

The University of Illinois



State of Illinois  
Public Institutions of Higher Education

Request for Proposal

Integrated Information Infrastructure (3i)  
KRS116  
April 26, 2017 @ 3:00 PM, CST

Vendor Submitting Offer: \_\_\_\_\_

**Please Note: Vendors MUST be registered with the Illinois Secretary of State (unless a sole proprietor) AND the Illinois State Board of Elections.**

The Board of Trustees of the University of Illinois on behalf of the Illinois Hospital & Health Sciences System (“University or UI Health”) requests proposals from responsible vendors to meet its needs. A brief description is set forth below, with detailed requirements in subsequent sections of this solicitation. If you are interested and able to meet these requirements, the University appreciates and welcomes a response.

#### Brief Description:

This Request for Proposal (RFP) has been developed to assist University of Illinois Hospital and Health Sciences System (“UI Health”), a part of the University of Illinois at Chicago (UIC), in selecting an integrated clinical and financial electronic medical records system, in a vendor hosted model, to support coordinated delivery of services for its hospitals and ambulatory practices (the “Enterprise Solution”). UI Health is inviting the recipients of this RFP to prepare and submit a proposal in response. The primary intent of this document is to solicit, then evaluate proposals, leading to the selection of an Enterprise Solution.

#### Organizational Overview

The University of Illinois Hospital & Health Sciences System (UI Health) provides comprehensive care, education, and research to the people of Illinois and beyond. The UI Health clinical enterprise is comprised of a 495-bed tertiary care hospital, 22 outpatient clinics, and 13 Mile Square Health Center facilities, which are Federally Qualified Health Centers. It also includes the seven UIC Health Sciences colleges: the College of Applied Health Sciences; the College of Dentistry; the School of Public Health; the Jane Addams College of Social Work; and the Colleges of Medicine, Pharmacy, and Nursing, which include regional campuses in Peoria, Quad Cities, Rockford, Springfield, and Urbana. UI Health is dedicated to the pursuit of health equity.

Further information about UI Health can be found at <https://hospital.uillinois.edu/>.

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

All forms and signature areas contained in the solicitation package must be completed in full and submitted as part of your response. To provide uniformity, all information submitted must clearly refer to the page number, section or other identifying reference in this solicitation. All information submitted must be noted in the same sequence as its appearance in the solicitation document.

If a subcontractor or supplier is needed to fulfill contract requirements, please consider using a small or disadvantaged business. The State’s policy is to promote small businesses, including those owned by Veterans, businesses owned and controlled by minorities, females, and persons with disabilities, and sheltered workshops for the severely disabled. We encourage the use of these companies on State contracts and in your commercial activities. Please visit <http://www.illinois.gov/cpo/HigherEd/Pages/Preferences.aspx> for more information regarding these programs.

In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act and Section 504 of the Federal Rehabilitation Act, the State of Illinois does not discriminate in employment, contracts, or any other activity.

**Table of Contents**

1.	Instructions for Submitting Responses.....	6
1.1	Responding to the Solicitation .....	6
1.2	Published Procurement Information .....	6
1.3	Solicitation Contact .....	6
1.4	Vendor Questions / University Responses.....	6
1.5	Pre-Submission Conferences .....	6
1.6	Due Date, Time, Address and Requirements for Submission of Responses.....	7
1.7	Late Submissions.....	8
1.8	Response Firm Time .....	8
1.9	Security .....	8
1.10	Small Business Set-Aside .....	8
1.11	Minorities, Females and Persons with Disabilities Participation and Utilization Plan .....	8
1.12	Veteran-Owned Small Business Participation and Utilization Plan.....	8
1.13	Employment Tax Credit .....	9
1.14	Governing Law and Forum .....	9
1.15	Public Records and Requests for Confidential Treatment .....	9
1.16	Reservations .....	9
1.17	Protest Review Office .....	10
2.	Evaluation Process:.....	11
2.1	Evaluation .....	11
2.2	Award .....	13
3.	Vendor's Checklist for Submission of Response.....	15
4.	Vendor's Offer .....	16
5.	Description of Supplies and Services .....	17
5.1	Project Scope and Description .....	17
5.2	Executive Summary.....	19
5.3	Planning and Volume Statistics.....	19
5.4	Information Systems Environment .....	20
5.5	Subcontracting .....	23
5.6	Location Where Services are to be performed.....	24
5.7	Term .....	24
5.8	Renewal.....	24
5.9	Termination for Cause .....	25
5.10	Termination for Convenience.....	25
6.	Pricing .....	26
6.1	Pricing Offer .....	26
V.15.1		

6.2	Type of Pricing.....	26
6.3	Discount .....	26
6.4	Invoicing.....	26
6.5	Taxes .....	27
7.	Standard Terms and Conditions .....	28
7.1	Payment Terms and Conditions .....	28
7.2	Assignment and Subcontracting .....	28
7.3	Audit / Retention of Records .....	29
7.4	Time is of the Essence .....	29
7.5	No Waiver of Rights .....	29
7.6	Force Majeure.....	29
7.7	Confidential Information .....	29
7.8	Freedom of Information Act .....	30
7.9	Use and Ownership.....	30
7.10	Indemnification and Liability.....	30
7.11	Insurance .....	30
7.12	Independent Contractor.....	30
7.13	Solicitation and Employment .....	30
7.14	Background Check .....	30
7.15	Applicable Law.....	30
7.16	Compliance with the Law .....	31
7.17	Anti-Trust Assignment.....	31
7.18	Contractual Authority.....	31
7.19	Notices.....	31
7.20	Modifications and Survival .....	31
7.21	Performance Record / Suspension.....	31
7.22	Schedule of Work .....	31
7.23	Warranties for Supplies and Services.....	31
7.24	Reporting .....	32
8.	Supplemental Terms and Conditions .....	33
8.1	University Supplemental Terms and Conditions.....	33
8.2	Vendor Supplemental Terms and Conditions: .....	33
9.	Vendor Exceptions and Confidential Information .....	34
10.	References .....	35
11.	Form A or B .....	36
	Attachment 1: Vendor Questionnaire .....	37
	Vendor Questionnaire .....	37
V.15.1		

(a) General Vendor Information.....	37
(b) Vendor Core Inpatient Product Information.....	37
(c) Vendor Core Ambulatory Product Information .....	38
(d) Revenue Cycle (Inpatient and Ambulatory) Product Information .....	39
(e) Vendor Support Departments Product Information.....	39
(f) Analytics Product Information .....	40
(g) Vendor Remote Hosting Information .....	40
(h) Complete Solution Suite & Reporting .....	41
(i) System Support.....	41
(j) Implementation Approach.....	41
(k) Documentation and Training .....	42
Strategic Direction .....	42
(a) Strategic Requirements .....	42
(b) Regulatory Adherence .....	43
(c) Research Information .....	43
(d) Contractual Information .....	43
Attachment 2: Technical Design Characteristics .....	45
Technical Design Characteristics .....	45
(a) General Technical Characteristics.....	45
(b) Security .....	46
(c) Database .....	46
(d) Data Dictionaries and File Design .....	46
(e) Data Access and Storage.....	47
(f) Interfaces .....	47
(g) Remote hosting.....	48
(h) Network .....	48
(i) Enterprise Reporting & Analytics - Enterprise Data.....	48
(j) Enterprise Reporting & Analytics - Enterprise Reporting .....	48
(k) Enterprise Reporting & Analytics - Enterprise Analytics.....	49
(l) Enterprise Reporting & Analytics – Usability .....	49
Attachment 3: System Price .....	50
System Price .....	50
Attachment 4: References.....	51

## 1. Instructions for Submitting Responses

- 1.1 Responding to the Solicitation:** Follow these instructions carefully. Provide your response to each item requested. If the information requested does not apply to the Vendor's situation, then enter "N/A". **Failure to provide the requested information may result in disqualification.**
- 1.2 Published Procurement Information:** The University publishes procurement information, including updates and award information, on The Illinois Procurement Bulletin / Public Institutions of Higher Education ("Bulletin") (<http://www.procure.stateuniv.state.il.us>). Official solicitation documents are found or referenced on this website. Procurement information may not be available in any other form or location. Vendor is responsible for monitoring the Bulletin. The University will not be held responsible if Vendor fails to receive the optional email notices.
- 1.3 Solicitation Contact:** The individual listed below shall be the single point of contact for this solicitation. Unless otherwise directed, do not discuss this solicitation, directly or indirectly, with any University employee other than the Solicitation Contact. Suspected errors in the solicitation should be immediately reported to the Solicitation Contact. The University shall not be held responsible for information provided by any person other than the Solicitation Contact. Only information provided in writing shall be binding on the University.

Solicitation Contact: Kunal Shah  
 University Name: University of Illinois at Chicago  
 Street Address: 809 S Marshfield Ave, 3<sup>rd</sup> Floor  
 City, State, Zip: Chicago, IL 60612

Phone: 312-996-0853  
 Email: [Kushah@uic.edu](mailto:Kushah@uic.edu)  
 Fax:

- 1.4 Vendor Questions / University Responses:** All questions / concerns regarding this solicitation, including specifications, other than those raised at any conference held regarding this solicitation, must be in written form and submitted to the Solicitation Contact no later than Tuesday, April 11, 2017 by 4:00 PM, CST. Questions received and University responses may be posted as an addendum to the original solicitation on the Bulletin; only these written responses to questions shall be binding on the University. Vendors are responsible for monitoring the Bulletin for addenda and other updates.

- 1.5 Pre-Submission Conferences:** ☒ Yes ☐ No

**Mandatory Attendance:** ☐ Yes ☒ No

Date: Thursday, April 6, 2017  
 Location: 1740 W Taylor, St, Chicago, IL  
 Additional Information: Room No.: 1135

Time: 10:00 AM, CST.

If attendance is mandatory, Vendor (including incumbent) will be considered non-responsive and disqualified if Vendor does not attend, arrives after the meeting is called to order, leaves early or fails to sign the attendance sheet. Vendor must allow adequate time to accommodate security screenings at the site.

**1.6 Due Date, Time, Address and Requirements for Submission of Responses:** Responses will be opened at the “Submit / Deliver To” address provided below at the specified Due Date and Time.

1.6.1 Due Date: April 26, 2017

Time: 3:00 PM, CST.

### 1.6.2 Submit / Deliver Responses To:

Label (outside of envelopes / containers):

University: University of Illinois at Chicago  
Attn: Kunal Shah  
Infrastructure (3 I's) for UI Health

University: University of Illinois at Chicago      Sealed Response – DO NOT OPEN  
Attn: Kunal Shah      Project Title: Integrated, Information and

Address: 809 S Marshfield Ave, 3<sup>rd</sup> flr  
City, State, Zip: Chicago, IL 60612

Bulletin Reference #: KRS116

Due Date & Time: April 26, 2017 @ 3:00 PM, CST

*Vendor Name*

*Vendor Address*

1.6.3 Requirements for Submission of Responses: The Response must be submitted in separately sealed packets as indicated below and clearly labeled with the Request for Proposal title, the packet number, the Vendor's name and the wording: **"Sealed Response – Do Not Open."** The separately sealed packets may be submitted together in one mailing / shipping box or may be submitted separately in individual / shipping boxes. Do not put the entire Response on one CD or USB. Pricing must be on a separate CD or USB and sealed in the Pricing packet.

Subject Matter	# of Originals	# of Hard Copies	# of CDs or USBs
<b>Packet 1</b> Offer Letter (Section 4), Executive Summary/Specifications / Qualifications / Statement of Work (Section 5), Supplemental Terms and Conditions(Section 8), Vendor Exceptions and Confidential Information (Section 9), References (Section 10), General Vendor Questionnaire (Attachment 1), and Technical Questionnaire (Attachment 2)	1		1
<b>Packet 2</b> Pricing (Section 6) and System Price (Attachment 3)	1		1
<b>Packet 3</b> Form A or Form B (as applicable) (Section 11)	1		1
<b>Packet 4</b> Redacted Proposal (if requesting confidential treatment of proposal)	1		1
<b>Packet 5</b> Minorities, Females, & Persons with Disabilities Participation and Utilization Plan and Letter of Intent (if applicable) (Section 1.11)	1		1

<b>Packet 6</b> Veteran Small Business Participation and Utilization Plan and Letter of Intent (if applicable) (Section 1.12)	1		1
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- 1.7 Late Submissions:** Responses submitted late will not be considered. The Vendor is responsible for ensuring that their response is received at the time, date, and place specified. All times are State of Illinois local times. Responses received after the specified date and time may be returned at the Vendor's request and expense.
- 1.8 Response Firm Time:** The response must remain firm for 180 days from the opening date.
- 1.9 Security:** ☐ Bid Bond <N/A> ☐ Performance Bond <N/A> If a bid bond is required, Vendor must submit the bond with the response. If a performance bond is required, Vendor must submit the bond to the Solicitation Contact within 10 days after award. The bond must be from a surety licensed to do business in Illinois. The University will accept a certified check in lieu of the bond.
- 1.10 Small Business Set-Aside:** ☐ Yes ☒ No If "yes" is marked, Vendors must be qualified as a small business at the time the response is due in order to be evaluated. (30 ILCS 500/45-45)
- 1.11 Minorities, Females and Persons with Disabilities Participation and Utilization Plan:**  
☒ Yes ☐ No If "yes" is marked, this solicitation contains a goal of 25% to include businesses owned and controlled by minorities, females and persons with disabilities in the State's procurement and contracting / subcontracting processes. All questions regarding any subcontracting goal must be directed to the Solicitation Contact. Failure to submit a Utilization Plan as instructed, if required, may render the response non-responsive.

If a BEP goal is identified, you must complete and attach the BEP Utilization Plan and Letter of Intent which can be found at: <http://www.illinois.gov/cpo/HigherEd/Pages/Forms.aspx>.

Visit <http://www.illinois.gov/cms/business/sell2/bep/Pages/default.aspx> for complete requirements for BEP certification.

- 1.12 Veteran-Owned Small Business Participation and Utilization Plan:**  
☐ Yes ☒ No If "yes" is marked, this solicitation contains a goal of N/A% to include businesses owned and controlled by military Veterans in the State's procurement and contracting processes. All questions regarding the subcontracting goal must be directed to the Solicitation Contact prior to submission of proposals. Failure to submit a Utilization Plan as instructed, if required, may render the response non-responsive.

If a Veteran's goal is identified, you must complete and attach the Utilization Plan and Letter of Intent which can be found at: <http://www.illinois.gov/cpo/HigherEd/Pages/Forms.aspx>.

Visit <http://www.illinois.gov/cms/business/sell2/Pages/VeteranownedBusinesses.aspx> for complete requirements for VOSB or SDVOSB certification.



- 1.13 Employment Tax Credit:** The State of Illinois encourages prospective Vendors to consider hiring qualified Veterans and Illinois residents discharged from any Illinois adult correctional center, in appropriate circumstances. If you hire qualified Veterans and / or certain ex-offenders, you may be eligible for tax credits. (30 ILCS 500/45-67 & 45-70) Please contact the Illinois Department of Revenue (217-524-4772) for information about tax credits.
- 1.14 Governing Law and Forum:** Illinois law and rule govern this solicitation and any resulting contract. Vendor must bring any action relating to this solicitation or any resulting contract in the appropriate court in Illinois. This document contains statutory references designated with "ILCS". This refers to the Illinois Compiled Statutes. The Illinois Procurement Code (30 ILCS 500) and the Higher Education Standard Procurement Rules (44 Ill. Admin. 4) are applicable to this solicitation.
- 1.15 Public Records and Requests for Confidential Treatment:** Responses to the solicitation become the property of the University. All responses will be open to the public under the Illinois Freedom of Information Act (FOIA) (5 ILCS 140) and other applicable laws and rules. However, we will consider requests for confidential treatment under FOIA. A request for confidential treatment will not supersede the University's legal obligations under FOIA. The University will not honor requests to keep entire responses confidential. Vendors must show the specific grounds in FOIA or other law or Rule that support application of confidential treatment. Regardless, the University will disclose the successful Vendor's name, the substance of the response and the price. If Vendor requests confidential treatment, Vendor must submit an additional copy of the response with the proposed confidential information redacted. This redacted copy must tell the general nature of the material removed, and shall retain as much of the original response as possible. In Section 9 of the Response, Vendor shall list the provisions, identified by section number, for which it seeks confidential treatment and identify the statutory basis under Illinois or other applicable law and include a detailed justification for exempting the information from public disclosure. Vendor will hold harmless and indemnify the University for all costs or damages associated with the University honoring Vendor's request for confidential treatment. Vendor agrees the University may copy the response to facilitate evaluation, or to respond to requests for public records. Vendor warrants that such copying will not violate the rights of any third party.
- 1.16 Reservations:** Vendor must read and understand the solicitation and tailor the response and all activities to ensure compliance. The University reserves the right to amend the solicitation; reject any or all responses; award by item, group of items, or grand total; and waive minor defects. The University may request a clarification, inspect Vendor's premises, interview staff, request a presentation, or otherwise verify the contents of the response, including information about subcontractors and suppliers. The University may request best and final offers when appropriate. The University will make all decisions on compliance, evaluation, terms and conditions, and shall make decisions in the best interests of the University and in accordance with the Illinois Procurement Code, Rules and other applicable state and federal statutes and regulations. Failure to comply with requests for information or cooperate may result in the response being deemed non-responsive to the solicitation. Submitting a response does not entitle a Vendor to an award or contract. Posting Vendor's name in a Bulletin notice does not entitle Vendor to a contract. The University is not responsible for and will not pay any costs associated with the preparation and submission of any solicitation response. Awarded Vendor(s) shall not commence, and will not be paid for, any billable work prior to the date all parties execute the contract or the date of receipt of an executed purchase order.

- 1.17 Protest Review Office:** Vendor may submit a written protest to the Protest Review Office following the requirements of the Higher Education Standard Procurement Rules. (44 Ill. Admin. Code 4.5550) For protests related to the solicitation, including specifications, the Protest Review Office must physically receive the protest no later than 14 days after the solicitation or related addendum was posted to the Bulletin. For protests related to rejection of individual responses, or of awards, the protest must be received by close of business no later than 14 days after the protesting party knows or should have known of the facts giving rise to the protest, or posting to the Bulletin, whichever is earlier. The Protest Review Office's information is as follows:

Chief Procurement Office for Higher Education  
Attn: Protest Review Office  
513 Stratton Office Building  
401 South Spring Street  
Springfield, IL 62706  
Email: [EEC.CPOHE@illinois.gov](mailto:EEC.CPOHE@illinois.gov)

## **2. Evaluation Process:**

### **2.1 Evaluation:**

The University will determine how well responses meet the Responsiveness requirements. They will rank responses, without consideration of Price, from best to least qualified using a point ranking system (unless otherwise specified) as an aid in conducting the evaluation. Vendors who fail to meet minimum requirements or who receive fewer than the minimum required points will not be considered for Price evaluation and award. The maximum number of points possible is 400 points (Responsiveness 280 pts + Price 120 pts)

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

2.1.1.1 The University will determine whether the response complied with the instructions and other administrative requirements for submitting responses. Except for late submissions, and other requirements that by law must be part of the submission, the University may require that a Vendor correct deficiencies as a condition of further evaluation.

2.1.1.2 The University will determine whether the response meets the stated requirements. Minor differences or deviations that have negligible impact on the suitability of the supply or service to meet the University's needs may be accepted or corrections allowed.

2.1.1.3 When the specification calls for "Brand Name or Equal", the brand name product is acceptable. Other products will be considered with proof the other product meets stated specifications and is equivalent to the brand product in terms of quality, performance and desired characteristics.

- 2.1.1.4 The chart below shows the elements of Responsiveness in point format and the maximum number of points available for each element. The total number of points available for Responsiveness is 280 points. Vendors who receive 80% (224 points) of the maximum points from the Responsiveness Elements (not including Pricing) will be considered for vendor presentation. Points are not separately allocated for vendor presentation.

<b>Responsiveness Elements</b>	<b>Definition</b>	<b>Maximum # of Points Possible</b>
Functionality and Workflow	<ul style="list-style-type: none"> <li>• Product usability and ease of use: number of clicks, speed, and workflow.</li> <li>• Ease of use for all: provider, patient, etc.</li> <li>• Breadth of application features and functions</li> <li>• Product maturity/ install base</li> <li>• Workflow and process</li> </ul>	120
Partnership Characteristics	<ul style="list-style-type: none"> <li>• Market strategy, vision, viability and growth</li> <li>• References similar to UI Health</li> <li>• Financial stability</li> <li>• Contracting flexibility</li> <li>• Adherence to instructions, timeliness and professionalism</li> <li>• Track record of implementation success and customer satisfaction and support</li> </ul>	40
Integration	<ul style="list-style-type: none"> <li>• Number of product applications on the same platform</li> <li>• Integration of workflows</li> <li>• Similarity of look and feel of applications across areas</li> <li>• Ease of flow and sharing of information through the system and service areas</li> </ul>	80
Technology	<ul style="list-style-type: none"> <li>• Interface experience with existing UI Health applications</li> <li>• Interoperability</li> <li>• Design flexible enough to incorporate future technical advances</li> <li>• Remote Hosting Capabilities</li> </ul>	40
Pricing	<ul style="list-style-type: none"> <li>• Grand total of the requirement sections</li> </ul>	120

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

2.1.3 **Price:** The total number of points for Price is 120 points. The University will determine Price points using the following formula:

$$\text{Maximum Price Points} \times (\text{Lowest Price} / \text{Vendor's Price}) = \text{Total Price Points}$$

If the University does not consider the Price to be fair and reasonable, and negotiations fail to establish an acceptable Price, the University reserves the right to award to the next most qualified vendor with whom the university can negotiate a fair and reasonable price or cancel the solicitation and take appropriate action to meet the needs of the University. The University will determine whether the Price is fair and reasonable by considering the Price proposed, the Vendor's qualifications, the Vendor's reputation, all prices submitted, other known prices, the project budget and other relevant factors.

2.1.4 The submittal of proposals will be followed by an evaluation of vendor responses. These responses will be reviewed and evaluated by the University. Vendor finalists will be selected and invited to demonstrate their solutions based upon the evaluation. UI Health is seeking to complete the system selection process rapidly. Following the demonstrations, the University plans to conduct a series of reference calls and site visits to existing vendor clients. The University reserves the right to select and conduct calls and visits to any existing client(s) using the proposed system.

The University evaluates three categories of information: responsiveness, responsibility, and price. The University will consider the information provided in the response and the quality of that information when evaluating responses. If the University finds a failure or deficiency, the University may reject the response or reflect the failure or deficiency in the evaluation as appropriate.

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

2.2.1 The University will post a notice to the Bulletin identifying the most responsive and responsible vendor. Awards are not final until all protests are resolved. The notice extends the response firm time until the parties sign a contract or determine not to sign

a contract. If negotiations do not result in an acceptable agreement, the University shall reject the response and may begin negotiations with another vendor.

- 2.2.2 Awarded Vendors must, at all times including during any resulting contract, have financial resources sufficient, in the opinion of the University, to ensure performance of the contract. Vendor must provide proof upon request. The University may require a performance bond if, in the opinion of the University, it will ensure performance of the contract. The University may terminate the contract if the Vendor lacks the financial resources to perform under the contract.

**End of Instructions**

### 3. Vendor's Checklist for Submission of Response

This checklist is provided as a tool to aid vendors in submitting a complete response in compliance with the solicitation. Mark each item as appropriate. Failure to meet all solicitation requirements may be cause for disqualification.

**3.1 Solicitation Review:** We have reviewed the entire solicitation, including all referenced documents, instructions and any applicable revisions (addenda) to the solicitation. We have completed all blanks and provided all required information. ☐ Yes ☐ No

**3.2 Pre-Submission Conferences / Site Visits:** We attended all pre-submission conferences and or site visits, if mandatory. ☐ Yes ☐ No ☐ N/A

**3.3 Response Submission:** We have enclosed the completed items as shown below.

Container properly labeled and addressed	Section 1.6.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Correct number of copies	Section 1.6.3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Bid / Performance bond included	Section 1.9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
BEP Utilization Plan completed, if applicable	Section 1.11	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Veterans Utilization Plan completed, if applicable	Section 1.12	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Vendor's Offer	Section 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Milestones and deliverables	Section 5.3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Vendor and staffing specifications	Section 5.4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Transportation and delivery terms	Section 5.5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Subcontracting disclosure	Section 5.6	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Where services are to be performed	Section 5.7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pricing completed as specified	Section 6	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Standard terms and conditions	Section 7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Supplemental terms and conditions	Section 8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Vendor Exceptions included	Section 9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Confidential Information requested	Section 9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Redacted copy of response	Section 9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
References provided as requested	Section 10	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Vendor Questionnaire	Attachment 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Technical Questionnaire	Attachment 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
System Prices	Attachment 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**You must complete and provide one of the following Forms as applicable:**

Form A Section 11 ☐ Yes ☐ N/A  
 (if vendor is not registered in the Illinois Procurement Gateway (IPG) and does not have an active IPG Registration Number with an unexpired date)

or

Form B Section 11 ☐ Yes ☐ N/A  
 (if vendor is registered in the Illinois Procurement Gateway (IPG) and does have an active unexpired IPG registration number)

**4. Vendor's Offer**

The undersigned authorized representative of the identified Vendor hereby submits this offer to perform in full compliance with the subject solicitation. By completing and signing this form, we are making an offer to the University that the University may accept. The offer consists of this signature page, our response to the subject solicitation and any attachments referenced in the response.

We believe we are eligible for the preferences or special programs identified below and have checked each that applies to this offer. We understand that the University reserves the right to make a final determination regarding whether the preference or special program applies to us.

- ☐ Resident Vendor (30 ILCS 500/45-10)
- ☐ Soybean Oil-Based Ink (30 ILCS 500/45-15)
- ☐ Recycled Materials (30 ILCS 500/45-20)
- ☐ Recycled Paper (30 ILCS 500/45-25)
- ☐ Environmentally Preferable Supplies (30 ILCS 500/45-26)
- ☐ Gas Mileage (30 ILCS 500/45-40)
- ☐ Small Businesses (30 ILCS 500/45-45)
- ☐ Illinois Agricultural Products (30 ILCS 500/45-50)
- ☐ Corn-Based Plastics (30 ILCS 500/45-55)
- ☐ Disabled Veterans (30 ILCS 500/45-57)
- ☐ Vehicles Powered by Agricultural Commodity-Based Fuel (30 ILCS 500/45-60)
- ☐ Biobased Products (30 ILCS 500/45-75)
- ☐ Historic Preference Area (30 ILCS 500/45-80)
- ☐ Procurement of Domestic Products (30 ILCS 517)
- ☐ Public Purchases in Other State (30 ILCS 520)
- ☐ Illinois Mined Coal Act (30 ILCS 555)
- ☐ Steel Products Procurement (30 ILCS 565)
- ☐ Business Enterprise for Minorities, Females, and Persons with Disabilities Act (30 ILCS 575)
- ☐ Veteran's Preference (330 ILCS 55)

We are providing the following explanation of qualification for the preference or special programs checked above:

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We certify that we have made no alterations or modifications to the original content of this solicitation or other related procurement documents, either text or graphics and whether transmitted electronically or hard copy.

Vendor Name: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_



## 5. Description of Supplies and Services

### 5.1 Project Scope and Description

The primary objective of the project is to identify an Enterprise Solution vendor of choice to provide an integrated clinical and financial electronic medical records system, in a vendor hosted model, for its hospitals and ambulatory practices to support the coordinated delivery of services across UI Health. The specific systems targeted in this project include:

#### **Core Inpatient**

- Nursing Documentation
- Therapies Documentation
- Medication Reconciliation
- Care Plans
- Physician Documentation
- Critical Care/ Respiratory
- Acuity
- Order Management/CPOE
- Pharmacy (inpatient)
- Health Information Management (HIM) and Chart Tracking/ Medical Record Deficiency/ Release of Information
- E-Prescribing
- Bar Code Medication Administration and eMAR
- Flowsheets
- Decision Support
- Patient Monitoring/Device Integration
- Infusion Management
- Care Coordination/Discharge Planning
- Clinical Pathways

#### **Core Ambulatory:**

- Nursing Documentation
- Therapies Documentation
- Medication Reconciliation
- Care Plans
- Physician Documentation
- Order Management/CPOE
- E-Prescribing
- Urgent Care
- Health Information Management (HIM) and Chart Tracking/ Medical Record Deficiency/ Release of Information
- Immunization Registry

#### **Revenue Cycle (Inpatient and Ambulatory)**

- EMPI
- Registration
- ADT
- Bed Management
- Enterprise Scheduling
- Hospital Billing
- Professional Billing
- Research Billing
- FQHC Billing

Outreach Reference Lab Billing  
 Document Management  
 Electronic Claims and Remittance  
 Insurance Eligibility  
 Advanced Accounts Receivable and Patient Access Reporting  
 Single Billing Office  
 Patient Kiosk

### **Support Departments**

Laboratory: General  
 Laboratory: Anatomic Pathology  
 Laboratory: Blood Bank  
 Laboratory: Microbiology  
 Radiology/ Imaging (Inpatient and Ambulatory)  
 PACS Integration  
 Retail Pharmacy  
 Dental  
 Patient Portal/ Personal Health Record  
 Provider Portal  
 Labor and Delivery  
 Medical Oncology (Inpatient and Ambulatory)  
 Surgery and Anesthesiology  
 Cardiology  
 Infection Control  
 Behavioral Health  
 Nephrology/Dialysis  
 Quality and Performance Improvement  
 Corporate Compliance / Privacy  
 ED (Tracking and Documentation)  
 Intensive Care Unit (ICU)  
 Transplant Information System  
 Ophthalmology Information System  
 Health Information Exchange (HIE) Capability/Interoperability  
 Patient Flow Solution: Patient Transport, Bed/Census Management, and Environmental Services  
 Call Tracking/Nurse Triage  
 Patient Acuity System (Nurse Scheduling)  
 Remote Monitoring and Telehealth  
 Support for Mobile Devices  
 Support for In-House Patient Education and Entertainment

### **Analytics**

Population Health Management  
 Dashboard and Reporting Capability  
 Clinical/Financial Data Warehouse (EDW)  
 Revenue Cycle Analytics  
 Data Mining, Reporting and Quality Outcomes  
 Regulatory and Quality Reporting: Meaningful Use, PQRS, and PCMH Reporting

### **EHR Vendor Hosting**

Vendor/Remote Hosting of EHR applications

## 5.2 Executive Summary

The proposal must contain an executive summary. The executive summary should present an overview of all major points detailed in the proposal and should be written in a manner that can be easily reviewed by UI Health management. The executive summary should contain the following information:

- 5.2.1. Brief summary of the proposal in non-technical terms.
- 5.2.2. Overall scope of the proposed system(s) and services.
- 5.2.3. Summary of available and in-development applicable product lines.
- 5.2.4. Key differentiating points for your proposed solution.
- 5.2.5. Summary of your company's overall strategic direction related to both your clinical and revenue cycle solutions.

## 5.3 Planning and Volume Statistics

The data below represents the 2015 key clinical statistics for UI Health. This information is intended to be used as a reference to assist in the completion of your proposal

### 2015 Key Statistics

Item	Annual Statistics
Number of licensed and staffed beds (Inpatient + ICU)	495
Number of Inpatient beds (non-ICU)	430
Number of ED beds	31
Number of ICU beds	65
Number of ICU nursing units	3
Number of OR and procedure rooms (combined)	28
Average daily census	318
Number of ED visits	47,226
Number of inpatient admissions	19,305
Number of same day stays	5,728
Number of Inpatient Days	107,482
Number of Births	2,489
Number of Hospital Outpatient Department Visits	476,683
Number of Ambulatory Clinic Visits	82,641
Number of Cardiology Procedures	1,204
Number of Oncology Visits	22,510
Active Oncology Patients (patients receiving treatment in the last year)	1,500
Number of radiology exams	195,664
Number of sites where radiology exams are performed (organization total)	4
Number of Transplants	108
Number of Ophthalmology Visits	67,596
Number of Lab Tests	2,746,788
Number of Anatomic Pathology Cases	20,534
Number of Prescription Dispenses (Ambulatory Retail Pharmacy)	312,365
Total Number of Members	15,000
Number of Professional Billing Charges (Services performed at owned or external sites)	3,475,357
Number of Other Professional Billing Charges (affiliates, third parties, interfaced charges for which UI Health does the billing)	79,223
Number of Inpatient Hospital Accounts	19,116
Number of Other Hospital Accounts (Outpatient, ED, Observation, Clinic)	633,730

Item	Annual Statistics
Number of FQHC Visits	18,000
Total number of employees	3,924
Total FTE equivalents	3,296
Number of radiologist	29 Attending, 2 Fellows, 30 Residents, and 2 APNs
Number of transcriptionist	Outsourced
Number of owned practices, by type (organization total)	NA
Hospital medical staff, total members (organization total)	1,158
Active Staff	631
Associate Staff	286
Allied Health Professionals	185
Courtesy	49
Consulting	0
Total number of owned vs. affiliated physicians, by specialty	19 affiliated, all others employed via the College of Medicine
Approximate number of information system concurrent users, peak times (organization total)	2,900 Concurrent Cerner Users 100 Concurrent Epic Users 100 Concurrent HealthQuest Users

#### 5.4 Information Systems Environment

The key solution areas and the information systems currently installed at UI Health are specified below. Please note that this does not represent the entire UI Health environment.

#	Solutions	UI Health Vendor/ App.
<b>Core Inpatient</b>		
A1	Nursing Documentation	Cerner PowerChart
A2	Therapies Documentation	Cerner PowerChart
A3	Medication Reconciliation	Cerner PowerChart
A4	Care Plans	Cerner PowerChart
A5	Physician Documentation	Cerner PowerChart
A6	Critical Care/ Respiratory	Cerner PowerChart
A7	Acuity	Cerner PowerChart
A8	Order Management/CPOE	Cerner PowerChart
A9	Pharmacy (inpatient)	Cerner
A10	Health Information Management (HIM) and Chart Tracking/ Medical Record Deficiency/ Release of Information	Cerner Profile/Cerner Provision
A11	E-Prescribing	Cerner
A12	Bar Code Medication Administration and eMAR	Cerner
A13	Flowsheets	Cerner
A14	Decision Support	Cerner
A15	Patient Monitoring/Device Integration	Cerner
A16	Infusion Management	Cerner (not installed)
A17	Care Coordination/Discharge Planning	MIDAS
A18	Clinical Pathways	Cerner
<b>Core Ambulatory</b>		
B1	Nursing Documentation	Cerner

#	Solutions	UI Health Vendor/ App.
B2	Therapies Documentation	Cerner
B3	Medication Reconciliation	Cerner
B4	Care Plans	Cerner
B5	Physician Documentation	Cerner
B6	Order Management/CPOE	Cerner
B7	E-Prescribing	Cerner
B8	Urgent Care	Cerner FirstNet
B9	Health Information Management (HIM) and Chart Tracking/ Medical Record Deficiency/ Release of Information	Cerner Profile/Cerner Provision
B10	Immunization Registry	Cerner
<b>Revenue Cycle (Inpatient and Ambulatory)</b>		
C1	EMPI	Cerner
C2	Registration	Cerner Patient Access Management
C3	ADT	Cerner Patient Access Management
C4	Bed Management	Teletracking
C5	Enterprise Scheduling	Cerner Scheduling
C6	Hospital Billing	McKesson HealthQuest
C7	Professional Billing	Epic Resolute Professional Billing Behavioral Health Billing System
C8	Research Billing	McKesson HealthQuest
C9	FQHC Billing	McKesson HealthQuest
C10	Outreach Reference Lab Billing	Outsourced to Third Party
C11	Document Management	Cerner Provision
C12	Electronic Claims and Remittance	OptumInsight PB Claims Manager
C13	Insurance Eligibility	Passport
C14	Advanced Accounts Receivable and Patient Access Reporting	Compass
C15	Single Billing Office	None
C16	Patient Kiosk	None
<b>Support Departments</b>		
D1	Laboratory: General	Sunquest Lab
D2	Laboratory: Anatomic Pathology	Cerner Pathnet
D3	Laboratory: Blood Bank	Outsourced to Third Party
D4	Laboratory: Microbiology	Sunquest
D5	Radiology/ Imaging (Inpatient and Ambulatory)	Cerner
D6	PACS Integration	GE Centricity PACS
D7	Retail Pharmacy	PharmaServe
D8	Dental	Dentrix
D9	Patient Portal/ Personal Health Record	Cerner
D10	Provider Portal	NA
D11	Labor and Delivery	GE Centricity Perinatal
D12	Medical Oncology (Inpatient and Ambulatory)	Cerner (not implemented)
D13	Surgery and Anesthesiology	Cerner SurgiNet/Cerner Anesthesia Tissue Tracker IMS System
D14	Cardiology	Syngo Dynamics Cardiology GE MUSE
D15	Infection Control	MIDAS+ MedMind Carefusion

#	Solutions	UI Health Vendor/ App.
D16	Quality and Performance Improvement	MIDAS+
D17	Corporate Compliance / Privacy	NA
D18	ED (Tracking and Documentation)	Cerner FirstNet
D19	Intensive Care Unit (ICU)	Cerner
D20	Transplant Information System	TransChart
D21	Ophthalmology Information System	NA
D22	Health Information Exchange (HIE) Capability/Interoperability	NA
D23	Patient Flow Solution: Patient Transport, Bed/Census Management, and Environmental Services	Teletracking
D24	Call Tracking/Nurse Triage	NA
D25	Patient Acuity System (Nurse Scheduling)	ClairVia Patient Acuity System
D26	Remote Monitoring and Telehealth	NA
D27	Support for Mobile Devices	NA
D28	Support for In-House Patient Education and Entertainment	NA
<b>Analytics</b>		
E1	Population Health Management	NA
E2	Dashboard and Reporting Capability	Business Objects
E3	Clinical/Financial Data Warehouse (EDW)	Cerner PowerInsight EDW Trendstar Hadoop
E4	Revenue Cycle Analytics	Compass
E5	Data Mining, Reporting and Quality Outcomes	Compass, MIDAS, Tableau, Business Objects, Cerner. Trendstar
E6	Regulatory and Quality Reporting: Meaningful Use, PQRS, and PCMH Reporting	Cerner
<b>Third Party Applications (Note: Replacement of the below applications is out of scope)</b>		
F1	Accounts Payable	Banner (University of Illinois System)
F2	General Ledger	Banner (University of Illinois System)
F3	Materials Management	McKesson Pathways Materials Management
F4	Fixed Assets	Banner (University of Illinois System)
F5	Human Resources	Banner (University of Illinois System) Time and Attendance: TBD (currently in RFP)
F6	Radiation Oncology	Varian Aria
F7	Radiology/Cardiology PACS	GE PACS
F8	Medicine Dispense Cabinets	Omniceil
F9	Supply Cabinets	GHX
F10	Credentialing	Morrissey
F11	OB Ultrasound	GE ViewPoint

**5.5 Subcontracting:**

5.5.1 Subcontracting ☒ is allowed ☐ is not allowed.

For purposes of this section, subcontractors are those specifically hired to perform all or part of the work covered by the contract. Unless a supply item is the essence of the contract, a supplier is not considered a subcontractor.

5.5.2 The maximum percentage allowed to be provided by a subcontractor is 25%.

5.5.3 Will subcontractors be utilized? ☐ Yes ☐ No

If "Yes", identify any subcontractor(s) who will have a subcontract with an estimated value of \$50,000 or more.

Subcontractor Name: \_\_\_\_\_

BEP, Veterans, or Small Business certification # (if applicable): \_\_\_\_\_

Anticipated / Estimated Amount to be Paid: \_\_\_\_\_

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

Description of work: \_\_\_\_\_

Subcontractor Name: \_\_\_\_\_

BEP, Veterans, or Small Business certification # (if applicable): \_\_\_\_\_

Anticipated / Estimated Amount to be Paid: \_\_\_\_\_

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

Description of work: \_\_\_\_\_

All identified subcontracts must include the Certifications and the Financial Disclosures and Conflicts of Interest, completed and signed by the subcontractor.

5.5.4 The Vendor shall notify the University of any additional or substitute subcontractors hired during the term of any resulting contract and provide the information identified in Section 5.6.3.

**5.6 Location Where Services are to be performed:**

- 5.6.1 In accordance with Section 25-65 of the Illinois Procurement Code, Vendor shall disclose the locations where the services required under this solicitation and will be performed, including by any subcontractors, and the known or anticipated value of the services to be performed at each location.
- 5.6.2 Unless otherwise disclosed in this section, all services shall be performed in the United States. This information and economic impact on Illinois and its residents may be considered in the evaluation. If the Vendor received additional consideration in the evaluation based on work being performed in the United States, it shall be a breach of contract if the Vendor shifts any such work outside the United States unless the Chief Procurement Officer determines in writing that it is in the best interest of the University.
- 5.6.3 Location where services will be performed: \_\_\_\_\_  
 Percentage of services performed at this location: \_\_\_\_\_  
 Anticipated value of services performed at this location: \_\_\_\_\_

**5.7 Term:**

- 5.7.1 Any contract resulting from this solicitation will have an initial term of seven (7) years from the date of execution. If a start date is not identified, the term of the resulting contract shall commence upon the last dated signature of the parties.
- 5.7.2 In no event will the total term of the resulting contract, including the initial term, any renewal terms and any extensions, exceed ten (10) years.
- 5.7.3 Vendor shall not commence billable work in furtherance of the contract before the contract is signed by all parties.

**5.8 Renewal:**

- 5.8.1 The resulting contract ☒ will ☐ will not contain renewal options. The resulting contract may not be renewed unless the renewal period(s) and any applicable conditions are shown below.
- 5.8.2 The University reserves the right to renew for a total of three (3) additional twelve (12) month periods.
- 5.8.3 Unless otherwise specified in this solicitation or the resulting contract, renewals will be subject to the same terms and conditions as the original contract.
- 5.8.4 The University may renew the resulting contract for any or all of the renewal option periods specified, may exercise any of the renewal options early, and may exercise more than one option at a time based on continuing need and favorable market conditions, when in the best interest of the University.
- 5.8.5 The resulting contract may not renew automatically nor renew solely at the Vendor's option.



- 5.9 Termination for Cause:** The University may terminate the resulting contract, in whole or in part, immediately upon notice to the Vendor if: (a) the University determines that the actions or inactions of the Vendor, its agents, employees or subcontractors have caused, or reasonably could cause, jeopardy to health, safety, or property; (b) the Vendor has notified the University that it is unable or unwilling to perform the contract; (c) Vendor fails to perform to the University's satisfaction any material requirement of the resulting contract; or (d) the University determines that the Vendor lacks the financial resources to perform the contract. The University shall provide written notice to the Vendor to cure the problem identified within a specified period of time. If not cured by the specified date, the University may either immediately terminate the contract without additional written notice or enforce the terms and conditions of the contract. For termination due to any of the causes contained in this section, the University retains the right to seek any available legal or equitable remedies and damages.
- 5.10 Termination for Convenience:** The University may, for its convenience and with 30 days prior written notice to Vendor, terminate the resulting contract in whole or in part and without payment of any penalty or incurring any further obligation to the Vendor. The Vendor shall be entitled to compensation upon submission of invoices and proof of claim for supplies and / or services provided in compliance with the resulting contract up to and including the date of termination.

## 6. Pricing

**6.1 Pricing Offer:** See attachment 3 of the RFP document. Attach additional pages if the specified pricing format requires additional pages.

6.1.1 Vendor's Price for the Initial Term as per the Attachment 3 attached herein.

6.1.2 Price shall not be increased should vendor experience an increase in wage rates, materials, equipment, or in any other of Vendor's costs, or should Vendor be compelled to pay premium wages for overtime work prior to completion of Vendor's work under the resulting contract.

6.1.3 Renewals:

6.1.3.1 If the resulting contract will contain renewal options, the price for renewals shall be the same rate as for the initial term unless a different compensation or formula for determining the renewal compensation is stated in this section. If the University formula is shown below, Vendor shall calculate renewal rates using that formula.

6.1.3.2 If the University decides to exercise any renewal option, a revised price schedule will be included with the renewal. Price increases or decreases shall be allowed only at the time of contract renewal and shall be increased or decreased by no more than a percentage equal to the percentage by which the United States Department of Labor Consumer Price Index (CPI) of the Midwest Region for wages for the month of N/A, for all urban consumers (computed on the same basis and by the same methods as are used on the date thereof) shall exceed or be less than the index number published as aforesaid for the month in which the original Contract is signed.

6.1.3.3 University Formula for Determining Renewal Compensation:

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6.1.3.4 Vendor's Price for Renewal(s): \_\_\_\_\_

**6.2 Type of Pricing:** Pricing under the resulting contract will be ☐ firm ☐ estimated \$ \_\_\_\_\_

**6.3 Discount:** The University may receive a \_\_\_\_\_% discount for payment within \_\_\_\_\_ days of receipt of correct invoice.

**6.4 Invoicing:**

6.4.1 By submitting an invoice, Vendor certifies that the supplies or services provided meet all requirements of the contract, and the amount billed and expenses incurred are as allowed in the contract. Invoices may be subject to statutory offset (30 ILCS 210).

- 6.4.2 Vendor shall invoice at the completion of the contract unless invoicing is tied in the contract to milestones, deliverables, or other invoicing requirements agreed to in the contract. University may withhold final payment until all services, supplies, reports or other deliverables specified herein have been completed in a form satisfactory to University. Send a copy of invoices to:

Information Services  
1740 W Taylor St  
Suite 1300  
Chicago, IL 60612

- 6.4.3 University may withhold or nullify the whole or a part of any invoice if necessary to protect University from loss on account of: a) unsatisfactory work performed; b) failure of Vendor to make required payments to Subcontractors; c) damage to University property or related liability; or d) incomplete, inaccurate, or unauthorized billing.

- 6.5 Taxes:** Pricing shall not include any taxes unless accompanied by proof the University is subject to the tax. If necessary, Vendor may request the University's Illinois tax exemption number and federal tax exemption information.

## 7. Standard Terms and Conditions

### 7.1 Payment Terms and Conditions

- 7.1.1 Late payment: Payments, including late payment charges, will be paid in accordance with the State Prompt Payment Act and rules when applicable (30 ILCS 540; 74 Ill. Adm. Code 900). This shall be Vendor's sole remedy for late payments by the University. Payment terms contained on Vendor's invoices shall have no force or effect.
- 7.1.2 Minority Contractor Initiative: The State Comptroller requires a fee of \$15 to cover expenses related to the administration of the Minority Contractor Opportunity Initiative for contracts paid with State funds. Any Vendor awarded a contract under Section 20-10, 20-15, 20-25 or 20-30 or the Illinois Procurement Code (30 ILCS 500) of \$1,000 or more, other than statewide master contracts, is required to pay a fee of \$15. The State Comptroller shall deduct the fee from the first check issued to the Vendor under any contract resulting from this solicitation.
- 7.1.3 Expenses: The University will not pay for supplies provided or services rendered, or expenses incurred prior to the execution by the Parties of any resulting contract even if the effective date of the contract is prior to execution.
- 7.1.4 Prevailing Wage: Certain services require vendors to pay prevailing wage rates. See Section 8 for Supplemental Terms and Conditions. If applicable, and as a condition of receiving payment, Vendor must pay its employees prevailing wages in the locality in which the work is to be performed. Vendor shall provide a copy of the certified payroll on request. Vendor is responsible for contacting the Illinois Department of Labor to ensure understanding of prevailing wage requirements. The prevailing rates of wages are determined by the Illinois Department of Labor and are available on the Department's official website: <http://www.illinois.gov/idol/Laws-Rules/CONMED/Pages/prevailing-wage-rates.aspx>.
- 7.1.5 Federal Funds: For purchases funded in whole or in part by Federal funds, the solicitation will identify the federal agency providing the funds, the name of the fund and contact information where interested parties can obtain requirements for contracting in relation to those funds. (44 Ill. Adm. Code 4.2005(w))
- 7.1.6 Availability of Appropriation (30 ILCS 500/20-60): Any resulting contract is contingent upon and subject to the availability of funds. The University, at its sole option, may terminate or suspend this contract, in whole or in part, without penalty or further payment being required, if the Illinois General Assembly or the federal funding source fails to make an appropriation sufficient to pay such obligation. If funds needed are insufficient for any reason, the University has discretion on which contracts will be funded.

- 7.2 **Assignment and Subcontracting:** Any resulting contract may not be assigned or transferred in whole or in part by Vendor without the prior written consent of the University. For purposes of this section, subcontractors are those specifically hired by the Vendor to perform all or part of the work covered by the contract. Vendor shall describe the names and addresses of all subcontractors to be utilized by Vendor in the performance of the resulting contract, together with a description of the work to be performed by the subcontractor and the anticipated amount of money that each subcontractor is expected to receive pursuant to a subsequent contract. Vendor shall notify the University in writing of any additional or substitute subcontractors hired during the term of a resulting contract, and shall supply the names and addresses and the expected amount of money that each new or replaced subcontractor will receive

pursuant to the Contract. All subcontracts must include the same certifications and disclosures that Vendor must make as a condition of this solicitation.

- 7.3 Audit / Retention of Records:** Vendor and its subcontractors shall maintain books and records relating to the performance of the resulting contract or subcontract and necessary to support amounts charged to the University. Books and records, including information stored electronically, shall be maintained by the Vendor for a period of three years from the later of the date of final payment under the contract or completion of the contract, and by the subcontractor for a period of three years from the later of final payment under the term or completion of the subcontract. If federal funds are used to pay contract Prices, the Vendor and its subcontractors must retain its records for a minimum of five years after completion of work. Books and records required to be maintained under this section shall be available for review or audit by representatives of: the University, the Auditor General, the Executive Inspector General, the Chief Procurement Officer, State of Illinois internal auditors or other governmental entities with monitoring authority, upon reasonable notice and during normal business hours. Vendor and its subcontractors shall cooperate fully with any such audit and with any investigation conducted by any of these entities. Failure to maintain books and records required by this section shall establish a presumption in favor of the University for the recovery of any funds paid by the University under the contract for which adequate books and records are not available to support the purported disbursement. The Vendor or subcontractors shall not impose a charge for audit or examination of the Vendor's books and records (30 ILCS 500/20-65).
- 7.4 Time is of the Essence:** Time is of the essence with respect to Vendor's performance of any resulting contract. Vendor shall continue to perform its obligations while any dispute concerning the contract is being resolved unless otherwise directed by the University.
- 7.5 No Waiver of Rights:** Except as specifically waived in writing, failure by a Party to exercise or enforce a right does not waive that Party's right to exercise or enforce that or other rights in the future.
- 7.6 Force Majeure:** Failure by either Party to perform its duties and obligations will be excused by unforeseeable circumstances beyond its reasonable control and not due to its negligence including acts of nature, acts of terrorism, riots, fire, flood, explosion, and governmental prohibition. The non-declaring Party may cancel the contract without penalty if performance does not resume within 30 days of the declaration.
- 7.7 Confidential Information:** Each Party to any resulting contract, including its agents and subcontractors, may have or gain access to confidential data or information owned or maintained by the other Party in the course of carrying out its responsibilities under that contract. Vendor shall presume all information received from the University or to which it gains access pursuant to this solicitation and resulting contract is confidential. Vendor information, unless clearly marked as confidential and exempt from disclosure under the Illinois Freedom of Information Act, shall be considered public. No confidential data collected, maintained, or used in the course of performance of the contract shall be disseminated except as authorized by law and with the written consent of the disclosing Party, either during the period of the contract or thereafter. The receiving Party must return any and all confidential data collected, maintained, created or used in the course of the performance of the contract, in whatever form it is maintained, promptly at the end of the contract, or earlier at the request of the disclosing Party, or notify the disclosing Party in writing of its destruction. The foregoing obligations shall not apply to confidential data or information lawfully in the receiving Party's possession prior to its acquisition from the disclosing Party that were received in good faith from a third-party not subject to any confidentiality obligation to the disclosing Party; that is now or later becomes publicly known through no breach of confidentiality obligation by the receiving Party; or is independently developed by the receiving Party without the use or benefit of the disclosing Party's confidential information.

- 7.8 Freedom of Information Act:** This solicitation and any resulting contract and all related public records maintained by, provided to, or required to be provided to the University are subject to the Illinois Freedom of Information Act notwithstanding any provision to the contrary that may be found in the resulting contract. (5 ILCS 140)
- 7.9 Use and Ownership:** All work performed or supplies created by Vendor under any resulting contract, whether written documents, data, goods or deliverables of any kind, shall be deemed work-for-hire under copyright law and all intellectual property and other laws, and the University is granted sole and exclusive ownership to all such work, unless otherwise agreed in writing. Vendor hereby assigns to the University all right, title, and interest in and to such work including any related intellectual property rights, and waives any and all claims that Vendor may have to such work including any so-called "moral rights" in connection with the work. Vendor acknowledges the University may use the work product for any purpose. Confidential data or information contained in such work shall be subject to confidentiality provisions of the executed contract.
- 7.10 Indemnification and Liability:** The Vendor shall indemnify and hold harmless the University, its Board of Trustees, the State of Illinois, its agencies, officers, employees, agents and volunteers from any and all costs, demands, expenses, losses, claims, damages, liabilities, settlements and judgments, including in-house and contracted attorneys' fees and expenses, arising out of: (a) any breach or violation by Vendor of any of its certifications, representations, warranties, covenants or agreements; (b) any actual or alleged death or injury to any person, damage to any property or any other damage or loss claimed to result in whole or in part from Vendor's negligent performance; or (c) any act, activity or omission of Vendor or any of its employees, representatives, subcontractors or agents. Neither Party shall be liable for incidental, special, consequential or punitive damages.
- 7.11 Insurance:** Vendor shall, at all times during the term and any renewals, maintain and provide upon request a Certificate of Insurance naming the University and its Board of Trustees as additional insured for all required bonds and insurance. Certificates may not be modified or canceled until at least 30 days' notice has been provided to the University. Vendor shall provide at a minimum: (a) General Commercial Liability-occurrence form in amount of \$1,000,000 per occurrence (Combined Single Limit Bodily Injury and Property Damage) and \$2,000,000 Annual Aggregate; (b) Auto Liability, including Hired Auto and Non-owned Auto, in amount of \$1,000,000 per occurrence (Combined Single Limit Bodily Injury and Property Damage); and (c) Worker's Compensation Insurance in amount required by law. Insurance shall not limit Vendor's obligation to indemnify, defend, or settle any claims.
- 7.12 Independent Contractor:** Vendor shall act as an independent contractor and not an agent or employee of the University.
- 7.13 Solicitation and Employment:** Vendor shall not employ any person employed by the University during the term of any resulting contract to perform any work under the contract. Vendor shall give notice immediately to the University's president or designee if Vendor solicits or intends to solicit University employees to perform any work under any resulting contract.
- 7.14 Background Check:** Whenever the University deems it reasonably necessary for security reasons, the University may require background checks of Vendor's and subcontractor's officers, employees or agents. Vendor or subcontractor shall reassign immediately any such individual who, in the opinion of the University, does not pass the background checks.
- 7.15 Applicable Law:** Any resulting contract shall be construed in accordance with and is subject to the laws and rules of the State of Illinois. The Department of Human Rights' Equal Opportunity requirements are incorporated by reference (44 Ill. Admin. Code 750). Any claim against the University arising out of a contract must be filed exclusively with the Illinois Court of Claims. (705 ILCS 505/8) The University does

not waive sovereign immunity by entering into a resulting contract. The official text of cited statutes is incorporated by reference.

- 7.16 Compliance with the Law:** The Vendor, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations, orders, federal circulars and all licenses and permit requirements in the performance of the subsequent contract. Vendor shall be in compliance with applicable tax requirements and shall be current in payment of such taxes. Vendor shall obtain at its own expense, all licenses and permissions necessary for the performance of any resulting contract.
- 7.17 Anti-Trust Assignment:** If Vendor does not pursue any claim or cause of action it has arising under federal or state antitrust laws relating to the subject matter of the contract, then upon request of the Illinois Attorney General, Vendor shall assign to the University rights, title and interest in and to the claim or cause of action.
- 7.18 Contractual Authority:** The University that signs the resulting contract shall be the only State entity responsible for performance and payment under the contract. If the Chief Procurement Officer, State Purchasing Officer, or authorized designee approves the contract prior to execution by a university, he / she does so as approving officer and shall have no liability, personal or otherwise, to Vendor.
- 7.19 Notices:** Notices and other communications shall be given in writing by registered or certified mail with return receipt requested, by receipted hand delivery, or by courier (UPS, Federal Express or other similar and reliable carrier) showing the date and time of successful receipt. Each such notice shall be deemed to have been provided at the time it is actually received. By giving notice, either Party may change the contact information.
- 7.20 Modifications and Survival:** Amendments, modifications and waivers must be in writing and signed by authorized representatives of the Parties. Any provision of this solicitation and any resulting contract officially declared void, unenforceable, or against public policy, shall be ignored and the remaining provisions shall be interpreted, to the extent possible, to give effect to the Parties' intent. All provisions that by their nature would be expected to survive, shall survive termination.
- 7.21 Performance Record / Suspension:** Upon request of the University, Vendor shall meet to discuss performance or provide contract performance updates to help ensure proper performance of the contract. The University may consider Vendor's performance under any resulting contract and compliance with law and rule to determine whether to continue the contract, whether to suspend Vendor from doing future business with the University for a specified period of time, or to determine whether Vendor can be considered responsible on specific future contract opportunities.
- 7.22 Schedule of Work:** Any work performed on University premises shall be done during the hours designated by the University and performed in a manner that does not interfere with the University, its personnel, or related operations.
- 7.23 Warranties for Supplies and Services**
- 7.23.1 Vendor warrants that the supplies furnished under any resulting contract will: (a) conform to the standards, specifications, drawings, samples or descriptions furnished by the University or furnished by the Vendor and agreed to by the University, including but not limited to all specifications attached as exhibits hereto; (b) be merchantable, of good quality and workmanship, and free from defects for a period of twelve months or longer if so specified in writing, and fit and sufficient for the intended use; (c) comply with all federal and state laws, regulations, and ordinances pertaining to the manufacturing, packing, labeling, sale, and delivery of the supplies; (d) be of good title and be free and clear of all liens and encumbrances and; (e) not infringe any patent, copyright or other intellectual property rights of any third party.

7.23.2 Vendor shall insure that all manufacturers' warranties are transferred to the University and shall provide a copy of the warranty. These warranties shall be in addition to all other warranties, express, implied, or statutory, and shall survive the University's payment, acceptance, inspection, or failure to inspect the supplies.

7.23.3 Vendor warrants that all services will be performed to meet the requirements of the contract in an efficient and effective manner by trained and competent personnel. Vendor shall monitor performances of each individual and shall reassign immediately any individual who does not perform in accordance with the contract, who is disruptive or not respectful of others in the workplace, or who in any way violates the contract or University policies.

7.23.4 Vendor agrees to reimburse the University for any losses, costs, damages or expenses, including without limitation, reasonable attorney's fees and expenses arising from failure to meet such warranties.

**7.24 Reporting:**

7.24.1 Vendor shall immediately notify the University of any event that may have a material impact on Vendor's ability to perform the contract.

7.24.2 By August 31 of each year, Vendor shall report to the University the number of qualified veterans and certain ex-offenders hired during Vendor's last completed fiscal year. (30 ILCS 500/45-67 & 45-70) Vendor may be entitled to employment tax credit for hiring individuals in those groups. (35 ILCS 5/216, 5/217)



**8. Supplemental Terms and Conditions****8.1 University Supplemental Terms and Conditions:**

- ☐ University Definitions
- ☐ Required Federal Clauses, Certifications and Assurances
- ☐ Public Works (construction and maintenance of a public work) prevailing wage and other requirements (820 ILCS 130/4)
- ☐ Prevailing Wage (janitorial cleaning services, window cleaning services, building and grounds services, site technician services, natural resources services, food services, and security services, if valued at more than \$200 per month or \$2,000 per year or printing, including all printing processes and operations involved in printing) (30 ILCS 500/25-60)
- ☐ University Specific Terms and Conditions
- ☐ Other (describe)\_\_\_\_\_

**8.2 Vendor Supplemental Terms and Conditions:**

This is supplemental information that supports a vendor's response (e.g. a vendor's licensing agreement). This does not include exceptions to University specifications, terms and conditions, or any other part of this solicitation. Any exceptions must be listed in Section 9.

## 9. Vendor Exceptions and Confidential Information

Any exceptions and confidential information must be noted on this page. The University discourages taking exceptions. State law shall not be circumvented by the exception process. Exceptions may result in rejection of Vendor's response.

### 9.1 EXCEPTIONS TO STANDARD TERMS AND CONDITIONS

Vendor agrees with the terms and conditions set forth in the solicitation, including the standard terms and conditions, University supplemental provisions, certifications, and disclosures, with the following exceptions:

Page # / Section / Subsection #	State the exception such as "add," "replace," and / or "delete."

### 9.2 CONFIDENTIAL INFORMATION

You must include a redacted copy of your response.

Page # / Section / Subsection #	State the information being claimed as confidential and the statutory basis for each claim. Include supporting information.

**10. References**

References ☒ are ☐ are not requested.

If requested, provide references according to the instructions below. All references must be established firms or government agencies other than the procuring University that can attest to Vendor's experience and ability to perform the contract that is the subject of this solicitation. These references will be contacted. **Please complete Attachment 4 for reference questioners.**

Type of References:

It is important that you include references that are similar to UI Health in terms of size, clinical services, previous system and technology environment. In addition, please provide at least one reference from the State of Illinois, at least one reference from a university academic medical center, and at least one reference with a hosted environment.

Number of Each Reference Type: At a minimum please provide at least one reference from the State of Illinois, at least one reference from a university academic medical center, and at least one reference with a hosted environment.

1. Firm / Government / University (name):  
**Please complete Attachment 4 for reference questioners.**

2. Firm / Government / University (name):  
**Please complete Attachment 4 for reference questioners.**

3. Firm / Government / University (name):  
**Please complete Attachment 4 for reference questioners.**

**11. Form A or B****STOP - Please read the following instructions carefully.**

If you **ARE NOT registered** in the Illinois Procurement Gateway (IPG) and **do not have** an active IPG Registration Number with an unexpired date, **you must complete and attach Form A** which can be found at:  
<http://www.illinois.gov/cpo/HigherEd/Documents/Form%20A.docx>.

To verify registration, go to the Illinois Procurement Gateway (<https://ipg.vendorreg.com>) and search the "IPG Registered Vendor Directory".

**If you do not find your company name, you will need to complete and submit your Illinois Vendor Registration on the website AND you must submit FORM A with your solicitation response.**

If you **ARE registered** in the Illinois Procurement Gateway and **have** an active unexpired IPG registration number, **you must complete and attach Form B** which can be found at:  
<http://www.illinois.gov/cpo/HigherEd/Documents/Form%20B.docx>.

**Failure to provide the correct form may render the submission non-responsive and will result in disqualification.**

## Attachment 1: Vendor Questionnaire

### Vendor Questionnaire

This section presents questions related to the basic vendor information required by UI Health. Each section may contain two types of questions, “objective requirements” that require a yes or no response and “additional requirements” that necessitate a short answer response. Please answer each question completely, concisely, and accurately.

#### (a) GENERAL VENDOR INFORMATION

Please fill in the information below.

1. Identify the locations (city, state) of the following:
  - a) Corporate Headquarters:
  - b) Programming/Technical Support Personnel:
  - c) Consulting Services Personnel:
2. Please indicate:
  - a) Under the laws of which state the vendor is incorporated:
3. What is the number of employees in your organization, categorized by:
  - a) Total:
  - b) Management/Administration:
  - c) Marketing /Sales:
  - d) Research and Development:
  - e) Installation:
  - f) Ongoing Solution Support:
  - g) Technical Support and Hours Available:
  - h) Customer Service/Telephone Support:
  - i) Other:
4. What is your employee turn-over rate?
5. How long has your company been in the business of Enterprise Solution systems?
6. What percentage of your company business involves Enterprise Solution systems?
7. What percentage of your company business revenue is spent on Research and Development?
8. Please provide the following financial information for each of the last three available fiscal years:

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3
Annual Revenue			
Net Profit			
Total Assets			
Total Debt			

9. Are there any established user groups associated with your organization or proposed product? If yes, please provide the name of the user groups and the name and telephone number of the user groups President or Chairman of its committee.
  - a) User Group
  - b) President/Chairman
  - c) Telephone number
  - d) Please describe your organization’s sponsorship of these user groups and how your organization works with these established user groups:

#### (b) VENDOR CORE INPATIENT PRODUCT INFORMATION

Please complete the table below listing the solutions you propose for each of the UI Health targeted core inpatient areas.

UI Health Targeted Core Inpatient Areas	Proposed Solution(s)	Proposed Solution Install Base (Live)
Nursing Documentation		

UI Health Targeted Core Inpatient Areas	Proposed Solution(s)	Proposed Solution Install Base (Live)
Therapies Documentation		
Medication Reconciliation		
Care Plans		
Physician Documentation		
Critical Care/ Respiratory		
Acuity		
Order Management/CPOE		
Pharmacy (inpatient)		
Health Information Management (HIM) and Chart Tracking/ Medical Record Deficiency/ Release of Information		
E-Prescribing		
Bar Code Medication Administration and eMAR		
Flowsheets		
Decision Support		
Patient Monitoring/Device Integration		
Infusion Management		
Care Coordination/Discharge Planning		
Clinical Pathways		

**(c) VENDOR CORE AMBULATORY PRODUCT INFORMATION**

Please complete the table below listing the solutions you propose for each of the UI Health targeted core ambulatory areas.

UI Health Targeted Core Outpatient Areas	Proposed Solution(s)	Proposed Solution Install Base (Live)
Nursing Documentation		
Therapies Documentation		
Medication Reconciliation		
Care Plans		
Physician Documentation		
Order Management/CPOE		
E-Prescribing		
Urgent Care		
Health Information Management (HIM) and Chart Tracking/ Medical Record Deficiency/ Release of Information		
Immunization Registry		

**(d) REVENUE CYCLE (INPATIENT AND AMBULATORY) PRODUCT INFORMATION**

Please complete the table below listing the solutions you propose for each of the UI Health targeted revenue cycle areas. For each proposed solution, please also indicate the number of sites where the application is currently installed and live.

UI Health Targeted Patient Accounting Areas	Proposed Solution(s)	Proposed Solution Install Base (Live)
EMPI		
Registration		
ADT		
Bed Management		
Enterprise Scheduling		
Hospital Billing		
Professional Billing		
Research Billing		
FQHC Billing		
Outreach Reference Lab Billing		
Document Management		
Electronic Claims and Remittance		
Insurance Eligibility		
Advanced Accounts Receivable and Patient Access Reporting		
Single Billing Office		
Patient Kiosk		

**(e) VENDOR SUPPORT DEPARTMENTS PRODUCT INFORMATION**

Please complete the table below listing the solutions you propose for each of the UI Health targeted support department areas.

UI Health Targeted Support Department Areas	Proposed Solution(s)	Proposed Solution Install Base (Live)
Laboratory: General		
Laboratory: Anatomic Pathology		
Laboratory: Blood Bank		
Laboratory: Microbiology		
Radiology/ Imaging (Inpatient and Ambulatory)		
PACS Integration		
Retail Pharmacy		
Dental		
Patient Portal/ Personal Health Record		
Provider Portal		
Labor and Delivery		
Medical Oncology (Inpatient and Ambulatory)		

UI Health Targeted Support Department Areas	Proposed Solution(s)	Proposed Solution Install Base (Live)
Surgery and Anesthesiology		
Cardiology		
Infection Control		
Behavioral Health		
Nephrology/Dialysis		
Long Term Care		
Quality and Performance Improvement		
Corporate Compliance / Privacy		
ED (Tracking and Documentation)		
Intensive Care Unit (ICU)		
Transplant Information System		
Ophthalmology Information System		
Health Information Exchange (HIE) Capability/Interoperability		
Patient Flow Solution: Patient Transport, Bed/Census Management, and Environmental Services		
Call Tracking/Nurse Triage		
Patient Acuity System (Nurse Scheduling)		
Remote Monitoring and Telehealth		
Support for Mobile Devices		
Support for In-House Patient Education and Entertainment		

**(f) ANALYTICS PRODUCT INFORMATION**

Please complete the table below listing the solutions you propose for each of the UI Health targeted analytics areas.

UI Health Targeted Analytics Areas	Proposed Solution(s)	Proposed Solution Install Base (Live)
Population Health Management		
Dashboard and Reporting Capability		
Clinical/Financial Data Warehouse (EDW)		
Revenue Cycle Analytics		
Data Mining, Reporting and Quality Outcomes		
Regulatory and Quality Reporting: Meaningful Use, PQRS, and PCMH Reporting		
Research Analytics		

**(g) VENDOR REMOTE HOSTING INFORMATION**

Please complete the table below listing the solutions you propose for each of the UI Health targeted Hosting areas.

UI Health Targeted Hosting Areas	Proposed Solution(s)	Proposed Solution Install Base (Live)
Vendor Remote Hosting		



**(h) COMPLETE SOLUTION SUITE & REPORTING**

1. Provide a complete list of the solutions offered by your organization for the platform you're proposing or recommending for UI Health. Include all the solutions that your organization has that are currently available and that are planned, indicating which solutions are in production and which are planned, or remain in alpha/beta testing. If not in production, please provide an estimate month/year when production is anticipated.
2. Please provide a sample of each of your standard clinical and financial reports (e.g. reports indicating infection rates, medical errors, adverse drug event frequencies, volume of pediatric patients, etc.)

**(i) SYSTEM SUPPORT**

Function	Yes	No	Comments
1) Is your product/service support available 24/7/365?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Describe your SLAs for support.			
3) Describe the ongoing support services offered to your customers.			
4) Is an Internet-based support portal available to the customer?			
5) What is your guaranteed response time for on-site software support?			
6) Is a warranty for the solution available? What is the warranty period?	<input type="checkbox"/>	<input type="checkbox"/>	
7) Do you charge for upgrades?			

**(j) IMPLEMENTATION APPROACH**

1. Describe your typical approach to implementing your solution at an organization of UI Health's size and complexity.
2. Describe a high-level recommended installation sequence and timetable for the proposed solutions. including a description of suggested implementation phases
3. If planning to utilize legacy applications vendor has installed at UI Health, please describe the strategy for upgrading the legacy installation to reflect the latest contemporary software platform and recommended configuration. Please ensure this is included in your proposed sequence and timetable.
4. Provide UI Health resource estimates required to implement and support the proposed solutions by position type.
5. Provide a sample implementation work plan for the proposed Solutions indicating the tasks required, the relative sequence of tasks, the party responsible for each task, and the approximate time required to complete each task.
6. Describe your methodology for conversion of current system files.
7. Describe your methodology for data conversion including:
  - a) What data do you recommend be converted at a minimum?
  - b) How much history do you recommend be converted for each type of data?
  - c) What vendor and internal resources are required?
  - d) What are the roles and responsibilities of the vendor?
  - e) What are the roles and responsibilities of UI Health?

**(k) DOCUMENTATION AND TRAINING**

Function	Yes	No	Comments
1) Describe the proposed training approach. Indicate the length and location of the training.			
2) Describe the post implementation education services available from your company. Include a discussion of the types of media offered (e.g. classroom, CBT, webinars).			
3) The training database/environment is a mirror image of the production files and the systems test database.	<input type="checkbox"/>	<input type="checkbox"/>	
4) Describe the training database available in your system. Is it a mirror image of the production files and the system's test database?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Describe your approach for training of new releases and enhancements.			

**Strategic Direction**

This section is to gather information related to the strategic direction of the vendor and to define the contractual requirements of UI Health. This section also contains “objective requirements” that require a yes or no response and “additional requirements” that necessitate a short answer response. Please answer each question completely, concisely, and accurately. For each response, indicate the number of the question to which you are responding.

**(a) STRATEGIC REQUIREMENTS**

1. Has your company acquired or merged with any other organizations in the past three years? If so, please describe.
2. Are you a subsidiary of or under the control of any other corporation, individual, or other entity? If yes, please provide name.
3. Please describe any changes in your senior management over the last 3 years.
4. Briefly describe your vision of the future for the healthcare industry.
5. Briefly describe your corporate vision for healthcare technology, specifically addressing your strategic vision for how information technology will support the healthcare environment of the future (i.e., over the complete continuum of care).
6. Describe how your company has modified its products to accommodate the changing healthcare reimbursement models, and how use of your systems helped reduce costs and improve efficiencies.
7. For your proposed system/solutions, describe why your product is superior to your competitors.
  - a) Identify what your product’s strengths and areas for improvement are.
  - b) What are your plans to address these improvement opportunities?
8. Describe your organization’s vision for providing population health and ACO driven solutions.
9. Please describe your vision and approach for ensuring Patient Safety.
10. Describe any involvement your company currently has with organizations that are helping to set National IT standards.
11. Please describe the inpatient and outpatient capabilities of your patient portal.
12. Please describe the inpatient and outpatient capabilities of patient self-service kiosks, including personal devices.
13. Are you currently able to provide a solution for Health Plan Management as part of your enterprise EMR? If yes, please provide information on your Health Plan Management product, including Plan/Benefits Administration and Plan operations solutions.
  - a) Please provide the number of Health Plan Management contracts that have been signed in the last three years and the Health Plan Management install base (number of live sites).

**(b) REGULATORY ADHERENCE**

1. Please describe the EHR certifications received for the proposed solutions.
2. Please describe how your products enable successful implementation of Medical Home and/or ACO models. Describe examples of where you have implemented solutions enabling these and other population/disease management models.
3. Describe your approach and any solutions you offer to assist the advancement of health information exchanges or similar models.
4. Provide examples of how you've responded to a regulatory change, including the modifications you made to your solution, the timeline for making them (e.g. how many months) and the process for implementing the change at your clients.
5. Do you charge for regulatory changes? If so, what types of charges do your clients typically incur (e.g. licensing, hardware, implementation)

**(c) RESEARCH INFORMATION**

1. Please address the Research component of UI Health's operations, including:
  - a. Demonstrating developed Research Billing and Clinical workflows
  - b. Clinical Trials Management
  - c. Identification of subjects and enrollment into clinical trials
2. As the leading Chicago institution for NIH funding, research is a large component of the mission for the University of Illinois. Working collaboratively with our EHR vendor can help to secure and ensure success for large research proposals. The future of research will require connectivity between various health systems and their respective IT systems. Please provide examples of when you partnered with a client to successfully secure grant funding and execute on the project
3. Another more recent mission of many academic health systems has been the addition of economic development, beyond the tripartite mission of patient care, research and education. Please provide examples of where and when you partnered with an academic health system to support innovation and economic development.

**(d) CONTRACTUAL INFORMATION**

Indicate, in the following table, your agreement to the contractual requirements identified. If you cannot agree to these requirements, explicitly state such in your response and provide alternative contract language for consideration.

Requirement	Yes	No	Comments
1) Should UI Health contract with your organization, there are no pending litigation activities involving your organization that could have an impact on UI Health.	<input type="checkbox"/>	<input type="checkbox"/>	
2) Has your company been involved in any actual or threatened litigation in connection with your software systems or services during the last three (3) years? If the answer is yes, please describe the nature of the dispute and the outcome.	<input type="checkbox"/>	<input type="checkbox"/>	
3) The vendor will contract guaranteed prices for software systems that are currently under development and not yet installed.	<input type="checkbox"/>	<input type="checkbox"/>	
4) The vendor will contract for "not to exceed" installation fees.	<input type="checkbox"/>	<input type="checkbox"/>	
5) The vendor will stipulate that the contract will be entered into, under, and governed by, the laws of Illinois.	<input type="checkbox"/>	<input type="checkbox"/>	
6) The vendor will agree to unconditionally guarantee all items bid upon against defects in materials, workmanship, and performance for one year from date of installation by UI Health unless otherwise specified.	<input type="checkbox"/>	<input type="checkbox"/>	

Requirement	Yes	No	Comments
7) Proposed acquisition and ongoing maintenance or support costs include any future enhancements or upgrades to the system/solutions. If not, indicate additional costs in the Pricing Proposal.	<input type="checkbox"/>	<input type="checkbox"/>	
8) Proposed acquisition and ongoing maintenance or support costs include licenses for operating system and related environmental software. If not, identify any additional component Price in the Pricing Proposal.	<input type="checkbox"/>	<input type="checkbox"/>	

9. Please provide a copy of your standard contract for customers similar in scope to UI Health.
10. How many contracts have you signed in the last three years?
11. How many of those sites have completed implementation of your system?
12. Describe your formal procedure for system acceptance, including hardware and software.
13. Have any of your customers cancelled a contract in the last two years before, during, or after an installation?  
If yes, why? (Specify organization and location.)
14. Has your company been subject to any governmental investigations during the last 5 years? If yes, please describe nature of the investigation and the outcome.
15. Have there been any instances with any of your clients where your software was intended to achieve meaningful use failed to comply? If so, please describe the circumstances and actions taken to remediate, if any.
16. Have any of your clients been subject to a meaningful use audit? If yes, what has your company done to support your client during such audit?

## Attachment 2: Technical Design Characteristics

### Technical Design Characteristics

This section presents questions related to the technical design of the system. This section also contains “objective requirements” that require a yes or no response and “additional requirements” that necessitate a short answer response. Please answer each question completely, concisely, and accurately. For each response, indicate the number of the question to which you are responding.

#### (a) GENERAL TECHNICAL CHARACTERISTICS

1. For any solutions supplied by a third party, please describe how they integrate with your system.
  - a) Please indicate any additional costs UI Health can expect to incur in order to operate the third party solution.
  - b) Include and/or represent any third party costs in Attachment 3, System Price.
2. Describe the use of technology standards in current and future releases of your solution:
  - a) Open operating systems that are supported
  - b) Relational Database Management Systems (RDBMS)
  - c) Structured Query Language (SQL) and Open Data Base Connectivity (ODBC)
  - d) Common Object Request Broker Architecture (CORBA) and Object Linking and Embedding (OLE)
  - e) Microsoft Desktop Environment (WOSA)
  - f) HyperText Markup Language (HTML), HyperText Transfer Protocol (HTTP), and Java
  - g) Other (such as COM/DCOM/ActiveX)
  - h) Interfaces (HL7)
3. Identify what your minimum configuration requirements are for workstations, servers, platforms.
  - a) Windows Service Pack Requirements (Keep up with current/restrictions)
  - b) End-user devices
  - c) Printers and Scanners
4. Identify the specific “general purpose” software products that can operate on the Enterprise Solution platform for the following:
  - a) Report writers
  - b) Spreadsheet software
  - c) Word processing
  - d) Graphics packages
  - e) Database management software
  - f) Email
5. Describe any software or products of other vendors that are embedded in your system.
6. What is your company’s software release strategy? How often does a release occur? Do all software upgrades require system downtime?
7. Identify the web browser applications and versions supported by the proposed solution.
8. Identify the application programming interfaces (APIs) supported.
9. Which elements of your system are not supported by VMWare?
10. Which elements of your system are not supported by Citrix?

**(b) SECURITY**

Requirement	Yes	No	Comments
1) Is there an audit trail for security changes?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Is the single sign-on process sufficient to control access to all authorized functions?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Does the system provide an audit trail that can be used to identify transactions or data accesses that have been performed by:			
a) Function	<input type="checkbox"/>	<input type="checkbox"/>	
b) Terminal	<input type="checkbox"/>	<input type="checkbox"/>	
c) Patient	<input type="checkbox"/>	<input type="checkbox"/>	
d) User	<input type="checkbox"/>	<input type="checkbox"/>	
4) Does the system log all unsuccessful log-ons and lock out users after a certain number of unsuccessful attempts as defined by UI Health?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Does the system have a "time out" feature that automatically signs off a user if a workstation has been left unattended for a user-defined time period?	<input type="checkbox"/>	<input type="checkbox"/>	

- Describe the overall flexibility and functionality of access configurations for your system/solution.
- Explain how access is controlled to specific functions, files, and data elements, including how users and terminals can be limited to specific functions and databases.
- Describe password and security code control and maintenance.
- How many security levels are available? Is there a limit based on licensing, etc.?
- What types of security reports are available?
- What antivirus software does the system provide and/or support?
- What is your policy and time limit on critical security patching on a production system?
- Explain how the system provides authentication integration with Active Directory?
- How is system security maintained when integrating and communicating with systems outside the vendor's solution?
- How does the system provide the ability to encrypt data in transmission and storage?

**(c) DATABASE**

- What are the underlying database options, e.g. Oracle, SQL Server, Cache, etc.?
- How does your database SCALE, e.g. and can we reference call another larger customer(s) to gauge performance?
- Would UI Health have the ability to customize indexes as its internal DBAs recommend? What is the support model and/or maintainability impacts for requesting index modifications?
- Assuming there is a SQL Transaction Replication, does your EHR comply with all HIPAA and Federal Information Security parameters? Does your EHR require settings contrary to those stipulated in the Security Configuration Benchmark for SQL Server that would create a potential information security breaches?
- How many databases are required for Enterprise Solution?

**(d) DATA DICTIONARIES AND FILE DESIGN**

- With what dictionary standards (e.g., ANSI IRDS) does your system comply?
- Is the DBMS used standard or proprietary?
- Are archiving and purging capabilities established functions within all solutions of the proposed software? Discuss the system purging capabilities and frequency.
- Does UI Health have the ability to perform disk compression, initialize files, tapes, disks, packs, etc.?
- Does your system support disk "mirroring" or "shadowing" for security, downtime processing, error recovery, etc.? If so, is it being proposed? Why or why not?
- Describe how caregivers access clinical data when the main database is down? If they can, is it for inquiry purposes only?
- Identify any single points of failure and provide options to maximize system availability.
- Are there any limitations to the maximum number of concurrent users?

**(e) DATA ACCESS AND STORAGE**

1. Data Model:
  - a) Describe database storage model(s) used by your solution, such as relational, network, or hierarchical.
  - b) Can the system modules accept imports of data?
  - c) Can the system modules support exports of data?
2. Data Standards:
  - a) Describe solution usage of data interchange standards, such as HL7.
  - b) Describe solution usage of data storage standards, such as ASTM.
3. Does your system allow sharing of master files across secured entities?
4. Are required fields user-definable (beyond those required by programs)? Can these definitions vary among multiple entities?
5. What utility software is available to collect data from the database in a query mode? Can this data be transferred to other processing devices?
6. Describe how the proposed system addresses high availability/fault tolerance/disaster recovery issues.
7. What disaster recovery functionality and services do you offer?
8. Are software upgrades provided as part of the software support contract?
9. Describe your software upgrade process.
10. Do you require system downtime for upgrades and software patching and if so, how do you minimize downtime to users?
11. What is the average downtime for upgrades?
12. How are customer requests for enhancements and customizations handled?
13. Describe backup capability. What backup platforms are supported? Identify any scheduled downtime required for backups. Is there any impact on system performance and response time during backups?
14. Describe any regularly planned downtime.

**(f) INTERFACES**

Requirement	Yes	No	Comments
1) Do you support the use of interface engines? If yes, explain engine(s) supported	<input type="checkbox"/>	<input type="checkbox"/>	
2) Are the interfaces HL7 compliant?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Must a client purchase your interface engine?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Will you commit to providing the necessary specifications to let other vendors write their sides of interfaces to your system? Please indicate any non-disclosure or royalty requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
5) Are there any restrictions as to what data elements can be sent to or received from a foreign automated system? If yes, please describe.	<input type="checkbox"/>	<input type="checkbox"/>	

1. Please attach process flow diagram/documents and/or specifications.
2. Please attach data flow diagrams/documents and/or specifications.
3. What are your messaging capabilities at the application level (e.g. HL7, XML, Web Services, EDI etc.)?
4. What version of HL7 does the vendor support? List transaction types.
5. Describe how your HL7 capabilities are configurable.
6. Describe your plan to support FHIR?
7. Identify and describe experience interfacing with the following systems, including if the proposed solution has been interfaced to each listed system previously, and if so, what information is shared and how many of the interfaces are currently live with the proposed solution:
  - a) Accounts Payable
  - b) General Ledger
  - c) Materials Management
  - d) Fixed Assets

- e) Human Resources
- f) Radiation Oncology
- g) Radiology/Cardiology PACS
- h) Medicine Dispense Cabinets
- i) Supply Cabinets
- j) Credentialing
- k) OB Ultrasound

**(g) REMOTE HOSTING**

14. Describe the scope and requirements of your hosting solution
15. Describe any requirements for hosting associated third party applications.
16. Provide the number of hosted contracts have been signed in the lasts three years and the number of those that have successfully implemented.

**(h) NETWORK**

Requirement	Yes	No	Comments
1) Can all required network devices be managed from a central location?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Can devices receive TFTP loads of image and configuration files?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Do devices allow for out-of-band management?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Are devices SNMP manageable?	<input type="checkbox"/>	<input type="checkbox"/>	

1. What type of network architecture is required?
  - a) LAN (User devices)
  - b) LAN (Backbone)
  - c) WAN
2. What type of network protocol is required?
  - a) LAN
  - b) WAN

**(i) ENTERPRISE REPORTING & ANALYTICS - ENTERPRISE DATA**

1. Do you apply any semantic interoperability standards? Describe.
2. Do you apply custom or proprietary business logic to the data you collect? Describe.
3. Will you share your custom or proprietary business logic with UI Health?
4. Can your final data (with custom or proprietary business logic applied) be shared with UI Health?
5. Can your final data be extracted on a set frequency by direct database query?
6. Has the vendor implemented processes and procedures for de-identifying the company, doctor, and patient? Confirm that you de-identify according to HIPAA 164.514(b) and (c) (i.e., Safe Harbor or Expert Determination).
7. Will you share any technical documentation (database diagrams, data models, data flow charts, transformations, data dictionary, mapping etc.) for your data? Describe.
8. Is your data required at point of care for clinical decision making? How is it displayed?
9. Do you have any documentation about your data governance (e.g., definitions, calculations, etc.) that you can share with UI Health?
10. Is there a data dictionary to provide additional information for all fields?

**(j) ENTERPRISE REPORTING & ANALYTICS - ENTERPRISE REPORTING**

1. Do you have pre-defined reports? Describe.
2. Do you provide any exception or alert reporting? Describe.
3. Can reports be scheduled for automatic execution? Describe.
4. Can users create their own reports? How?
5. Is training available for your user reporting tool? Describe.



**(k) ENTERPRISE REPORTING & ANALYTICS - ENTERPRISE ANALYTICS**

1. Do you use a tool or module for creating analytics or business intelligence (BI) content (e.g., dashboards, scorecards, visualizations, etc.)? Describe.
2. Do you have any pre-defined analytics or BI content? Describe.
3. Do you support any statistical analysis? Describe.
4. Can UI Health-defined fields be incorporated into your analytics? Describe how this can be accomplished.
5. Do you support modeling (e.g., predictive, optimization, risk, etc.)? Describe.
6. Can users create their own analytics/BI content? How?
7. Is training available for your user analytics/BI tool? Describe.

**(l) ENTERPRISE REPORTING & ANALYTICS – USABILITY**

1. Have you defined the target users for your data, reporting & analytics? Describe.
2. How do users access your data, reporting & analytics (e.g., portal (cloud, hosted, etc.), hyperlink, local application, mobile app, etc.)? Describe.
3. Can users input comments or annotations on your reporting or analytics for other users to consume? Describe.
4. Can users write back to your database(s) through your reporting or analytics tools? Describe.
5. Do you track, log and report on usage statistics? Describe.

**Attachment 3: System Price****System Price**

System Price is requested as part of the competitive process to select an Enterprise Information System vendor partner. Proposals are being requested from multiple vendors. Proposed price will be compared to proposals for institutions similar to UI Health.

The Price section of the proposal must clearly separate:

- One-time costs
- Implementation or installation costs
- Recurring costs over a five-year period

Price for each component and service should be broken down by installation (one-time) and ongoing expenses.

It is essential that Price data be provided in a format that enables comparisons between vendors. For this reason, vendors may supplement the requested information, but the format requested is required at a minimum. Please fill out all sections in the format requested. Please specify the method and assumptions used to calculate price. List software price by system or solution.

The proposal must clearly define ALL costs expected to be incurred by UI Health during implementation and throughout the term of the contract as elements of the total Price Proposal.

Please also provide an estimate for a 'minimum necessary' data extraction and conversion from the existing UI Health to the proposed solutions based upon your experience with other organizations of UI Health' size, legacy systems and complexity.

**Attachment 4: References**

References ☒ are ☐ are not requested.

If requested, provide references according to the instructions below. All references must be established firms or government agencies other than the procuring University that can attest to Vendor's experience and ability to perform the contract that is the subject of this solicitation. These references will be contacted.

**Type of References:**

It is important that you include references that are similar to UI Health in terms of size, clinical services, previous system and remote hosted environment. In addition, please provide at least one reference from the state of Illinois, at least one reference from a university academic medical center, and at least one reference with a hosted environment.

**Number of Each Reference Type:**

At minimum, please provide at least one reference from the state of Illinois, at least one reference from a university academic medical center, and at least one reference with a hosted environment.

1. Firm / Government / University (name):
  - a) Individual who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, product functionality, vendor support, and documentation and training.  
Contact Person (name, email address, address, and phone):
  - b) Size and Type of Facility:
  - c) Name and Release Version of Solution Installed:
  - d) Major Applications Components Installed (i.e. Ambulatory Clinical, Inpatient Clinical, Ambulatory Rev. Cycle, Inpatient Rev. Cycle, ERP)
  - e) Solution Live-dates:
  - f) Previous System Environment:
  - g) Nature of Relationship between Vendor and Reference Site (i.e., partner, beta site):
  
2. Firm / Government / University (name):
  - a) Individual who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, product functionality, vendor support, and documentation and training.  
Contact Person (name, email address, address, and phone):
  - b) Size and Type of Facility:
  - c) Name and Release Version of Solution Installed:
  - d) Major Applications Components Installed (i.e. Ambulatory Clinical, Inpatient Clinical, Ambulatory Rev. Cycle, Inpatient Rev. Cycle, ERP)
  - e) Solution Live-dates:
  - f) Previous System Environment:
  - g) Nature of Relationship between Vendor and Reference Site (i.e., partner, beta site):

3. Firm / Government / University (name):
  - a) Individual who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, product functionality, vendor support, and documentation and training.  
Contact Person (name, email address, address, and phone):
  - b) Size and Type of Facility:
  - c) Name and Release Version of Solution Installed:
  - d) Major Applications Components Installed (i.e. Ambulatory Clinical, Inpatient Clinical, Ambulatory Rev. Cycle, Inpatient Rev. Cycle, ERP)
  - e) Solution Live-dates:
  - f) Previous System Environment:
  - g) Nature of Relationship between Vendor and Reference Site (i.e., partner, beta site):
  
4. Firm / Government / University (name):
  - a) Individual who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, product functionality, vendor support, and documentation and training.  
Contact Person (name, email address, address, and phone):
  - b) Size and Type of Facility:
  - c) Name and Release Version of Solution Installed:
  - d) Major Applications Components Installed (i.e. Ambulatory Clinical, Inpatient Clinical, Ambulatory Rev. Cycle, Inpatient Rev. Cycle, ERP)
  - e) Solution Live-dates:
  - f) Previous System Environment:
 Nature of Relationship between Vendor and Reference Site (i.e., partner, beta site):

**END OF DOCUMENT**