



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

TECHNICAL PROPOSAL PACKET

DH-18-0003

Type or Print the following information.

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

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's proposal to be disqualified.**

Authorized Signature: _____ **Title:** _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

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

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

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

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

VENDOR PROFILE

Pursuant to A.C.A. § 23-115-501 et seq., Vendor **shall** submit the following information with bid submission:

- A. Business name
- B. Business address
- A. Alternate business address
- B. Primary contact name, title, telephone, fax, and e-mail address
- C. How many years this company has been in this type of business
- D. Proof that the Vendor is qualified to do business in the state of Arkansas
- E. A disclosure of the Vendor's name and address and, as applicable, the names and addresses of the following:

If the Vendor is a corporation, the officers, directors, and each stockholder holding more than a ten percent (10%) interest in the corporation. However, in the case of owners of equity securities of a publicly traded corporation, only the names and addresses of those known to the corporation to own beneficially five percent (5%) or more of the securities need be disclosed; if the Vendor is a trust, the trustee and all persons entitled to receive income or benefits from the trust; if the Vendor is an association, the members, officers, and directors; and if the Vendor is a partnership or joint venture, all of the general partners, limited partners, or joint ventures.

- F. A disclosure of all the Arkansas counties and jurisdictions in which the Vendor does business and the nature of the business for each county or jurisdiction.
- G. A disclosure of the details of a finding or plea, conviction, or adjudication of guilt in a state, federal, foreign, or international court or tribunal for a criminal offense other than a traffic violation committed by Vendor or a person identified under Arkansas Code Annotated § 23-115-501 (b)(1). The ADH may request that any or all of the persons identified under § 23-115-501 (b)(1) undergo a state and federal criminal background check. If requested, a state and federal criminal background check **shall** be conducted in the manner under § 23-115-601(e).
- H. A disclosure of the details of a Vendor's bankruptcy, insolvency, reorganization, or corporate or individual purchase or takeover of another corporation, including without limitation the assumption of bonded indebtedness.
- I. The Vendor's most recent financial statement, the most recent audit report of the Vendor's operations, and a disclosure of the Vendor's internal financial controls and procedures for financial reporting.
- J. If any portion of a Vendor's contract is subcontracted, the Vendor **shall** disclose all of the information required by this section for the subcontractor as if the subcontractor were itself a Vendor.

INFORMATION FOR EVALUATION

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

	Maximum RAW Score Available
E.1 EXPERIENCE	
1. Describe your experience in the following:	
a. Health Insurance Portability & Accountability Act of 1996 (HIPPA) and Health Information Technology for Economic & Clinical Health (HITECH) rules & regulations for Protected Healthcare Information (PHI)	5 points
b. Meaningful Use Public Health measures and objectives specific to Syndromic Surveillance, immunizations, ELR and Cancer for the State of Arkansas.	5 points
c. Onboarding processes specific to State Health Information Exchanges and Public Health	5 points
d. Affiliations with CMS, ONC, CDS, and any other national agencies	5 points
e. Cross collaboration among separate programs within Public Health	5 points
f. Federal Regulations around Public Health Meaningful Use reporting and recent modifications to regulations	5 points
g. Rhapsody Management console and Dashboard	5 points
h. Creating DOS commands and scheduling reoccurring tasks via Windows Scheduler	5 points
i. Java Scripting	5 points
j. Microsoft SQL Server (2014 or newer) including design, queries, table indexes and stored procedures	5 points
k. Creating customized reports using SAP Crystal Reports 2013 including the use of commands, drill downs, sub-reports, charts, crosstabs, alerts and integration with business applications	5 points
l. Microsoft applications 2013 or newer such as Access	5 points
m. Documenting processes for interface configurations for providers sending electronic data through direct interfaces and through the local Health Information Exchange (HIE)	5 points
E.2 PROCESS KNOWLEDGE	
1. Describe your knowledge of State of Arkansas intergovernmental processes.	5 points
2. Describe your knowledge of Public Health Objectives and Policies for Arkansas Government.	5 points
3. Describe your knowledge of Public Health Objectives, Procedures and Policies for Arkansas Government including: statutes, business associate agreements, data use agreements, HIPPA, Health Information Technology, and Data Security	5 points
4. Describe your knowledge of HL7 V2.5.x and CDA R2 messages	5 points

E. 3 METHODOLOGY & APPROACH	
1. Explain your methodology for maintaining communication with providers for exchanging HL7 2.5.1 and CDA R2 electronic messages.	5 points
2. What is your approach to employ interdepartmental and external communication strategies for the Public Health Meaningful program	5 points
3. Describe your strategy to help mitigate provider and vendor interactions for monitoring electronic data.	5 points
4. Describe your method to monitor onboarding efforts.	5 points
5. How will you ensure protected health information is not identified and remains secure?	5 points
6. Describe your approach to risk management and explain how your organization complies with the National Institute of Standards & Technology (NIST) cybersecurity framework.	5 points

ADDITIONAL AGREEMENT AND COMPLIANCE

A. DISCLOSURE OF LITIGATION

1. Vendor **must** include in its proposal a complete disclosure of any civil or criminal litigation or indictment involving such Vendor, and the Vendor **must** also disclose any civil or criminal litigation or indictment involving any of its joint ventures, strategic partners, prime contractor team members, and subcontractors.
2. This disclosure requirement is a continuing obligation, and any litigation commenced after a Vendor has submitted a proposal under this RFP **must** be disclosed to the ADH in writing within five (5) days after the litigation is commenced.

A. CONFLICT OF INTEREST/LITIGATION

1. Vendor **shall** provide information on any conflict of interest with the products and goals of ADH services that could result from other projects in which the Vendor is involved.
2. Failure to disclose any such conflict may be cause for Contract termination or disqualification of the response.