CITY OF PHOENIX
Fire Department

REQUEST FOR INFORMATION
RFI 16-F02 (CG)

ELECTRONIC MEDICAL RECORDS SYSTEM

PROCUREMENT OFFICER
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Request For Information Posting Date: November 23, 2016

Written inquiries due: December 14, 2016, 5:00 p.m. local Phoenix, AZ time

Responses due: January 4, 2017 at 2:00 p.m. local Phoenix, AZ time
<table>
<thead>
<tr>
<th>Section</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section I</td>
<td>General Information</td>
</tr>
<tr>
<td>Section II</td>
<td>Scope of Work</td>
</tr>
<tr>
<td></td>
<td>Submittal Instructions</td>
</tr>
</tbody>
</table>
1. INTRODUCTION
The City of Phoenix (City) is seeking information regarding an Electronic Medical Records System.

For the past nine years, Phoenix Fire Department Health Center has been using Electronic Medical Records System (EMR) that was created by a professional software developer. The system is used by Health Center staff to record the medical data of the firefighters and specialized police officers who consult doctors for their physical exams and injury. The system supports back office operations, medical data storage, practice management and administrative functions, such as scheduling appointments for both industrial and non-industrial injury.

2. CITY’S VENDOR SELF-REGISTRATION AND NOTIFICATION
Vendors must be registered in the City’s e-Procurement Self-Registration System at https://www.phoenix.gov/financesite/Pages/EProc-help.aspx in order to receive solicitation notices, respond to solicitations and access procurement information. The City may, at its sole discretion, reject any offer from an Offeror who has not registered in the City’s e-Procurement system.

3. INQUIRIES
All questions that arise relating to this solicitation shall be directed in writing to:

Cheryl Griemsmann  
City of Phoenix Fire Department  
cheryl.griemsmann@phoenix.gov

To be considered, written inquiries shall be received by December 14, 2016, 5:00 p.m. local Phoenix, Arizona time. Written inquiries may be emailed cheryl.griemsmann@phoenix.gov. Inquiries received will then be answered in an addendum and published on the Procurement Website.

No informal contact initiated by Offerors on the proposed service will be allowed with members of City’s staff from date of distribution of this solicitation until after the closing date and time for the submission of proposals. All questions concerning or issues related to this solicitation shall be presented in writing.

4. SCHEDULE OF EVENTS

RFI Due Date: January 4, 2017 at 2:00 p.m.  
Local Phoenix, Arizona Time

RFI Submittal Location: Phoenix Fire Department  
150 S. 12th Street  
Phoenix, AZ 85034-2301
5. **SOLICITATION TRANSPARENCY POLICY**

Commencing on the date and time a solicitation is published, potential or actual offerors or respondents (including their representatives) shall only discuss matters associated with the solicitation with the Mayor, any members of City Council, the City Manager, any Deputy City Manager, or any department director directly associated with the solicitation (including in each case their assigned staff, except for the designated procurement officer) at a public meeting, posted under Arizona Statutes, until the resulting contract(s) are awarded to all offers or responses are rejected and the solicitation is cancelled without any announcement by the Procurement Officer of the City’s intent to reissue the same or similar solicitation. As long as the solicitation is not discussed, Offerors may continue to conduct business with the City and discuss business that is unrelated to the solicitation with the City staff who is not involved in the selection process.

Offerors may discuss their proposal or the solicitation with the Mayor or one or more members of the Phoenix City Council, provided such meetings are scheduled through the **Procurement Officer** conducted in person at 150 S. 12th Street in Phoenix, AZ 85034, and are posted as open meetings with the City Clerk at least twenty-four (24) hours prior to the scheduled meetings. The City Clerk will be responsible for posting the meetings. The posted notice shall identify the participants and the subject matter, as well as invite the public to participate.

With respect to the selection of the successful Offerors, the City Manager and/or City Manager’s Office will continue the past practice of exerting no undue influence on the process. In all solicitations of bids and proposals, any direction on the selection from the City Manager and/or City Manager’s Office and Department Head (or representative) to the proposal review panel or selecting authority must be provided in writing to all prospective offerors.

This policy is intended to create a level playing field for all Offerors, assure that contracts are awarded in public, and protect the integrity of the selection process. Offerors that violate this policy shall be disqualified.
BACKGROUND

For approximately nine years, the Phoenix Fire Department (PFD) Health Center has been using an Electronic Medical Records System (EMR) that was developed by a professional developer. The system is used to record the medical data of the fire fighters and specialized police officers who consult with PFD Health Center doctors for physical exams and injury. The system supports operations, occupational medical data storage, practice management and administrative functions, such as scheduling appointments for industrial and non-industrial injuries. The City of Phoenix Fire Department is seeking an electronic medical records solution in compliance with Occupational Safety and Health Administration (OSHA) and Health Insurance Portability and Accountability Act (HIPAA) guidelines.

SCOPE OF WORK

This section focuses on capabilities relevant to the system architecture of the Offeror’s proposed Electronic Medical Record System.

Instructions:

1. Review the Capability Value legend shown below.
2. Using the Capability Value legend, provide the rating (0, 1 or 2) that best represents the Offeror’s proposed solution in comparison to the specific requirement listed.
3. Describe, in detail and on a separate page, the rating that was selected for the Capability Value.

A response to each requirement is must be provided in order to fully understand the Offeror’s solution capabilities. Offeror may include hyperlinks, and/or references to other documents, in the response section as appropriate.

Capability Value Legend

<table>
<thead>
<tr>
<th>Capability Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Functionality Not Provided: The Offeror would not provide the capability to Customer.</td>
</tr>
<tr>
<td>1</td>
<td>Functionality Provided at Cost to Customer: The Offeror would provide the capability to Customer, but at a cost to the Customer. This may include initial and/or operating costs.</td>
</tr>
<tr>
<td>2</td>
<td>Functionality Provided at Zero Cost to Customer: The Offeror would provide the capability at no cost to the Customer.</td>
</tr>
</tbody>
</table>
1.0 TYPE OF SOLUTION
The PFD Health Center is seeking a cloud solution for an Electronic Medical Records System.

Please provide the cost breakdown for a cloud solution with storage and license fee, and respond with the approximate cost based on the following estimates for the records:

Per OSHA guidelines, record retention time is thirty years past retirement. The anticipated total number of user's breakdown is as follows:

- Total number of patients: Approximately 3,000.
- Total number of clinical staff, excluding providers and nurse staff: 3
- Total number of support staff: 8
- Total number of providers and nurses: 12
- Total number of appointments made per year: Approximately 7,000.

Requirement 1.1 – Cloud: A Cloud solution is a vendor’s Software as a Service (SaaS) offering by which all infrastructure and software is hosted and sustained by the vendor at their designated data centers. In this offering, the Client procures and/or subscribes to licenses, or a right to use, from the vendor’s Cloud service.

Response – 1.1 Capability Value: (see Capability Value Legend on Page 5)

Response – 1.1 Description of capability value provided: (attach response on separate page)

Response – 1.1 Estimated cost, including storage and license fee: (attach response on separate page)

2.0 SYSTEM FUNCTIONALITY
This section is intended for Offeror to convey features that can be included in the system.

Requirement 2.1 – Patient Portal: Patient Portal for the patients to access their medical records and any other pertinent information.

Response – 2.1 Capability Value:

Response – 2.1 Description of capability value provided:
Requirement 2.2 – Do you Routinely deploy updates to keep up to date on changes to industry standards, including industry accepted coding standards? (e.g. update to ICD-10)

Response – 2.2 Capability Value:

Response – 2.2 Description of capability value provided:

Requirement 2.3 – Electronic prescriptions: Ability to generate electronic prescriptions through the system.

Response – 2.3 Capability Value:

Response – 2.3 Description of capability value provided:

Requirement 2.3 – Electronic Referrals: Ability to generate electronic referrals through the system.

Response – 2.3 Capability Value:

Response – 2.3 Description of capability value provided:

Requirement 2.4 – Specialist Referral List: Ability to generate a specialist referral list.

Response – 2.4 Capability Value:

Response – 2.4 Description of capability value provided:

Requirement 2.5 – Ability of the system to provide customizable dashboard to perform data reporting.

Response – 2.5 Capability Value:

Response – 2.5 Description of capability value provided:
Requirement 2.6 – Voice dictation feature – Is there a voice dictation feature that is included with the system, or do you provide functionality to integrate with other third party system? Dragon voice dictation is currently being used, is it possible to integrate it with your system?

Response – 2.6 Capability Value:

Response – 2.6 Description of capability value provided:

Requirement 2.7 – Practice management features, including appointment management and billing (both invoice and insurance).

Response – 2.7 Capability Value:

Response – 2.7 Description of capability value provided:

Requirement 2.8 – Inventory tracking for medical supplies, etc.

Response – 2.8 Capability Value:

Response – 2.8 Description of capability value provided:

Requirement 2.9 – Storing Medical Information: Ability to store medication information such as PMH, surgeries, allergies, medications, family history, diagnosis with ICD-10 codes.

Response – 2.9 Capability Value:

Response – 2.9 Description of capability value provided:

Requirement 2.10 – Cardiac Risk Score: Ability to calculate cardiac risk score.

Response – 2.10 Capability Value:

Response – 2.10 Description of capability value provided:

Requirement 2.11 – Web Accessibility to the Offeror’s Electronic Medical Records System.

Response – 2.11 Capability Value:

Response – 2.11 Description of capability value provided:
Requirement 2.12 – Interface: The system should be able to provide an advanced user experience by incorporating features such as graphical representations of the human body, which could be used to indicate the physical location of patient injuries, pagination, breadcrumbs, etc.

Response – 2.12 Capability Value:

Response – 2.12 Description of capability value provided:

Requirement 2.13 – Customizable View: Customizable view in the system for different users based on access level and permissions.

Response – 2.13 Capability Value:

Response – 2.13 Description of capability value provided:

Requirement 2.14 – Is your system currently supporting any other fire departments or their occupational safety clinic?

Response – 2.14 Capability Value:

Response – 2.14 Description of capability value provided:

Requirement 2.15 – Does your system have any other additional capabilities that you would like to explain?

Response – 2.15 Capability Value:

Response – 2.15 Description of capability value provided:

3.0 SECURITY AND PRIVACY REQUIREMENTS
This section is intended for the Offeror to convey the security and privacy guidelines provided in the system, and whether it meets City of Phoenix standards.

Requirement 3.1 – HIPAA-HITECH compliance.

Response – 3.1 Capability Value:

Response – 3.1 Description of capability value provided:
Requirement 3.2 ONC-ATCB certified and/or any other certifications for EMR technology.

Response – 3.2 Capability Value:

Response – 3.2 Description of capability value provided:

Requirement 3.3 Data Transmission and Storage:

a) Will all City of Phoenix data be transmitted and stored exclusively in the United States?

b) On what systems are the application(s)/data stored? (i.e., Oracle, SQL, etc.)

c) Will City of Phoenix application(s)/data co-exist with that of other customers?

d) What is the level of separation for the application(s)/data? This answer should include information pertaining to servers/buckets/containers and any logical access controls in place.

e) Will all data elements be encrypted at all times, including in transit and at rest?

f) If encryption is used, please identify the method(s) for encryption both at rest and in transit.

g) What do you do with data on your systems once the contract is terminated?

h) How does the City of Phoenix reclaim its data when the contract is terminated? What is the format?

i) If custom applications are developed, please describe any security frameworks used (e.g. OWASP) or formal processes in place (e.g. Secure SDLC).

j) Do you do any data mining on City data? Or use City data for third parties?

Requirement 3.4 Identity and Access Management:

a) Is the application hosted on City of Phoenix Enterprise or outside?

b) What authentication methods or stores do you support?

c) Does your application support federated authentication?

d) Which federated model does the application support?
SECTION II - SCOPE OF WORK

Requirement 3.5 Service Level Agreements:

a) Do you have service level agreements? If so, please describe or identify the section in the contract in which they are detailed.

b) What are your maintenance cycles and how do you inform customers of future outages?

c) Do you provide availability metrics/dashboards? How do you calculate your metrics? What exceptions are granted in your metrics?

Requirement 3.6 Audits (Internal/External) and Control:

a) Does your company complete a SSAE16 (SOC 1/2/3) Audit? If yes, when was the last one completed?

b) Does your company complete an ISO27001 or ISO27002 Audit for your application and are you ISO certified? If yes, how often and when was the last audit completed?

c) Does your company complete a PCI-DSS/DA v2/v3 Audit for your application? If yes, how often and when was the last one completed?

d) Does your company complete any other third party industry audit for your application (e.g. FIPS)?

e) If your company uses a third party for auditing, please provide the name of the firm.

f) What is the date of your most recent HIPAA Risk Assessment? Can you provide a copy of the assessment?

g) Do you follow information security best practices, such as those outlined in NIST 800-53 or similar standard? If so, please identify the standard used.

h) When was the last third party audit performed? Can you provide a copy?

i) Within the hosted environment, what type of file or application auditing/logging is available?

j) Explain your ability to see what was changed, who changed it and when. Could that information be viewed upon request?

k) What level of data or application administration do you have?

l) Can system administrators see data or make changes to the application? If yes, what are your policies to ensure that staff can only access data required to support the system? How often is staff access to data reviewed?
m) Do you have written information security policies that, at a minimum, govern issues such as information handling, systems hardening, user awareness training and incident response?

n) Do you have breach notification/incident reporting procedures? If so, describe.

o) Do you have a formal written incident response plan? If so, when was the last time it was tested?

p) Do you have any HIPAA complaint business partner agreements which outline the obligations that third parties must comply with in supporting the system?

4.0 INTERFACE REQUIREMENTS
This section is intended for Offeror to convey how their proposed solution meets the interface requirements with third party systems for the Electronic Medical Records System solution.

Requirement 4.1 – EKG (treadmill): Current vendor is Mortara.

Response – 4.1 Capability Value:

Response – 4.1 Description of capability value provided:

Requirement 4.2 – Pulmonary: Current vendor is OMI.

Response – 4.2 Capability Value:

Response – 4.2 Description of capability value provided:

Requirement 4.3 – Hearing: Current vendor is Benson 200.

Response – 4.3 Capability Value:

Response – 4.3 Description of capability value provided:

Requirement 4.4 – Labs: Current vendor is Sonora Quest.

Response – 4.3 Capability Value:

Response – 4.3 Description of capability value provided:
Requirement 4.5 – X-ray: Current vendor is Insight Imaging.

Response – 4.5 Capability Value:

Response – 4.5 Description of capability value provided:

Requirement 4.6 – Staffing: Current vendor is Kronos.

Response – 4.6 Capability Value:

Response – 4.6 Description of capability value provided:

5.0 TECHNICAL REQUIREMENTS
This section is intended for the offeror to convey their responses related to infrastructure, database, and other technical requirements.

Requirement 5.1 – Solution facilitates secured, encrypted authentication and access to authorize user access to solution for city employees and any other authorized individual(s).

Response – 5.1 Capability Value:

Response – 5.1 Description of capability value provided:

Requirement 5.2 – Audit Capabilities. Offered solution(s) provides audit capabilities to monitor and report application level, privileged use and changes to system.

Response – 5.2 Capability Value:

Response – 5.2 Description of capability value provided:

Requirement 5.3 – Advanced Search Capabilities. Does the solution have advanced search capabilities? Include how your solution enables the customer to search on multiple fields, data elements, metadata, "sounds like" searching, and "Google like" searching.

Response – 5.3 Capability Value:

Response – 5.3 Description of capability value provided:
SUBMITTAL INSTRUCTIONS

Please submit one (1) original and one (1) electronic copy (USB flash drive) of the RFI response. The response must include the name of the organization, contact name, title, address, direct phone number and e-mail address of the person who is authorized to respond to questions regarding the submittal.

The City shall not be responsible for any costs associated with preparing or responding to this RFI.

The RFI response must be sealed and clearly marked as “RFI 16-F02 (CG) – Electronic Medical Records System” and must be received by January 4, 2017 at 2:00 p.m. local Phoenix time.

Offeror shall organize and submit their response (printed and electronic) in the following tabbed order:

Tab A. Section II, Scope of Work
   Requirement 1 – Type of Solutions
   Requirement 2 – System Functionality
   Requirement 3 – Security and Privacy Requirements
   Requirement 4 – Interface Requirements
   Requirement 5 – Technical Requirements

Tab B. Estimated Costs.

Tab C. References – Submit a list of recent projects with similar operational and technical requirements and include a point of contact with name, e-mail address and telephone number for each project.

Tab D. Additional information or documents (i.e. successful programs implemented for other government agencies; technical literature)

Tab E. Completed contact information form on Page 15.
1. **EMERGENCY TWENTY-FOUR HOUR SERVICE CONTACT**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Telephone Number</td>
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<tr>
<td>Alternate Contact</td>
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<tr>
<td>Telephone Number</td>
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2. **CONTRACTOR LICENSING REQUIREMENTS**

Contractor shall comply with all statutes and rules of the State of Arizona and the Registrar of Contractors. In accordance with A.R.S. §. 32-1151, and unless otherwise exempted by A.R.S. § 32-1121, Offerors should have the correct class of license as required by the Registrar of Contractors for the work specified, prior to the submission of an offer. The Offeror certifies possession of the following license:

<table>
<thead>
<tr>
<th>Licensed Contractor’s Name</th>
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<tbody>
<tr>
<td>Class</td>
<td></td>
</tr>
<tr>
<td>License Number</td>
<td></td>
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<tr>
<td>Expiration Date</td>
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3. **SALES TAX AND VENDOR REGISTRATION**

<table>
<thead>
<tr>
<th>Arizona Sales Tax No.</th>
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<tbody>
<tr>
<td>Use Tax No. for Out-of-State Suppliers</td>
<td></td>
</tr>
<tr>
<td>City of Phoenix Sales Tax No.</td>
<td></td>
</tr>
<tr>
<td>Taxpayer’s Federal Identification No.</td>
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**THE VENDOR MANAGEMENT SYSTEM ID NUMBER. OFFEROR MUST BE IN COMPLIANCE AT THE TIME OF AWARD.**

NON-COMPLIANCE WILL RESULT IN SUBMITTAL BEING DEEMED NON-RESPONSIVE AND/OR REJECTED

Enter Vendor Management System ID Number

Call 602-262-1819 to confirm ID, registration procedures located at [http://bizopps.phoenix.gov](http://bizopps.phoenix.gov)