



State of Vermont Bidder Response Form

**Request for Proposal Name: HOSPITAL RECORD COLLECTION, PROCESSING,
AGGREGATION, AND MANAGEMENT**



State of Vermont Bidder Response Form

Vendor Instructions:

Provide the information requested in this form and submit it to the State of Vermont as part of your Request for Proposal (RFP) response. All answers must be provided within the form unless otherwise specified.

Important: This form must be completed and submitted in response to this RFP for your proposal to be considered valid. The submission must also include the eight (8) additional artifacts requested within this form (denoted by underlined green font).

See the RFP for full instructions for submitting a bid. **Bids must be received by the due date and at the location specified on the cover page of the RFP.**

Direct any questions you have concerning this form or the RFP to:

Jessica Mendizabal
Green Mountain Care Board
E-mail Address: jessica.mendizabal@vermont.gov



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Part 1: VENDOR PROFILE

1. Complete the table below.

Item	Detail
Company Name:	[insert the name that you do business under]
Physical Address:	[if more than one office – put the address of your head office]
Postal Address:	[e.g. P.O Box address]
Business Website:	[url address]
Type of Entity (Legal Status):	[sole trader/partnership/limited liability company or specify other]
Primary Contact:	[name of the person responsible for communicating with the Buyer]
Title:	[job title or position]
Email Address:	[email]
Phone Number:	[landline]
Fax Number:	[fax]

2. Provide a brief overview of your company including number of years in business, number of employees, nature of business, and description of clients. Identify any parent corporation and/or subsidiaries.
3. Is your organization currently or has it previously provided solutions and/or services to any agency or entity of the Vermont State government? If so, name the State entity, the solution and/or services provided, and the dates.



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4. **Provide a Financial Statement* for your company and label it Attachment #1.** A confidentiality statement may be included if this financial information is considered non-public information. This requirement can be filled by:
- A current Dun and Bradstreet Report that includes a financial analysis of the firm;
 - An Annual Report if it contains (at a minimum) a Compiled Income Statement and Balance Sheet verified by a Certified Public Accounting firm; or
 - Tax returns and financial statements including income statements and balance sheets for the most recent 3 years, and any available credit reports.

**Some types of procurements may require bidders to provide additional or specific financial information. Any such additional requirements will be clearly identified and explained within the RFP, and may include supplemental forms in addition to this Bidder Response Form.*

5. Disclose any judgments, pending or expected litigation, or other real potential financial reversals, which might materially affect the viability or stability of your company or indicate below that no such condition is known to exist.
6. Provide a list of three references similar in size and industry (preferably another governmental entity). References shall be clients who have implemented your Solution within the past 48 months.

Reference 1	Detail
Reference Company Name:	[insert the name that you do business under]
Company Address:	[address]
Type of Industry:	[industry type: e.g., government, telecommunications, etc.]
Contact Name:	[if applicable]
Contact Phone Number:	[phone]
Contact Email Address:	[email]
Description of system(s) implemented:	[description]
Date of Implementation:	[date]



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Reference 2	Detail
Reference Company Name:	[insert the name that you do business under]
Company Address:	[address]
Type of Industry:	[industry type: e.g., government, telecommunications, etc.]
Contact Name:	[if applicable]
Contact Phone Number:	[phone]
Contact Email Address:	[email]
Description of system(s) implemented:	[description]
Date of Implementation:	[date]

Reference 3	Detail
Reference Company Name:	[insert the name that you do business under]
Company Address:	[address]
Type of Industry:	[industry type: e.g., government, telecommunications, etc.]
Contact Name:	[if applicable]
Contact Phone Number:	[phone]
Contact Email Address:	[email]
Description of system(s) implemented:	[description]
Date of Implementation:	[date]



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PART 2: VENDOR PROPOSAL/SOLUTION

1. Provide a description of the technology solution you are proposing.
2. Provide a description of the capabilities of the technology solution you are proposing.
3. If a proprietary software is being proposed, provide a description of the:
 - A. Standard features and functions of the software:
 - B. The software licensing requirements for the solution:
 - C. The standard performance levels:
 - Hours of system availability:
 - System response time:
 - Maximum number of concurrent users:
 - Other relevant performance level information:
4. Give a brief description of the evolution of the system/software solution you are proposing. Include the date of the first installed site and major developments which have occurred (e.g. new versions, new modules, specific features).
5. List the total number of installations in the last 3 years by the year of installation.
6. Provide the total number of current users for the proposed system and indicate what version they are using.
7. Have you implemented the proposed solution for other government entities? If so, tell us who, when, and how that implementation went?
8. **Provide a Road Map that outlines the company's short term and long term goals for the proposed solution/software and label it Attachment #2.**
9. **Provide a PowerPoint (minimum of 1 slide and maximum of 10 slides) that provides an Executive level summary of your proposal to the State. Label it Attachment #3.**
10. Does your proposed solution include any warranties? If so, describe them and provide the warranty periods.



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- 11. Describe any infrastructure, equipment, network or hardware *required* to implement and/or run the solution.
- 12. What is your recommended way to host this solution?
- 13. Describe how your solution can be integrated to other applications and if you offer a standard-based interface to enable integrations.
- 14. Respond to the following questions about the solution being proposed:

Question	Vendor Response/Explanation	
	Yes or No	
A. Does the solution use Service Oriented Architecture for integration?		
B. Does the solution use a Rules Engine for business rules?		
C. Does the solution use any Master Data Management?		
D. Does the solution use any Enterprise Content Management software?		
E. Does the solution use any Case Management software?		
F. Does the solution use any Business Intelligence software?		
G. Does the solution use any Database software?		
H. Does the solution use any Business Process Management software?		
I. Is this a browser based solution and if so what browsers do you support?		
J. Does the solution include an API for integration?		



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PART 3: FUNCTIONAL REQUIREMENTS

The table below lists the State’s Functional Requirements. Indicate the “Availability” for each requirement for your proposed solution. Use the “Vendor Comments” column to provide any additional information or explanations.

- A** - Feature is available in the core (“out-of-the-box”) solution.
- D** - Feature is currently under development (indicate anticipated date of availability in the Vendor comments column).
- C** - Feature is not available in the core solution, but can provided with customization.
- N** - Feature is not available.

ID #	Functional Requirement Description	Availability	Vendor Comments
1	Periodically collect hospital discharge records from participating Vermont Hospitals		
A	At a minimum, quarterly		
B			
C			
2	Process, aggregate, apply quality edits to inpatient, outpatient and emergency department necessary data for services provided at participating Vermont hospitals, and periodically audit the data set for completeness, consistency, and accuracy across all data-submitting hospitals		
A	At a minimum, bi-annually		
B			
C			
D			
3	Work in collaboration with GMCB and VDH regarding data quality, utility, completeness, timeliness, consistency, and accuracy across all data-submitting hospitals		
A			
B			
C			
D			
4	Provide a unique person identifier across hospitals, as specified in collaboration with the GMCB and VDH		
A			
B			
C			
D			
E			



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5 Submit current and updated necessary data, data collection procedure documentation, file layout, data dictionary and any relevant documentation related to changes in the discharge records specifications and State data submission requirements, to GMCB and VDH			
A			
B			
C			
D			
6 Periodically submit processed necessary data to the agency of Healthcare Cost and Utilization Project (HCUP) UPON APPROVAL from GMCB			
A			
B			
C			
D			
7 Notify GMCB, in writing, regarding any changes to the necessary data			
A			
B			
C			
D			

PART 4: NON- FUNCTIONAL REQUIREMENTS

The tables below list the State’s Non-Functional Requirements. Indicate if your proposed solution complies in the “Comply” column.

Yes = the solution complies with the stated requirement.

No = the solution does not comply with the stated requirement.

N/A = Not applicable to this offering.

Describe how the requirement is met in the “Vendor Description of Compliance” column.

4.1 Hosting

ID #	Non-Functional Requirement Description	Comply	Vendor’s Description of Compliance
H1	Any technical solution must be hosted in a data center.		
H2	Any hosting provider must provide for back-up and disaster recovery models and plans as needed for the solution.		
H3	Any hosting provider will abide by ITIL best practices for change requests, incident management, problem management and service desk.		



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4.2 Application Solution

A1	Any solutions vendor must provide for the backup/recover, data retention and disaster recovery of a contracted/hosted application solution.		
A2	Any solutions vendor must provide for application management and design standard of all technology platforms and environments for the application solution (Development, Staging, Productions, DR, etc.)		



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ID #	Non-Functional Requirement Description	Comply	Vendor's Description of Compliance
A3	Any solutions vendor must engage the State of Vermont using Service Level Agreements for system and application performance, incident reporting and maintenance.		
A4	The State owns any data they enter, migrate, or transmit into the solution and the vendor shall allow the State to pull or copy this data at any time free of charge.		
A5	<p>As a contract deliverable, the vendor shall supply an up-to-date data dictionary that represents all data respective of the solution it will provide. The data dictionary must contain the following attributes:</p> <ol style="list-style-type: none">1. The technology (RDBMS platform) that hosts the data source, i.e. Oracle, SQL Server, MySQL, DB2, etc.2. The location where the data source is hosted3. Thorough descriptions of each table in the data source4. Thorough descriptions of each column within each table in the data source. In addition to business definitions, column descriptions must include the following detail: schema names; file group names (if applicable); data types; lengths; primary and foreign key constrains; applied formatting; applied calculations; applied aggregations; NULL-ability; default values.		



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4.3 Security

As a solution vendor, you must have documented and implemented security practices for the following and have a process to audit/monitor for adherence. Indicate “Yes” or “No” in the “Comply” column or “N/A” if the requirement is not applicable to this offering. Use the “Vendor Description of Applicable Security Processes” column to describe how you meet the requirement and the “Audit/Monitor” column to indicate how you monitor for compliance.

ID #	Non-Functional Requirement Description	Comply	Vendor’s Description of Applicable Security Processes	Audit/Monitor Process
S1	Input validation			
S2	Output encoding			
S3	Authentication and password management			
S4	Session management			
S5	Access control			
S6	Cryptographic practices			
S7	Error handling and logging			
S8	Data protection from unauthorized use, modification, disclosure or destruction (accidental or intentional).			
S9	Communication security			
S10	System configuration			
S11	Database security			
S12	File management			
S13	Memory management			
S14	Fraud detection			
S15	General coding practices			
S16	POA&M management			
S17	Risk Assessment Practices including but not limited to vulnerability assessment and pen testing			
S18	Incident response planning and testing			
S19	System Security Plan delivery			



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4.4 Other Non-Functional Requirements *[Describe any additional non-functional requirements or type N/A in this section.]*

For each requirement listed, indicate if and how you comply or type “N/A” if it is not applicable to your offering.

4.5 Data Compliance

Vendors and their solutions must adhere to applicable State and Federal standards, policies, and laws based on the type of data that will be stored, accessed, transmitted and/or controlled by the solution. If the “Type of Data” column is checked below, respond “Yes” or “No” in the “Comply” column and provide an explanation on how you comply in the “Vendor’s Description of Compliance” column.

[Check the boxes that are relevant for your project. Consult ADS Enterprise Architecture or Security if assistance is needed.]

Type of Data	Applicable State & Federal Standards, Policies, and Laws	Comply	Vendor’s Description of Compliance
<input checked="" type="checkbox"/> Publicly available information	<ul style="list-style-type: none"> ▪ NIST 800-171 		
<input checked="" type="checkbox"/> Confidential Personally Identifiable Information (PII)	<ul style="list-style-type: none"> ▪ State law on Notification of Security Breaches ▪ State Law on Social Security Number Protection ▪ State law on the Protection of Personal Information ▪ National Institute of Standards & Technology: NIST SP 800-53 Revision 4 “Moderate” risk controls ▪ Privacy Act of 1974, 5 U.S.C. 552a. 		
<input type="checkbox"/> Payment Card Information	<ul style="list-style-type: none"> ▪ Payment Card Industry Data Security Standard (PCI DSS) v 3.2 		
<input type="checkbox"/> Federal Tax Information	<ul style="list-style-type: none"> ▪ Internal Revenue Service Tax Information Security Guidelines for Federal, State and Local Agencies: IRS Pub 1075 		
<input checked="" type="checkbox"/> Personal Health Information (PHI)	<ul style="list-style-type: none"> ▪ Health Insurance Portability and Accountability Act of 1996: HIPAA ▪ The Health Information Technology for Economic and Clinical Health Act HITECH ▪ Code of Federal Regulations 45 CFR 95.621 		



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Type of Data	Applicable State & Federal Standards, Policies, and Laws	Comply	Vendor's Description of Compliance
<input type="checkbox"/> Affordable Care Act Personally Identifiable Information (PII)	<ul style="list-style-type: none"> ▪ Internal Revenue Service Tax Information Security Guidelines for Federal, State and Local Agencies IRS Pub 1075 ▪ Minimum Acceptable Risk Standards for Exchanges MARS-E 2.0 (Scroll down the page) 		
<input checked="" type="checkbox"/> Medicaid Information	<ul style="list-style-type: none"> ▪ Medicaid Information Technology Architecture MITA3.0 ▪ Code of Federal Regulations 45 CFR 95.621 		
<input type="checkbox"/> Prescription Information	<ul style="list-style-type: none"> ▪ State law on the Confidentiality of Prescription Information 		
<input type="checkbox"/> Student Education Data	<ul style="list-style-type: none"> ▪ Family Educational Rights and Privacy Act: FERPA 		
<input type="checkbox"/> Personal Information from Motor Vehicle Records	<ul style="list-style-type: none"> ▪ Driver's Privacy Protection Act (Title XXX) ("DPPA") 18 U.S.C. Chapter 123, §§ 2721 – 2725 		
<input type="checkbox"/> Criminal Records	<ul style="list-style-type: none"> ▪ Criminal Justice Information Security Policy: CJIS 		
<input type="checkbox"/> Other: <i>describe</i>	<i>[List what's applicable or delete this line.]</i>		

4.6 State of Vermont Cybersecurity Standard 19-01

Vendor shall certify by checking the box below the Solution shall not include, incorporate, rely on, utilize or be supported by any products or services subject to the limitations provided under State of Vermont Cybersecurity Standard 19-01, which Contractor acknowledges has been provided to it, and is available on-line at the following URL: <https://digitalservices.vermont.gov/cybersecurity/cybersecurity-standards-and-directives>.

Contractor hereby certifies that in connection with the Request for Proposal, **none** of the applicable products or services will be included in or used to support State systems in a manner prohibited under the Standard.



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PART 5: IMPLEMENTATION/PROJECT MANAGEMENT APPROACH

1. **Provide a proposed list of project phases, major milestones, and an implementation time-line. Label this Attachment #4.**
2. Describe the experience and qualifications of the Project Manager you would offer as the resource for this engagement. **Provide a copy of their resume and label it Attachment #5.**



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PART 6: TECHNICAL SERVICES

1. Provide a description of the roles/services/tasks the State will be expected to cover as part of this engagement. Describe any additional roles/services/tasks that are optional, but would be beneficial for the State to provide.
2. Describe **and attach your typical Implementation Plan (label it Attachment #6)**, which shall include planning for the transition to maintenance and operations.
3. Describe the experience and qualifications of the technical resources proposed for this engagement. **Provide their resume(s) and label them Attachment #7.**



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PART 7: MAINTENANCE AND SUPPORT SERVICES

1. Provide answers to the questions below regarding your company's Maintenance and Support Services:

Questions	Vendor Response
Service: Customer Phone &/or Email Support	
What is the method for contacting technical support?	
What are the hours of operation for support?	
What is the turnaround time for responses?	
What is the escalation process for support issues?	
Who comprises the support team and what are their qualifications?	
Define your response resolution metrics and how you capture and report them.	
Service: Incident/Security Breach Notification and Process	
Describe your identification and notification process for security breaches.	
Service: Data Management	
Describe how data is stored, retained and backed-up (including frequency).	
Service: Hosting	
Describe the hosting service and associated service levels.	



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Questions	Vendor Response
Service: Scheduled Maintenance/Downtime	
What is the frequency of scheduled maintenance and downtime?	
What is the notification process for scheduled maintenance and downtime?	
Describe how “maintenance” updates are tested with customers prior to installing them in their live environments.	
Service: System Upgrades	
Are software upgrades provided as part of the software support contract?	
Describe your software upgrade process.	
How often are new versions released?	
Is documentation and training provided for system upgrades?	
Are there additional costs for upgrades and/or new releases?	
Describe how and when the State will have an opportunity to test system upgrades/releases prior to live installation.	
Describe how the State will validate post installation and how changes will be backed out in the event that a problem is encountered.	



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Questions	Vendor Response
Service: Bug Fixes and Minor Enhancements	
Describe the frequency and process for providing, testing, and installing bug fixes and minor enhancements.	
Service: Disaster Recovery	
Describe the disaster recovery services included in this proposal for any non-state hosted services.	
What is your standard RPO and RTO?	
Describe the plan your company has in place for its own disaster recovery of any sites that may be involved in support of this proposal.	

2. Describe any other services not mentioned in the above list that are included in your standard Service Level Agreement (SLA) and **include a copy of your SLA with your response to this RFP. Label the SLA Attachment #8.**
3. Describe how adherence to your service levels is measured and what remedies you would provide the State when performance doesn't meet the standard?



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PART 8: PRICING

1. Submit pricing for your proposed solution in the table below. Fill in only the lines that are applicable to your proposal. **Insert lines for additional costs, but do not delete or rename any lines in the Table. Total each column and provide a total of all columns in the “Total Implementation, plus 5 Year Costs” box on the next page.**

Cost Type	One Time (Implementation)	Year 1	Year 2	Year 3	Year 4	Year 5
Software						
Enterprise Application: License Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maintenance &/or License Fee Add-Ons	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subscription cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Storage Limitations and/or Additional Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Database Software: License Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Middleware Tools: License Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Operating System Software: License Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Upgrade Costs for Later Years	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Support and Maintenance Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Implementation Services						
Project Management	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Requirements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Design (Architect Solution)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Development (Build, Configure or Aggregate)/Testing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
System Testing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Defect Removal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Implement/Deploy or Integrate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Quality Management	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



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Cost Type	One Time (Implementation)	Year 1	Year 2	Year 3	Year 4	Year 5
Implementation Services Continued						
Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telecom						\$0.00
Bandwidth	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Hardware						\$0.00
Computing Hardware	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Storage and Backup Hardware	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Network Hardware	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Facilities/Data Center	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Hosting						\$0.00
Hosting Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Base Costs	\$0.00					

Total Implementation plus Five Year Costs \$ 0.00

2. Describe any assumptions you have made in relation to the above cost and pricing information.

3. Provide pricing information for any volume discounts that are available based on the number of software licenses purchased or support years purchased.



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4. Provide pricing for any Functional Requirements marked as “C” (feature is not available in the core solution, but can be provided with customization).



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PART 9: TERMS AND CONDITIONS

In deciding which Respondent/s to shortlist the State will take into consideration each Respondent’s willingness to meet the State’s terms and conditions. Indicate any objections or concerns to our stated terms and conditions in the RFP or any of the exhibits, addendums or attachments including **Attachment C**. Add lines to the table below as needed.

Important: Bidder will be bound to all terms and conditions stated in the State’s RFP, exhibits, attachments, and/or addendums except and then only to the extent specifically set forth in the table below, and only if and to the extent expressly agreed and incorporated in writing in a resulting contract. Note that exceptions to contract terms may cause rejection of the proposal.

Clause Location	Concern	Proposed Verbiage
[indicate RFP, exhibit, attachment or addendum, section & page number]	[briefly describe your concern about this clause]	[describe your suggested alternative wording for the clause or your solution]
[indicate RFP, exhibit, attachment or addendum, section & page number]	[briefly describe your concern about this clause]	[describe your suggested alternative wording for the clause or your solution]
[indicate RFP, exhibit, attachment or addendum, section & page number]	[briefly describe your concern about this clause]	[describe your suggested alternative wording for the clause or your solution]



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PART 10: AUTHORIZED COMPANY SIGNATURE

I am authorized to submit a proposal to the State of Vermont in response to this RFP on behalf of my organization. The information provided as part of my organization's response is a true and accurate representation of my organization's ability to meet the State of Vermont's business needs as expressed in this RFP.

Signature:	
Full name:	
Title:	
Company:	
Date:	