



<b>REQUEST FOR PROPOSALS:</b> Electronic Health Records System	
<b>NUMBER:</b> 2024-450-566-1	<b>SUBMITTAL DATE:</b> August 16, 2024
<b>DIVISION:</b> Treatment Services	<b>CONTACT PERSON:</b> Kari Grytdal at kgrytdal@srhd.org

**INTRODUCTION**

**About SRHD**

Spokane Regional Health District (SRHD) is one of 34 local public health agencies serving Washington state's 39 counties. The agency was originally established as the Spokane County Health District (SRHD) in January 1970, when the City of Spokane and Spokane County merged their health departments. In 1994, the official name was changed to Spokane Regional Health District to reflect the increased scope of public health services and geographic coverage.

SRHD operates many programs including an Opioid Treatment Program, which provides medication assisted treatment and counseling to individuals with opioid use disorders. The program provides medication assisted treatment by utilizing methadone and buprenorphine, which are pharmaceutical medications, along with group and individual counseling and education. SRHD Treatment Services (TS) program consists of medical, clinical, counseling, billing, and administrative staff who are responsible for the day-to-day operations

SRHD’s TS program provides services to more than 1000 patients. SRHD’s TS program must maintain strict adherence to all applicable federal, state, and local regulations, as well as provide accurate and timely reports to state, federal and local systems, Managed Care Organizations, Medicaid, and Medicare. This is done primarily through the Electronic Health Record (EHR) system. SRHD TS’ staff enters data which is then processed through the billing department and billed accordingly for program revenues.

**Current Software:**

SRHD TS current EHR provider is TenEleven which provides a record system for the following organization needs: management of the program’s services, maintenance of client charts, tracking of client drug screenings, offering of a scheduling system, allowing for medication dispensing, providing an ability for service billing, allows for organization financial management, and reporting.

**Description of Project:**

SRHD TS is currently seeking Requests for Proposals (RFP) for an EHR system. The RFP requires specific information from the proposers indicating how they are qualified for the project and what solutions will be offered to meet the needs of SRHD TS, as set forth in the Scope of Work below. The EHR system needs to assist SRHD TS in streamlining workflow, optimizing revenue, as well providing for regulatory compliance. The EHR system will also need to integrate scheduling, clinical treatment documentation, drug screening, pre-filling, dispensing, billing, and reporting to maintain program requirements for state, federal and local compliance. All of this must be in an environment that protects the organization from risk providing appropriate checks and balances.

**The deadline for responses to this RFP is August 16, 2024, 5:00 p.m. (PST). Earlier responses are welcome.**

**RFP COORDINATOR**

All communications, including any requests for clarification, concerning this RFP should be addressed in writing to the following: Kari Grytdal, Procurement & Contracts Manager, via email at [kgrytdal@srhd.org](mailto:kgrytdal@srhd.org). **Questions via telephone will not be accepted.** All questions regarding this RFP must be received by July 26, 2024, at 5:00 p.m. Pacific Standard Time. Questions received after this date may not be answered. All submitted questions will be addressed via addendum to the RFP on the SRHD website by July 29, 2024.



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Below is the schedule for the RFP process (which is subject to change):

Date	Description
July 18, 2024	Issue date of RFP and posting to SRHD website
July 26, 2024	Questions Due
July 29, 2024	Addendum posted on website for all questions
August 16, 2024	Proposal submission deadline
August 17 - 30, 2024	Application Scoring by RFP selection committee. Top scoring three to four vendors invited to move forward to demonstrate EHR system
September 02- 30, 2024	Solution demonstrations by vendors
October 01 - 11, 2024	Review by selection committee
October 17, 2024	Board of Health Budget and Finance Committee approval
October 31, 2024	Board of Health Contract Award Approval
October 31, 2024	SRHD Contract Award

After award of the Contract, Spokane Regional Health District shall have the right to terminate the Contract at any time by giving the contractor a thirty(30) day written notice.

**SCOPE OF WORK**

Through accessing and implementing an EHR system, SRHD TS program seeks to improve safety, effectiveness, patient-centered care, communication, education, timeliness, efficiency, and equity. In addition, the EHR should enhance SRHD’s employee experience and services provided, while increasing program compliance and reducing risk of medication errors.

In implementing this process, SRHD TS program has the following objectives:

- To maintain adequate documentation and monitor patient care that complies with Federal, State and Local reporting requirements relevant to opioid drugs approved for use in treatment of opioid addiction.
- Adhere to all requirements of the federal confidentiality regulations and HIPAA privacy and security.
- Follow policies and procedures consistent with DEA, SAMHSA, BHO/ASO, MCO’s statutes and regulations pertaining to the recording of and accounting for the use of controlled substances.
- Maintain an accurate inventory of all in-stock medications, including controlled substances, every dose administered or dispensed with specific unit of measure, and record on the patient’s individual medication dose history.
- Maintain a claims and billing process to accurately process and submit insurance claims for patients to private insurance, Medicaid, and Medicare.

The selected EHR system must be capable of at least the following elements:

- Substance use disorder treatment and mental health specialty
- Client management to include:
  - Client admission
  - Assessments
  - Account management
  - Progress notes
  - Treatment plans



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- Workflow notifications
- Large scale capture and scanning of client related documentation
- Leave, discharge, treatment, counseling participation, and census data for outpatient services
- Intake forms to include:
  - Call intake
  - Pre-admission and admission
  - Assessment
  - Physical examination
- ICD-10 and DSM-5 integration
- Treatment Plan Wizard
- Group notes with Golden Thread integration
- Health Information Exchange Interface
- PDMP integration
- Demographic data import
- Appointment reminder interface
- Kiosk for patient check-in with scanner
- Enhanced patient portal
- Telehealth availability for appointments built-in with Zoom and Healthcare
- E-prescribing of non-controlled and controlled substances
- E-lab orders and results
- HL7 Interface capability
- Compliance indicators
- Notifications/alerts inside of system for form signatures
- Build workflows.
- Future holds
- Duplicative service alerts
- Medication Dispensing and Inventory Management
- Methadone bottle weight tracking for inventory management
- Dispensing hard stops
- Pre-pour dispensing
- Randomization of urinalysis alerts
- Robotic methadone dose assembly system integration
- Allergies displayed.
- Patient medication inventory
- Patient medication list
- Accuverve IVEK Methadone Pump Interface
- Topaz signature pad with touchscreen capabilities
- Custom forms interface
- Performance measurement capability
- Canned reporting with ability for custom reports and Power BI
- Integrated clearinghouse
- Insurance eligibility checks that run as a scheduled task
- Auto posting of claims
- Claims and payment tracking.
- On-line credit card integration
- Service billing capability and interface with all commercial insurance providers to include Centers for Medicare and



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Medicaid billing form 837P and electronic data interface (EDI) 835 transaction healthcare claim payment and remittance advice.

- Service billing capability and interface with Managed Care Organizations for Medicaid programs
- VPN solution or ability to connect from anywhere.

The selected vendor must:

- Provide product training for all system users pre and post implementation.
- Provide help desk support 24 hours a day, seven days a week.
- Provide system training for users to ensure seamless transition.
- Provide support for at least 80+ user licenses.
- Meet and support the mental health and substance use disorder requirements of the Washington State Department of Behavioral Health and Recovery and Health Care Authority.
- Comply with applicable federal and state of Washington HIPAA and client data security regulations.
- Demonstrate history of successful provision and support of electronic health records for behavioral health, particularly in an integrated care environment.
- Demonstrate a history of providing vendor and customer driven enhancements that keep the EHR current and provide increased value to the EHR system.

**FUNCTIONAL PRIORITIES**

The successful vendor must provide:

- Support client-based scheduling to include counselor, mental health, and medical appointments
- Log-in availability for auditors with chart restrictions
- Role based access and approval restrictions
- Print bundles
- Support the required six dimensions of ASAM assessment criteria
- Support requirements for the provision and documentation of mental health services
- Support the dispensing of various medications
- Support end user development of reporting
- Support state reporting, Central Registry reporting, Behavioral Health Data System (BHDS)
- Dosing queue with external monitor visibility and announcer
- Report capabilities that provide Key Performance Indicators (KPIs)

This RFP is not intended to favor any vendor. It is solely designed to provide the best value to SRHD TS in meeting the program’s needs. The proposals will be evaluated by staff and leadership directly. SRHD, at its sole discretion, will determine whether to hold discussions with the proposers who are in a “competitive range” or to recommend that the contract be awarded without discussion based on the proposal submitted. The evaluation team will review each proposal based on the following criteria:

**Application Functionality and Provided Services:**

Each service provider will be asked to respond to the functionality requirements outlined in this RFQ. The evaluation team will review the responses relative to the priority assigned to that functional requirement. Service providers do not have to meet every functional requirement to remain in consideration. The evaluation team may modify a functional requirement at its discretion. The evaluation team will also be reviewing the general user interface of the system in terms of intuitiveness and simplicity.

**Implementation Costs and Service Fees:**

The SRHD evaluation team will be looking for the best value in terms of cost, service features and qualifications. The SRHD



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evaluation team will give higher weight to service providers who can meet the functional requirements with a standard service fee. It is also important that system upgrades are included as part of the standard service fee.

**Support Services:**

The SRHD evaluation team will be looking for a seasoned implementation team that has experience with an EHR system. Initial set-up and training will be critical factors in the contract award determination. The SRHD evaluation team will be interested in

the level of on-going support provided after the implementation period. The proposer shall demonstrate that trained support staff for operational concerns over extended business hours will be provided. It is also important that the support services provided include sharing technical/legal updates and best practices.

**Level of Integration:**

Preference will be given to those vendors offering a fully integrated product. Preference will also be given to those products that eliminate entry redundancy and allow SRHD to maximize the potential of the EHR system.

**Project Implementation:**

Preference will be given to those organizations that show strong capabilities to implement and support all functions within the system. SRHD will also consider the implementation plan, the overall timing and duration of the project, and the technical capacity and experience of the vendor.

**PROPOSAL SUBMISSION REQUIREMENTS:**

- A. Letter of Interest: Maximum one page. Statement regarding qualifications of the vendor. Identify the project manager who would be assigned to this project, as well as any key staff. Provide names, educational background, and relevant experience of each team member, including sub-consultants, if applicable. The information should describe the nature of the work and the role of these individuals and firms, if applicable.
  
- B. Answering of the following questions may not exceed ten (10) pages. The ten (10) page response will **not** include any of the reports required in question 3 or answers to question 9 table. Any response which exceeds this requirement may be marked as nonresponsive and eliminated from the evaluation process.

**1. Implementation & Support Service**

Describe your approach to implementation. Provide an implementation schedule and action plan for SRHD TS.

- Who would be assigned to the implementation team? What is their experience and background?
- Does your organization do system training and the implementation or is a third party involved?
- What is the training process to prepare for going live?
- How many parallel runs do you perform?
- Describe your support center operations, including hours and location. What is the average tenure of your support center staff? Would SRHD TS be assigned an account representative for support? If yes, what is their experience and tenure? How is back up support handled?
- What type of technical training do you provide to ensure that vendor staff remain abreast of any state/federal regulatory changes regarding Opioid and Mental Health Treatment Programs?
- What type of training do you provide to ensure that vendor staff is aware of best practices for technological upgrades?
- How are clients notified of system issues or downtime? How much down-time have you experienced over the last two years? Describe how you handle technological upgrades with your clients so that down time is minimized.
- What written documentation is provided with your service? What type of information is available on your website?
- How is the quality of your support center monitored? Describe any formal quality programs you have in place. Review



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any available quality or performance data. What percentage of service calls are resolved upon first contact? If a call is not resolved, what is the process to resolve the issue?

- What types of issues are routinely resolved through service calls? What types of issues are likely to result in additional service charges?
- What is the ratio of support center staff to clients? On average, how long do clients have to wait to have a call answered?

## 2. **General System Requirements**

- How do you handle system upgrades? Are upgrades included in the basic agreement or are additional fees assessed?
- How do you notify the SRHD of the system upgrades and what modules are affected?
- What type of customization can clients do without incurring additional fees?
- Who has responsibility for maintaining customization changes? Will customizations be overwritten in the event of an upgrade?
- Describe the integration between the clearinghouse, ICD-10 and DSM-5, Golden Thread, and PDMP.
- What practice management systems have HL7 interface capabilities with your system?
- How much history can be maintained in your system and is the amount consistent across modules/applications?
- What support would be required from SRHD's IT department?
- How do you assist organizations in rolling out self-service? What training would be available to employees and/or managers?

## 3. **Reporting**

- Describe how the report writing tool works. Is the same tool used in all modules or do the reporting tools vary?
- What special features and functions make your product distinctive in general query and analysis?
- Describe how your report writer can filter data in multiple ways using any field? Can data be sorted by specific parameters?
- Describe the system's ability to format reports. Does the data have to be exported to a Microsoft Office product before formatting can occur?
- List or attach standard reports provided through your system.
- Attach a formatted report that was created using your system that includes an organization logo.
- Attach a demographic face sheet generated from your system.
- Does your system provide historical data, such as insurance coverage during a specified period?

## 4. **Dispensing**

- What is your system's capability in documenting buprenorphine, methadone, etc. dispensing?
- What is your system's capability in documenting pre-pour module/ capacity?
- Describe how your pre-pour module integrate with the dispensing module/ capacity.
- How does your system account for returned or unused doses.

## 5. **Security**

- Describe your approach to system security. Have there been any significant company security breaches in the last five years? How do you handle security breaches?
- What happens when the system is accessed by someone without rights? What password authentication controls are utilized?
- Where is the client data retained? Do you own your data centers?
- Is there a back-up data center? If so, is that owned by your organization or contracted to another vendor?
- What level of security are the data centers?



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**6. References**

- List any relevant clients within the same industry and client size that you have worked with. Provide contact information for at least three to five organizations.
- List two local clients of a similar size that have recently transitioned to your organization for an electronic health records system. Provide contact information.

**7. Pricing**

- Describe how your standard contract is structured. 1<sup>st</sup>
- How long would the proposed fee structure remain in place? 2<sup>nd</sup>
- What fee increases have your clients experienced over the past five years? 3<sup>rd</sup>
- Describe any items that would require additional fees and the estimated cost for those additional services. 4<sup>th</sup>

**8. Vendor Demonstration**

A high-level solution demonstration. The demonstration should provide SRHD staff with an understanding of how the vendor’s system works from the moment a client contacts the organization to the moment the client is discharged and all points in between. A “cradle to grave” demonstration of the system, with an emphasis on medication dispensing, billing and charting. The vendor must demonstrate and describe the major deliverables, project meetings, staff trainings and a conceptual schedule for completion. The vendor must also demonstrate report generation.

**9. Provide a Response to the Following:**

Requirements	Vendor Response Yes/No
Ability to connect in any location.	
Ability to import and export data from Microsoft Office Products.	
Ability to store scanned documents in each patient’s chart	
Ability to complete demographic data import	
Ability to create hard stops to prevent dispensing for future dates	
Telehealth availability for appointments built-in with Zoom for Healthcare	
Ability to print bundles for bulk printing of charts/forms	
Ability to build workflows into electronic health records system	
Ability to provide a Treatment Plan Library	
Ability to provide a Treatment Plan Wizard	
Ability to provide an Assessment Library	
Ability to provide a pre-intake module	
Ability to provide a custom forms interface	
Ability to provide notifications/alerts inside of electronic health records system for form signatures	
Ability to provide forms capable of multiple signature types on the same form	
Ability to provide group notes with Golden Thread integration	
System allows unlimited history	
Ability to make software adjustments or add additional customization to the software as needed	
<b>Security</b>	
Ability to restrict access to specific functions, files and data elements based on user profile or workstation ID.	
Ability to restrict users from viewing and/or editing at the field level.	



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Ability for SRHD Treatment Services to manage system access without relying on the vendor.	
Ability to set up "mass" security profiles by employee group.	
Ability to maintain 42 CFR Part 2 compliancy	
<b>Reporting</b>	
Ability to create customized reports with minimal training or vendor support	
Ability to run reports based on past, present, or future "effective" dates	
Ability to report or track changes made on the system with username and date (audit report)	
Ability to create report templates	
Ability to create custom reports using any fields available in the electronic health records system	
Ability to save or export reports to Excel, PDF, Word	
Ability to print or export in multiple formats (pdf, csv, xlsx, docs, etc.)	
Ability to display dashboards showing program metrics for analytical insight	
Ability to provide canned reporting availability	
Ability to report on methadone schedule/frequency that is pulled from individual methadone orders/schedules	
Ability to report to Behavioral Health Data Systems (BHDS)	
Ability to report to Central Registry	
Ability to report historical data	
Ability to report on patients with secondary insurance	
<b>Administrative</b>	
Ability to provide appointment reminder interfacing	
Kiosk for patient check-in with scanner and built-in payment system	
Ability to provide an enhanced patient portal	
Ability to provide availability for auditors to log-in (view only with chart restrictions)	
<b>Medical</b>	
Ability to provide e-prescribing/EPCS	
Ability to provide e-lab orders	
Ability to provide e-lab results	
Ability for ICD-10 and DSM-5 integration	
Ability to display allergies	
Ability to provide health information exchange interface	
<b>Dispensing</b>	
Ability to provide medication dispensing and inventory management	
Ability to interface/integrate with Accuvert IVEK methadone pump	
Ability to provide dosing queue with external monitor visibility and announcer functionality	
Ability to hard stop to prevent dispensing	
Ability to pre-pour dispensing	
Ability to integrate with robotic methadone dose assembly system	
Ability to provide patient medication inventory/list	
Ability to provide methadone bottle weight tracking for inventory	





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management	
Ability to provide PDMP integration	
Ability to provide automatic missed dispense reporting	
Ability to provide options for removal of dispenses	
Ability to schedule screenings that create dispensing stops (holds based upon a random schedule (i.e., urinalysis, breathalyzer)	
<b>Billing</b>	
Ability to provide HL7 Interface	
Ability to provide an integrated clearinghouse	
Ability to auto-post claims	
Ability to check insurance eligibility that runs as a scheduled task	
Ability to provide on-line credit card payment integration	
Ability to duplicate service alerts	
Ability to provide Medicare billing setup	
Ability to provide billing profiles	
Ability to format claims with payer specific rules	
Ability to format claims differently from primary to secondary payers	
Ability to bill assessments automatically based on CMS Rules and all other services under the bundle	
Ability to auto adjust Contractual Obligation codes and leave Patient Responsibility codes	
Ability to automatically roll balance to secondary payer, once primary payer has paid	
Ability to pull report on services provided but not billed	
Ability to pull report on historical data	
Ability to pull report on secondary payers	
Ability to see original claim, once corrected claim is billed out	
Ability to set rule to temporarily bill under supervisor, on the staff member	
Ability to have multiple taxonomies/licenses on same staff (ex. staff is OMH and OTP)	
Ability bill Medicare and capture all services	
Ability to set rules to prevent erroneous Medicare claims	
Ability to bill Medicare based only on Medication distribution for specific payer	
<b>Technology</b>	
Compatible with Topaz signature pad with touchscreen	
AGILE environment for electronic health records system improvements	
Future builds of electronic health records system released in a scheduled manner with communication	
VPN solution or ability to securely access electronic health records from any location	
Low latency communication between SRHD and electronic health records	



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**EVALUATION CRITERIA**

A panel of SRHD staff will review the submitted qualifications based on the evaluation factors (a) through (e) listed below. The top three to four vendors will move to evaluation factor (f):

- a. **Service, Company Overview, Statement of Qualifications, Team Description... Points: 5**  
Provide names, educational background, and relevant experience of each team member, including sub-consultants, if applicable.
- b. **Implementation & Support Service... Points: 20**  
Provides a clear and concise implementation approach, as well as an implementation schedule and action plan. The support service plan meets the needs of SRHD TS.
- c. **General System Requirements, Reporting, Dispensing and Security ...Points 25**  
Proposal demonstrates the ability of the proposed EHR system to meet the needs of SRHD’s TS program. Proposal demonstrates appropriate security measures are in place to meet HIPAA compliance.
- d. **Project Relevant Experience and References ... Points: 5**  
Describe three to five current projects completed in the last five years. Please include client contact information for each project listed. Preference will be given to respondents who have developed plans for other governmental agencies, as well as treatment facilities.
- e. **Pricing ... Points: 5**  
Describe implementation and service fees for the desired functionality as outlined in the RFQ.
- f. **Solution Demonstration ...Points: 35**  
Demonstration of the solution by the vendor demonstrating how the product meets the needs of the SRHD TS program.

**PROPRIETARY INFORMATION / PUBLIC DISCLOSURE**

Materials submitted in response to this competitive procurement shall become the property of SRHD.

All received Proposals shall remain confidential until the award of contract is awarded, accepted, signed and posted to our SRHD.org website. Thereafter, the Proposals shall be deemed public records as defined in RCW 42.56, “Public Records.”

Any information in the Proposal that the Applicant desires to claim as proprietary and exempt from disclosure under the provisions of state law shall be clearly designated. Each page claimed to be exempt from disclosure must be clearly identified by the word “Confidential” printed on it. Marking the entire Proposal exempt from disclosure will not be honored.

SRHD will consider an Applicant’s request for exemption from disclosure; however, SRHD will decide predicated upon state law and regulations. If any information is marked as proprietary in the Proposal, it will not be made available until the affected Applicant has been given an opportunity to seek a court injunction against the requested disclosure.

All requests for information should be directed to the RFP Coordinator.

**REVISIONS TO THE RFP**

In the event it becomes necessary to revise any part of this RFP, addendum/or addenda will be provided to all who receive the RFP. For this purpose, questions received, and the associated answers shall be provided as an addendum to the RFP.



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SRHD also reserves the right to cancel or to reissue the RFP in whole or in part, prior to final award of a contract.

**MINORITY & WOMEN-OWNED BUSINESS PARTICIPATION**

SRHD encourages participation in all its contracts by Applicants certified by the Washington State Office of Minority and Women’s Business Enterprises (OMWBE). Applicants may contact OMWBE at 360/664-9750 to obtain information on certified Applicants.

**ACCEPTANCE PERIOD**

Proposals shall remain in effect for forty-five (45) days for acceptance by SRHD from the due date for receipt of Proposals.

**RESPONSIVENESS**

The Applicant is specifically notified that failure to comply with any part of the RFP may result in rejection of the Proposal as non-responsive. SRHD also reserves the right, however, at its sole discretion to waive minor administrative irregularities.

**COSTS TO PROPOSE**

SRHD will not be liable for any costs incurred by the Applicant in preparation of a Proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related to responding to this RFP.

**REJECTION OF PROPOSALS**

SRHD reserves the right at its sole discretion to reject any and all Proposals received without penalty and to not issue a contract as a result of this RFP.

**AWARD OF CONTRACT**

This RFP does not obligate SRHD to award a contract or to contract for services specified herein.

All contracts that are over \$100,000 must be presented to the Board of Health for approval prior to awarding a contract. The Board of Health has the authority to reject and/or approve all contracts for Spokane Regional Health District.

**NOTIFICATION TO APPLICANTS**

After an award recommendation has been determined, both successful and unsuccessful Applicants will be notified via email.

**DEBRIEFING OF UNSUCCESSFUL APPLICANTS**

Upon request, a debriefing conference will be scheduled with an unsuccessful Applicant. Discussion will be limited to a critique of the requesting Applicant’s Proposal. Comparisons between Proposals or evaluations of the other Proposals will not be allowed.

**CONTRACT TERMS**

**Business Registration Requirement**

Spokane Regional Health District will not award an agreement with any business that does not have a valid Washington State business license. The Applicant shall be responsible for contacting the State of Washington Business License Services at <http://bls.dor.wa.gov> or 1-800-451-7985 to obtain a business registration.

**Anti-Kickback**

No officer or employee of the Spokane Regional Health District having the power or duty to perform an official act or action related to this contract shall have or acquire any interest in the contract, or have solicited, accepted or granted a present or



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future gift, favor, service or other thing of value from or to any person involved in the contract.

**Disputes**

This contract shall be performed under the laws of Washington State. Any litigation to enforce this contract or any of its provisions shall be brought in Spokane County, Washington.

**Non-Discrimination**

In the performance of this proposal, the Applicant shall comply with the provisions of Title VII of the Civil Rights act of 1964 (42 USC 20000e), Section 504 of the Rehabilitation Act of 1973 (29 USC 794f), Chapter 49.60 RCW, the Age Discrimination in Employment Act, and the Americans with Disabilities Act (P.L. 101-336), as now or hereafter amended. Non-discrimination requirements include, but are not limited to:

1. **Non-Discrimination in Employment:** The Applicant shall not discriminate against any employee or applicant for employment because of race, color, sex, religion, national origin, sexual orientation, creed, marital status, age, Vietnam era or disabled veterans’ status, or the presence of any sensory, mental, or physical disability. The Applicant shall take affirmative steps to ensure that employees are not discriminated against during employment. Such steps shall include, but are not limited to employment, upgrading, demotion, or transfer; recruitment or selection for training including apprenticeships and volunteers.
2. **Non-Discrimination in Client Services:** The Applicant shall not deny any individual any services to other benefits provided under this Agreement, on the grounds of race, color, sex, religion, national origin, sexual orientation, creed, marital status, age, Vietnam era or disabled veterans’ status, or the presence of any sensory, mental, or physical disability.

**Liability**

The Applicant shall indemnify, defend, and hold harmless SRHD, its officers and employees from all claims, demands, or suits in law or equity arising from the Applicant's negligence or breach or its obligations under the contract. The Applicant's duty to indemnify shall not apply to liability caused by the sole negligence of SRHD, its officers and employees. The Applicant's duty to indemnify for liability arising from the concurrent negligence of SRHD, its officers and employees and the Applicant, its officers and employees shall apply only to the extent of the negligence of the Applicant, its officers, and employees. The Applicant's duty to indemnify shall survive termination or expiration of the contract. The Applicant waives, with respect to SRHD only, its immunity under RCW Title 51, Industrial Insurance.

**Insurance Coverage**

During the term of the contract, the Applicant shall maintain in force at its own expense, each insurance coverage noted below:

1. **Worker's Compensation Insurance** in compliance with RCW 51.12.020, which requires subject employers to provide workers' compensation coverage for all their subject workers and Employer's Liability Insurance in the amount of \$1,000,000;
2. **General Liability Insurance** on an occurrence basis, with a combined single limit of not less than \$1,500,000 each occurrence for bodily injury and property damage. It shall include contractual liability coverage for the indemnity provided under this contract. It shall provide that SRHD, its officers and employees are additional insureds but only with respect to the Firm's services to be provided under this contract; and
3. **Automobile Liability Insurance** with a combined single limit, or the equivalent of not less than \$1,000,000 each accident for bodily injury and property damage, including coverage for owned, hired and non-owned vehicles.
4. **Professional Liability Insurance** with a combined single limit of not less than \$1,000,000 each claim, incident, or occurrence. This is to cover damages caused by the error, omission, or negligent acts related to the professional services to be provided under this contract. The coverage must remain in effect for at least three (3) years after the



<b>REQUEST FOR PROPOSALS:</b> Electronic Health Records System	
<b>NUMBER:</b> 2024-450-566-1	<b>SUBMITTAL DATE:</b> August 16, 2024
<b>DIVISION:</b> Treatment Services	<b>CONTACT PERSON:</b> Kari Grytdal at kgrytdal@srhd.org

contract is completed.

NOTE: There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverage(s) without forty-five (45) days written notice from the Applicant or its insurer(s) to SRHD.

As evidence of the insurance coverages required by this contract, the Applicant shall furnish acceptable insurance certificates to SRHD at the time it returns the signed contract. The certificate shall specify all parties who are additional insured, and include applicable policy endorsements, and the deductible or retention level, as well as policy limits.