



REQUEST FOR INFORMATION

ELECTRONIC SYSTEM for:

FISCAL SERVICES

Public Health Foundation Enterprises, Inc.
13200 Crossroads Parkway North, Suite 135
City of Industry, CA 91746

TABLE OF CONTENTS

Section 1.0: OVERVIEW	3
1.1 Terminology	3
1.2 Purpose of this RFI.....	3
1.3 Conditions Governing this RFI	3
1.3.1 Sequence of Events.....	3
1.3.2 General Requirements.....	4
Section 2.0: RESPONSE FORMAT AND ORGANIZATION.....	5
2.1 Number of Responses	5
2.2 Number of Copies.....	5
2.3 Response Format.....	5
Section 3.0: OVERALL AND OPERATIONAL AND TECHNICAL SPECIFICATIONS	6
3.1 Background Information	6
3.2 Scope	6
3.3 Overall Specifications	6
3.4 Operational and Technical Specifications	7
Section 4.0: RELEVANT BUSINESS ENVIRONMENT	9
Operations and Finance Functions	9
Section 5.0: CORE FUNCTIONAL REQUIREMENTS	10
Core Functional Requirements: Fiscal	10
Section 6.0: ORGANIZATIONAL EXPERIENCE	15
6.1 Key Clients and References	15
6.2 Overall Organizational Experience	15

SECTION 1.0: OVERVIEW

Public health program needs for information technology are dynamic. A historic lack of standards for healthcare technology systems has meant that jurisdictions have developed internal processes and standards to accommodate these systems within their own environments. Legacy systems still dominate much of the landscape. As a result, public health programs have often been overly dependent on software vendors for frequent application changes for even such basic needs as ad-hoc reports and useful data extracts. As a result, public health departments across the country have been slowly replacing legacy programs with more modern, standards-based, flexible applications and systems. This Request for Information (RFI) addresses that need.

1.1 TERMINOLOGY

Terms which have specific meaning when used within this document:

“Offeror” is any person, corporation, or partnership who chooses to submit a response to this request for information.

“System” is the term used throughout this document to refer to the product or application offered by the offeror. The product offered may be a system, an application, or even a module.

1.2 PURPOSE OF THIS RFI

Public Health Foundation Enterprises, Inc. (PHFE) is issuing this RFI to determine if there are companies in the marketplace that provide an electronic solution for use within the Public Health, Environmental Health, and Fiscal setting. PHFE is a 501(c)3 non-profit organization dedicated to protecting and promoting the health of people and communities through the provision of cost-effective administrative and consulting services.

This RFI is not a solicitation for procurement. PHFE currently is working with a public health agency that is developing a Request for Proposal (RFP) for this system(s). Information from this RFI will be used to help develop the Statement of Work for that RFP.

1.3 CONDITIONS GOVERNING THIS RFI

1.3.1 SEQUENCE OF EVENTS

- a. Release of RFI: This RFI is being issued on **March 31, 2008** by PHFE.
- b. RFI Questions: All questions submitted will be catalogued, answered, and published to all offerors

before the RFI deadline. Please submit any questions via e-mail by **April 25, 2008** to Penny Andress at pandress@phfe.org

- c. Offeror Submission of Response: All responses must be submitted electronically to Gwen Bell at gbell@phfe.org , and must be labeled, "Response to Request for Information – PHFE".
- d. Response Deadline: The deadline for receipt of responses is **April 30, 2008**, no later than **3:00 PM** Pacific Daylight Time. Responses received after the due date and time will not be considered.

1.3.2 GENERAL REQUIREMENTS

To be considered, all responses must comply with the requirements and specifications listed:

- a. Termination: This RFI in no manner obligates PHFE, its clients, or any of its vendors to the eventual rental, lease, purchase, etc., of any equipment, software or services described, implied or which may be proposed.
- b. PHFE reserves the right to cancel this RFI at any time, and to reject any or all responses submitted if PHFE determines such action or actions are in its best interest.
- c. Clarifications/Questions: All requests for clarifications or questions are to be sent by electronic mail and directed to:

Attn: Penny Andress Email: pandress@phfe.org

All questions will be catalogued, answered, and published ten (10) days before the RFI response deadline. All offerors will be notified by electronic mail with the full set of questions and responses.

- d. Basis for Response: Only information supplied by PHFE in writing or in this RFI should be used in the preparation of offeror response. All information provided to PHFE in writing or in the RFI response will be held confidential and available only to PHFE and its client.
- e. Response Preparation Cost: Any cost incurred by the offeror in the preparation, transmittal or presentation of any response or material submitted in response to this RFI will be borne solely by the offeror.
- f. Offeror's Terms and Conditions: Offerors must submit a complete set of materials via electronic mail to:

Attn: Gwen Bell Email: gbell@phfe.org

Public Health Foundation Enterprises, Inc.

13200 Crossroads Parkway North Suite 135

City of Industry, California 91746

SECTION 2.0: RESPONSE FORMAT AND ORGANIZATION

2.1 NUMBER OF RESPONSES

Offerors may submit only one (1) response. Responses consisting solely of marketing materials will not be considered.

2.2 NUMBER OF COPIES

Offerors shall provide one (1) official copy of a response as an attachment within an electronic mail message.

2.3 RESPONSE FORMAT

Responses should be submitted in PDF format. Completeness and clarity are desirable in all areas. Each offeror's response must include an Executive Summary, the name and title of the person authorized by the organization to contractually obligate the organization, and the names, titles and telephone numbers of persons to be contacted for clarification. The offeror's response to this RFI must be organized in the following format:

- a. Executive Summary – In this section please highlight:
 - What uniquely qualifies you in this space
 - What you believe are the critical success factors to project success
- b. Response to General Requirements
- c. Response to Overall Specifications
- d. Response to Operational and Technical Specifications
- e. Response to Core Functional Requirements
- f. Offeror's General Terms and Conditions
- g. Offeror's References and Organizational Experience
- h. Other Supporting Materials/Documentation (Appendix)*

*Offerors may attach other materials that they believe may improve the quality of their responses. However, these should be included as items in a separate Appendix.

SECTION 3.0: OVERALL AND OPERATIONAL AND TECHNICAL SPECIFICATIONS

3.1 BACKGROUND INFORMATION

On behalf of one of its partnering clients, PHFE is seeking information on a system to improve the case management, billing, tracking, monitoring, and efficiency of services within a multi-jurisdictional rural public health setting. The client has an overall interest in implementing solution(s) for public health/clinical case management, environmental health and for fiscal functions. **The current RFI is for FISCAL SERVICES. There is a separate RFI released for this client for Public Health/Clinical and another for Environmental Health.** This implementation of critical business systems may be a consolidated effort, relying on a single application, or may rely on separate implementations or modules for the RFI for each department (Public Health, Environmental Health, and Fiscal) depending on how the system/s will meet each organization's business requirements.

The client expects to contract with a single or multiple vendors for application software for local installation. The client welcomes partnerships among vendors. The client expects the system to be implemented in a high availability environment.

It is currently the intent of the client to follow this Request for Information (RFI) with a Request for Proposal (RFP) to procure a new system.

3.2 SCOPE

The new application(s) will be employed in a multi-jurisdictional rural public health authority operated by the client. Users within the client environment have workstations and laptops running MS Windows XP or 2000. There is an existing system in place within Public Health that supports numerous fiscal services activities (billing/budgeting/accounts payable and receivable), some public health and clinical functions, and some functions of environmental health. The current system will be entirely replaced by the new system(s) or modules. The specific implementation approach will depend on system/module functionality as well as the client's implementation strategy.

3.3 OVERALL SPECIFICATIONS

Offerors must describe or provide a reference to accompanying documentation describing how the proposed software solution meets each of the following overall system needs. PLEASE USE THE QUESTION NUMBERS AS CROSS-REFERENCES TO YOUR RESPONSE:

- 1) What is (are) the name(s)/version(s) of your proposed system? Please describe in brief the full functionality of the system at the highest level.
- 2) What overall functionality does the system contain for **fiscal (billing, accounting, etc.) services**? Please describe what functionality is present and how it is implemented in the system. Please also describe any previous implementation(s) of system(s).
- 3) Does the system contain functionality for **public health/clinical case management**? If so, to what extent are case management functions configurable to specific case types in public health and clinical settings? Please describe what functionality is present and how it is implemented in the system. Please also describe any previous implementation(s) of system(s).
- 4) Does the system contain specific functionality for **environmental health**? Please describe what functionality is present and how it is implemented in the system. Please also describe any previous implementation(s) of system(s).
- 5) Please describe how the proposed system would **integrate** with the other two systems/applications/modules (**public health/clinical case management** and **environmental health**).
- 6) Are there other specific functions in the system not mentioned in this RFI that are valuable or specific to the system? If so, please describe.
- 7) Please also review the list in this RFI of Core Functional Requirements and indicate whether your proposed solution has them currently available, not available, or planned (indicate anticipated delivery date).

3.4 OPERATIONAL AND TECHNICAL SPECIFICATIONS

Design / Architecture

- 1) Describe the system architecture and alternatives supported (e.g., database, application platforms, operating systems with version numbers).
- 2) Does the system integrate with existing network solutions such as Active Directory?

Deployment

- 3) Describe the interface delivery used within the system (browser based, client server, etc.). If there are multiple delivery options, please describe all options including the differences in functionality provided by each delivery option.

System Access

- 4) Describe the technology used for remote access to the system.
- 5) Discuss how the system integrates mobile devices such as Tablet PCs.

Certifications / Partnerships / Federal Initiatives

- 6) Discuss any limitations/issues regarding your willingness or ability to interface/integrate your product with the other systems, internal or external to the working environment.

Authentication / Authorization / Disaster Recovery

- 7) Describe security features, including the use of encryption or masking at either the data element level or the database level, to prevent unauthorized access and viewing to the database. Is the system capable of producing de-identified data queries?
- 8) Describe user authentication and role management and auditing features within the system.
- 9) Can the system integrate with existing authentication and authorization solutions such as Active Directory or other LDAP solutions?

Database

- 10) Please describe how your system performs verification and validation of data to protect the system against data corruption or duplicate records.
- 11) Discuss what functions are in place within the system for identifying, handling, and managing duplicate data records.

Interoperability and Integration

- 12) Is the system compatible or compliant with HL7 messaging standards? If so, what versions? What other standards is the system compliant with for automated messaging of data?
- 13) Discuss how the system can interoperate with other systems in regards to data exchange, application integration via APIs or Web Services? Interoperability with other systems, both internal and external, will be critical for the system. Please describe in detail the approach for the proposed system.
- 14) Please indicate whether you offer an EDI (Electronic Data Interchange) or data integration engine product with your solution and/or describe your experience integrating with third-party EDI or data integration engine solutions.

Business Intelligence / Reporting

- 15) Does the system provide an enterprise business intelligence system for reporting? Can the system integrate with third party systems for all reporting capabilities?

Administrative and Financial Information

- 16) With the system, are there any third party costs associated with specific functionality? If so, please describe where these costs are associated, and for what functions.

SECTION 4.0: RELEVANT BUSINESS ENVIRONMENT

OPERATIONS AND FINANCE FUNCTIONS

The client's Operations and Finance unit has offices that perform a numerous functions that will be supported by the new application(s). The Operations and Finance unit manages the administrative functions of the client and supports all programmatic activities. Discrete activities include employee time tracking and payroll, procurement, budgets, billings, information technology and facilities management. Below are key business functions that will need to be better supported by the future application(s). A list of detailed requirements follows for each area.

The current application (to be replaced) is used to process timesheets and salary information for the department. Timesheets are generated using a coding structure for capturing time and activities for specific programs. This allows the department to provide a basis for time spent within specific programs and activities. Coding values also provide programmatic and administrative reports capturing program time and activities. All timesheets are entered into the system by staff and then processed by a system administrator. Once the timesheets are processed, a staff member uploads the information manually into the state payroll system. When the information is processed by the state, a download is present and information is imported back into the application.

Currently, the entire coding/timesheet process is handled within the current application. The state system is only used for uploading and downloading data for payroll from the state. This process, however, is hindered by manual activities and causes a lot of administrative tasks to process the information. While the current application has some minor limitations and issues with the time coding functions, the major issue is how the entire process is handled and performed. Analyzing and reengineering this process would allow more time to devote to other department activities, and less time on common administrative tasks such as payroll and employee time tracking.

Within Operations and Finance, the current application is used to process billings across all client services. The functionality provided within the current application is rather simple and does not follow a common workflow. The current system can provide electronic billings for healthcare services to insurance providers. The current system can also provide manual billings, claims, and reports.

SECTION 5.0: CORE FUNCTIONAL REQUIREMENTS

CORE FUNCTIONAL REQUIREMENTS: FISCAL

The list below includes the working set of fiscal and billing related programmatic requirements.

Statement System Requirements— Fiscal	Priority H=High, M=Med., L=Low	Currently Available	Planned (When?)	Not Available
Billing & Insurance Requirements				
1. Capability to create one receipt between all programs.	H			
2. Capability to transfer electronic eligibility information from internal and external systems.	H			
3. Capability to generate patient encounter billing forms to include common ICD-9/10 and CPT code lists. (Capability to bill clients electronically)	H			
4. Capability to provide for the retention of eligibility date(s) of service, coverage dates, general benefits and other benefit coverage documentation for service rendered.	H			
5. Capability to determine patient insurance status and determine covered provider network for outside services.	H			
6. Capability to process patient co-payments for health services (must link to insurance coverage and benefits status).	H			
7. Capability to view available, applicable information needed to enable the creation of claims and encounter reports for reimbursement. (Capability to exchange billing information electronically with insurance providers)	H			
8. Capability to calculate client “sliding scale” fees according to client income and family size.	H			
9. Capability to identify self-pay “Careful Contacts” to avoid loss of confidentiality when billing.	H			
10. Capability to maintain active and inactive accounts.	H			

Statement System Requirements— Fiscal	Priority H=High, M=Med., L=Low	Currently Available	Planned (When?)	Not Available
11. Capability to perform user-defined searches.	H			
12. Capability to support a General Ledger.	H			
13. Capability to support billing services.	H			
14. Capability to adapt statement formats to user's format needs.	H			
15. Capability to support entry and processing of voided transactions.	H			
16. Capability to support multiple payment methods.	H			
17. Capability to combine multiple invoices for payment with one check.	H			
18. Capability to provide full payment reconciliation (checks, outstanding checks).	H			
19. Capability to maintain different Accounts Receivable Coding.	H			
20. Capability to provide a cash reconciliation report.	H			
21. Capability to provide a detailed audit trail of all payments received.	H			
22. Capability to generate ad hoc reporting of accounts receivable.	H			
23. Capability to maintain records of all receipts.	H			
24. Ability to provide real-time billing updates and notification back into system without any manual intervention (e.g., changes to insurance, situational data elements and special billing functions).	H			
25. Ability to perform HIPAA-compliant ANSI X-12 transactions to support public and private insurance billing and payment functions including claims submission, adjudication, and electronic payment.	H			
26. Ability to provide billing code sets (e.g., ICD-X, CPT), coding updates and real-time revenue optimization advice.	H			

Statement System Requirements— Fiscal	Priority H=High, M=Med., L=Low	Currently Available	Planned (When?)	Not Available
27. Ability to automate ICD-9 and CPT updates.	H			
28. Ability to link Patient Registration/master Patient Index and Eligibility/Benefits systems/datasets.	H			
29. Ability to assess Coordination of Benefits and assign primary and secondary carriers for all insured claims.	H			
30. Ability to track co-payments and link to Eligibility/Benefits system.	H			
31. Ability to record cash payments and link to Eligibility/Benefits system.	H			
Purchasing Requirements				
32. Capability to offer “book” and “tax” depreciation calculation methods.	L			
33. Capability to provide a detailed audit trail of all payments remitted.	L			
34. Capability to generate a PO with the following elements: Vendor Name, Address, Order Status, Order Type, Shipping/Freight, Program Number, Quantity, Price, and Comments.	M			
35. Capability to maintain PO (Add, Change, and Delete).	M			
36. Capability to query where purchase requests are in process.	M			
37. Capability to maintain scheduling of facilities and equipment maintenance and record progress/results.	L			
Grant Management				
38. Capability to track contract activities and grant management activities.	L			
39. Capability to associate multiple programs with one contact.	L			
40. Capability to attach multiple scanned documents to a program.	M			

Statement System Requirements— Fiscal	Priority H=High, M=Med., L=Low	Currently Available	Planned (When?)	Not Available
41. Capability to alert user of upcoming tasks for Statements of Work.	M			
42. Capability to print ad-hoc financial statements and other reports in a form that fits the recipient's requirements.	L			
Budgeting				
43. Capability to copy budget information from one grant year to another within a program.	M			
44. Capability to integrate employee time with direct and indirect program costs.	M			
45. Capability to maintain budgets at the program level.	M			
46. Capability to rollover unexpected budget amounts as appropriate.	M			
47. Capability to distribute budget via the following methods: evenly over all periods; percentage increase over time; ad hoc.	M			
48. Capability to query actual vs. budget comparison by program.	M			
Program Monitoring Requirements				
49. Capability to de-duplicate client records for accurate client counting by county and office serving the client.	H			
50. Capability to track and report employee time and designated activities spent by project/program.	H			
51. Capability to maintain records and accounting for multiple levels of sub-programs (multiple locations).	H			
52. Capability to track staff time spent with clients from specific counties by disease type.	H			
53. Capability to perform population-based health services performance reporting by specified indicators.	H			
54. Capability to generate ad hoc query and reports of structured clinical and administrative data through either internal or external reporting tools. (Capability to perform ad hoc reporting for number and type of clients by program)	H			

Statement System Requirements— Fiscal	Priority H=High, M=Med., L=Low	Currently Available	Planned (When?)	Not Available
55. Capability for program performance evaluation via ad hoc data retrieval (client #'s served/ county, health outcomes, monthly budgeting reports, timely provision of program deliverables).	H			
56. Capability to perform ad hoc reporting for clinic schedule fill rates and actual client numbers seen.	H			
57. Capability to track program related hours of clinical work vs. hours of follow-up and training.	H			
58. Capability to track number of visits by program seen per office compared to prescheduled lists.	H			
59. Capability to track staff cost per program per month.	L			
60. Capability to track program generated income vs. billings.	M			
61. Capability to track Clinician to support staff hours by clinic site.	H			
62. Capability to generate/print a configurable set of program information, i.e., time spent by employee on program, program outcomes, number of clients served upon request by the employee or supervisor. (Capability to perform program monitoring/reporting)	H			
63. Capability to report state-required family-planning data electronically.	H			
64. Capability to generate monthly budget monitoring reports.	L			
Human Resources				
65. Capability to track employee knowledge (licensure, certification, training).	L			
66. Capability to track employee data including: position, title, program, supervisor, home address, home phone, email address, background check.	L			
67. Capability to track required employee tasks to be completed (e.g. PPD, background checks, immunization).	L			
68. Capability to track employee performance reviews.	L			

SECTION 6.0: ORGANIZATIONAL EXPERIENCE

6.1 KEY CLIENTS AND REFERENCES

The offeror shall provide a list of their largest clients. Please also provide estimated volumes (active cases and transactions).

The offeror shall also supply three or more references for clients who are using the system. Each reference must include the name of the contact person, address, email address, and telephone number.

6.2 OVERALL ORGANIZATIONAL EXPERIENCE

Insert Organizational Experience.