisions. If federal funds are expended under this Agreement, CONTRACTOR shall comply with the applicable provisions of Attachment C.

Attachment C. Special Conditions for Services Agreements

FEDERAL PROVISIONS

1. If federal funds (under a federal grant) are expended under this Agreement, CONTRACTOR shall comply with the applicable provisions of RCUH Attachment 32a.
2. If federal funds (under a federal prime contract) are expended under this Agreement, CONTRACTOR shall comply with the applicable provisions of RCUH Attachment 32b.
3. If federal funds (under a cost-type prime cost reimbursable contract) are expended under this Agreement, and CONTRACTOR is a commercial entity in possession of government property, CONTRACTOR shall comply with the applicable provisions of RCUH Attachment 32c.
4. If federal funds (under a cost-type prime cost reimbursable contract) are expended under this Agreement, and CONTRACTOR is an educational or nonprofit entity in possession of government property, CONTRACTOR shall comply with the applicable provisions of RCUH Attachment 32d.

The aforementioned federal provisions can be found at: <https://www.rcuh.com/document-library/2-000/>.

Attachment D. Standards of Conduct Declaration

For purposes of this declaration:

“Controlling interest” means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty percent (50%).

“Employee” means any nominated, appointed, or elected officer or employee of the State, including members of boards, commissions, and committees, and employees under contract to the State or of the Constitutional Convention, but excluding legislators, delegates to the constitutional convention, justices, and judges. References to “Employee,” below, includes all State of Hawai‘i employees, including RCUH and UH employees. (HRS § 84-3).

On behalf of (CONTRACTOR), the undersigned does declare, under penalty of perjury, as follows:

1. CONTRACTOR (is) (is not) a legislator, an Employee, or a business in which a legislator or employee has a “Controlling interest”. (HRS § 84-15(a)).
2. CONTRACTOR (is) (is not) a UH or RCUH employee. (2 C.F.R. § 200.459 Professional service costs).
3. CONTRACTOR *has not* been, and *will not* be, represented or assisted personally on matters related to this Agreement by an individual who has been an employee of RCUH or UH within the preceding two (2) years, and who participated while so employed in the matter with which this Agreement is directly concerned. (HRS § 84-15(b)).
4. CONTRACTOR *has not* been assisted or represented by a legislator or Employee for a fee or other compensation to obtain this Agreement and *will not* be assisted or represented by a legislator or Employee for a fee or other compensation in the performance of this Agreement, if the legislator or Employee was involved in the development or award of this Agreement. (HRS § 84-14(d)).
5. CONTRACTOR *has not* been, and *will not* be, assisted or represented by an employee of RCUH or UH for a fee or other compensation.
6. CONTRACTOR *has not* been, and *will not* be, represented on matters related to this Agreement, for a fee or other consideration by an individual who, within the past twelve (12) months, served as a legislator or Employee, and participated while a legislator or Employee on matters related to this Agreement. (HRS §§ 84-18(b) and (c)).
7. CONTRACTOR *has not* been, and *will not* be, represented by a former employee of RCUH or UH for a fee or other compensation, where that former employee served as an employee of RCUH or UH within the past twelve (12) months.

CONTRACTOR understands that the Agreement to which this document is attached is voidable on behalf of the RCUH if the Agreement was entered into in violation of any

provision of Chapter 84, Hawai'i Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the above declarations. Additionally, any fee, compensation, gift, or profit received by any person as a result of violating the Code of Ethics may be recovered by RCUH.

CONTRACTOR

By

Its

(Title)

Date

* Reminder to the Project. If the "(is)" in No. 1 and/or 2 above is selected: (a) contact RCUH Procurement prior to executing this Agreement; and (b) if this Agreement involves goods or services of a value in excess of \$10,000, this Agreement must have been awarded by a competitive sealed bid or proposal.

Otherwise, the Project may not enter into this Agreement unless it posts a notice of intent to award this Agreement and files a copy of the notice with the Hawai'i State Ethics Commission at least ten (10) days before this Agreement is awarded. (HRS § 84-15(a)).

Attachment E. Insurance Requirements

Awardee shall maintain Commercial General Liability insurance acceptable to RCUH in full force and effect throughout the term of this Agreement. The policy or policies of insurance maintained by Awardee shall provide Combined Single Limit Coverage (bodily injury and property damage) in the amount of One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) per project aggregate. Insurance shall be in force the first day of the term of this Agreement. Any insurance maintained by RCUH will apply in excess of, and not contribute with, insurance held by Awardee.

Workers' Compensation Insurance – Awardee shall maintain workers' compensation insurance for all persons whom they employ in carrying out the work under this Agreement, in amounts sufficient to meet the Hawai'i statutory limits and/or the legal requirements in all other jurisdictions where work will be performed.

Awardee shall maintain Cyber-security insurance, during the term of Agreement, with coverage of not less than Five Million Dollars (\$5,000,000.00) per occurrence, and Five Million Dollars (\$5,000,000.00) general aggregate, that includes but is not limited to coverage for first-party costs and third-party claims from: (i) failure to protect data, including unauthorized disclosure, use, or access; (ii) security failure or privacy breach; (iii) failure to disclose such breaches as required by law, regulation, or contract; (iv) notifications, public relations, credit monitoring, postage, advertising, and other services to assist in managing and mitigating a cyber-incident; (v) interruptions of business operations; (vi) network security failure; (vii) cyber-extortion; (viii) cyber- terrorism; (ix) communications and media liability (e.g., infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark, or service name in the policyholder's covered material); (x) EFT, computer, and electronic transmissions fraud and theft; and (xi) other cyber-liability and cyber-crime expenses.

Each insurance policy and COI required by this Agreement shall:

- a. Provide that any insurance maintained by RCUH will apply in excess of, and not contribute with, insurance provided by the Contractor's policy.
- b. Name RCUH, the State of Hawaii, and the University of Hawaii as additional insureds with respect to operations performed for the University of Hawaii and RCUH.
- c. Waive all rights of subrogation in favor of RCUH, the State of Hawaii, and the University of Hawaii.

Clauses a and b are waived for any workers' compensation.