



REQUEST FOR PROPOSALS
Kansas City Bi-State Health Information Exchange
Technical Design
Proposal Due By: August 06, 2009, 4 p.m. CDT

Return Proposal To:
Mid American Regional Council
600 Broadway, Suite: 200
Kansas City, MO 64105-1554
Attn: Laura McCrary

Submit any request for clarification in writing to Laura McCrary
Email: lmccrary@marc.org Fax: 816-421-7758 Phone: 816-701-8288

Request for clarification will not be accepted after July 29, 2009, at 4:00 P.M.

Notification of Vendor Section:
Expect to announce on or about August 28, 2009

- ✓ MARC reserves the right to reject any and all Proposals, to waive technical defects in Proposals, and to select the Proposal(s) deemed most advantageous to the Kansas City region.
- ✓ If Proposers received this Request for Proposal document from sources other than direct mail from MARC, Proposers must contact Laura McCrary to be added to the distribution list for any addendums, clarifications, or other Proposal notices.
- ✓ It is the responsibility of each Proposer, before submitting a Proposal, to examine the documents thoroughly, and request written interpretation or clarification after discovering any conflicts, ambiguities, errors or omissions in the Request for Proposal documents.

Kansas City Bi-State Health Information Exchange

A. PURPOSE AND INTRODUCTION

The Mid–America Regional Council (MARC) is the Metropolitan Planning Organization for the bi-state Kansas City metropolitan area. MARC assists local governments and public agencies working together to address problems that cross jurisdictional boundaries and to take advantage of opportunities to maximize resources by working together. MARC is assisting a broad coalition of health care stakeholders in the Kansas City community in the development of a regional health information exchange. The Kansas City Bi-State Health Information Exchange (KC-BHIE) is a developing organization and MARC serves as its fiscal agent.

The Mission of the KC-BHIE is to enhance access, quality, safety and the efficiency of health care in metropolitan Kansas City through the implementation of a secure, integrated, interoperable health information exchange that supports the data needs of authorized users across organizational boundaries including; health care providers, health systems/hospitals, patients, employers, health plans and other stakeholders in the regional health care delivery system.

MARC is seeking proposals from qualified firms to define the technical requirements for the KC-BHIE, create the technical design and architecture including a recommendation for a buy versus build approach or a combined buy/build approach; and create an RFP document soliciting response from various vendors. The information and recommendations will be used by KC-BHIE to build its core technologies, which allow KC-BHIE to meet the organization’s purpose and satisfy customer expectations to reduce costs while providing high quality care.

B. BACKGROUND

On February 17, 2009 President Obama signed into law the American Recovery and Reinvestment Act (ARRA) and, in doing so, committed significant resources to expand health information technology (IT) adoption and the secure and effective exchange of health information. The health IT provisions of ARRA establish new accountability requirements, generate new reimbursement incentives, create new technical assistance centers, and facilitate new collaborative arrangements.

The KC-BHIE was formed as the outcome of several years of discussions between existing HIE organizations serving the Kansas City metro area. Each of the organizations felt its service population complimented the others and by joining together they could provide a comprehensive, longitudinal record for the patients in Kansas City. All HIE entities expressed a desire to leverage their successful HIE assets in a collaborative manner to benefit the region while minimizing the number, cost, and complexity of connections among health care entities. Founding organizations include CareEntrust, KC CareLink, and Kansas City Quality Improvement Consortium (KC-QIC). Regular meetings began with MARC in a facilitation role in September 2008 when local HIEs were ready to begin the planning and development of a health information exchange. KC-BHIE is in the process of applying for a non-profit designation. Until the KC-BHIE

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receives its non-profit designation the organization will use MARC's non-profit status and MARC will serve as a fiscal agent for the organization.

Additional operational HIEs have joined the discussions since KC-BHIE began meeting last year. The following data exchange organizations have joined the discussion RelayHealth at Saint Luke's Health System, Missouri Primary Care Association, Mid-America Assistance Coalition, Community CareLink, and CareScope. KC-BHIE has also included public advocacy groups, providers, and hospitals. Current participants include: American Academy of Family Physicians, Kansas University Medical Center, MARC, Mid-American Coalition on Healthcare, Medical Society of Johnson and Wyandotte Counties, Metropolitan Medical Society of Greater Kansas City, Saint Luke's Health System, Olathe Medical System and Truman Medical Center. Regional health systems that have expressed interest include Stormont-Vail Regional Health Center, Lawrence Memorial Hospital, Lawrence KS, Heartland Regional Medical Center, St Joseph, MO.

When built KC-BHIE will provide the platform (secure, integrated, and interoperable) on which the region can exchange health care information in order to enhance health care access, quality, safety and efficiency.

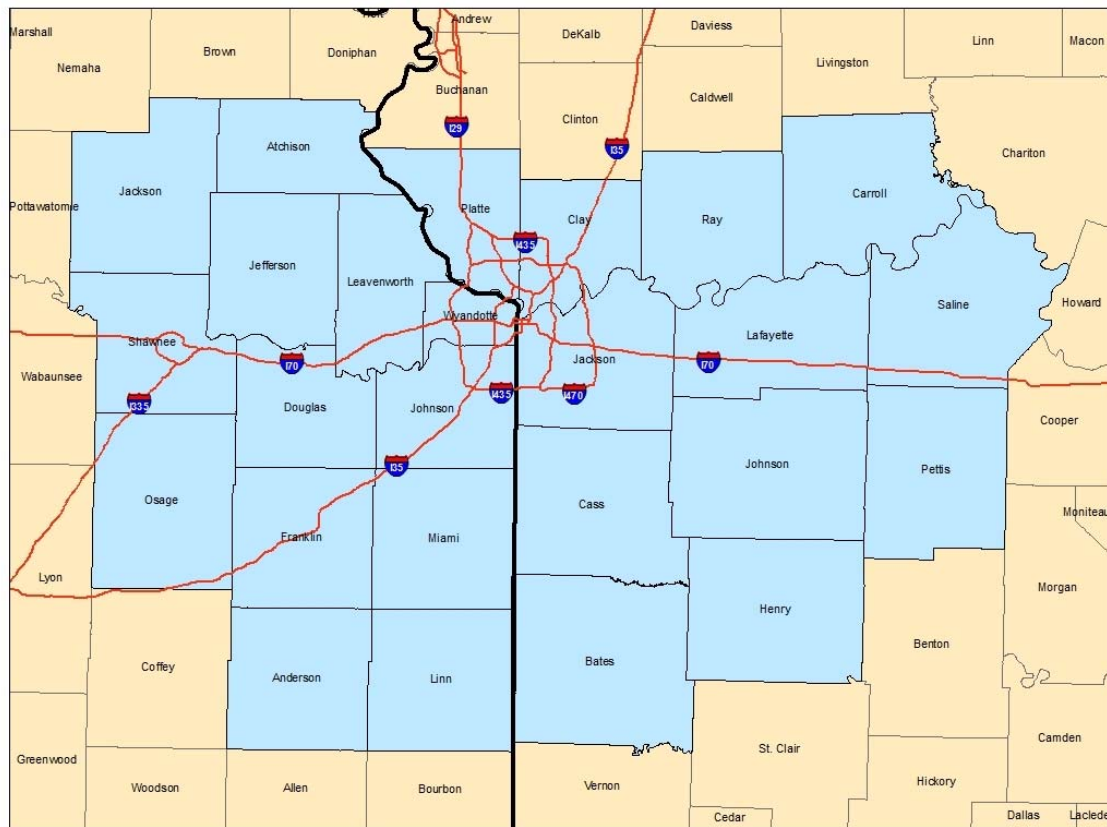
Along with creating and maintaining a sustainable organization the keys to success of the KC-BHIE include the following:

- Regional, locally controlled governance structure.
- Leveraging of existing regional HIE assets.
- Focus on security and privacy concerns.
- Regional, locally controlled infrastructure.
- Collaboration among competing vested interests.
- Recognition of the needs of suburban and rural providers in the MSA and beyond.

C. STUDY AREA

The service area for KC-BHIE includes the customers listed below in the following map. We anticipate an evolving service area that reflects Kansas City as a major referral area.

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The market for the KC-BHIE includes many health interested organizations as well as individuals seeking care;

- Patient/Consumer/Caregiver
 - The entire 2,000,000 patients of the Kansas City MSA4
 - Patients from outside the region that seek care in Kansas City
- Direct Care Providers including non-hospital based professionals such as: Physicians, Dentists, Podiatrists, Optometrists, and Chiropractors as well as hospitals (children's hospitals, public/private hospitals, acute care hospitals) and federally qualified health centers, free clinics, rural health clinics etc.
 - Hospitals in the Kansas City MSA.
 - Health care and behavioral health care providers in the Kansas City MSA
 - Home care providers
 - Urgent care providers
 - Private Practice Physicians
- Ancillary Service Providers
 - Emergency service providers
 - Regional lab service providers
 - Pharmacies
 - Diagnostic imaging centers
- Business Intelligence
 - Direct Care Providers

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- o Ancillary Service Providers
 - o Quality Improvement Organizations/Patient Safety Organizations
 - o Value Exchanges
 - o Research organizations
 - o Public Health
 - o Insurance companies
- Contributing Stakeholders
 - o Insurance companies
 - o Schools
 - o Registries
 - o Health Information Exchanges-local, state and national
 - o Local, state and governmental organizations
- Employers including their on-site clinics and wellness providers.
- Other

D. PROJECT MANAGEMENT AND ADVISORY COMMITTEE

KC-BHIE has organized several workgroups to guide the initial formation as well as to define the operational parameters in this request. The following workgroups have contributed to KC-BHIE's expectations: Governance, Services and Finance, Outcomes and Quality, Education, Communication, Education & Collaboration and Security and Privacy. Members of these workgroups included local leaders from a variety of health interested organizations many who make up KC-BHIE's customer base, individuals from existing information exchanges and quality organizations, and consultants who completed detailed activities.

Members of the workgroups and other key health care stakeholders will participate in a KC-BHIE Advisory Committee. Selection, evaluation and guidance of the consultant selected for this technical design will be completed by the KC-BHIE Advisory Committee. The Advisory Committee will review all submitted proposals that meet the mandatory requirements and make recommendations regarding any additional information that may be necessary. The Advisory Committee may choose to interview selected applicants in person. Upon a thorough review of the proposals the Advisory Committee will make a final award. The Advisory Committee and the workgroups will continue to meet periodically with the consultant(s) during the development of the technical design.

E. SCOPE OF SERVICES:

KC-BHIE will provide a full range of services to meet national expectations for Meaningful EHR Use as defined by the Office of the National Coordinator, the quality reporting expectations of other national organizations as well as meeting expectations defined by other government agencies in the Kansas City service area. The specific scope of this request is to address the technical design for the KC-BHIE health information exchange.

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There are six specific deliverables required by this request.

1. A document of technical requirements that enable KC-BHIE to deliver solutions and services to the key stakeholders.
2. A technical design and architecture report that meets the operational expectations described by the services below and that also meets KC-BHIE's operational mission and philosophy.
3. Given the requirements and technical design, a report with recommendations on buy vs build approach or a combined buy/build approach.
4. Creation of an RFP and list of vendors who meet the expectations described in the technical design and architecture report.
5. Participation in the management and facilitation of the evaluation of responses to the request for bids. This will include
 - a. establishing evaluation criteria,
 - b. selecting vendors to receive the request,
 - c. reviewing initial responses,
 - d. coordinating demonstrations and
 - e. making a recommendation following the demonstration.
6. Project Status Updates. The selected consultant will provide routine written and verbal reports to the KC-BHIE Advisory Committee, workgroups and MARC during the project term. It is anticipated that there will be a series of meetings with the committee to gain a thorough understanding of the project and to review information as the project proceeds. In addition, the consultant will produce deliverables in both written and secure electronic format. The vendor will name a project manager to serve as the primary point of contact on all project-related communications.

The KC-BHIE will enable health and behavioral health care providers to exchange health information in a secure environment using an open technology architecture and proven technology solutions. The KC-BHIE will leverage the Internet and HIT data standards to support the information exchange. The KC-BHIE will provide a customized solution for each type of health provider. Providers will access services based upon their historic relationships. KC-BHIE will fill gaps that are missing in other systems and will directly support and achieve many aspects set out by the Federal government for meaningful EHR use. As appropriate the KC-BHIE will be bi-directional – appropriately populating the provider EHR.

The KC-BHIE will provide a portfolio of services. The guiding principle for these services is:

KC-BHIE will operate as a proactive, progressive partner with providers and patients in a coordinated care delivery environment.

- Information Exchange
 - Normalized patient data
 - Record locator
 - Master patient index

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- o Provide clinical and claims based information--allergies, medications, history, problems
 - o Diagnostic results
 - o E-Prescribing
 - o Clinical messaging
 - o Referral/order management
 - o Establish the appropriate linkages to the patient
 - o Patient health record
 - o Allow providers to import the data that is valuable to them
- Provide a shared services infrastructure with a modularized deployment of services including;
 - o Quality and disease reporting
 - o Research
 - o Public health
 - o Administrative services
- Additional services will be added as the needs of the community dictate.

The following are a specific set of services and service level performance considerations to be satisfied through the technical design.

A. Information Exchange Services Required

The following services have been identified. Modifications may occur and services must at least meet the current expectations defined for meaningful EHR use.

Phase 1 through Phase 4 (Services are required throughout KC-BHIE's operation):

KC-BHIE's goal is to support providers and patients along with the remainder of KC-BHIE's target customer base to meet the "meaningful use" requirement of ARRA. To realize that goal it is necessary for the exchange to occur in a unique and progressive environment. To that end the following exchange services should be embedded into the overall service capability of KC-BHIE.

1. Exchange to state level HIE for at least, identity management and required coordination. At a minimum there should be consideration of exchange with any Missouri, Kansas or collaborative state HIE.
2. Assure that the technical design is fully compliant with all relevant federal standards.
3. Reduce KC-BHIE technical requirements and potential overhead by relying on any common services offered through a state level HIE, such as terminology translation.
4. KC-BHIE was initiated by existing local exchanges. These exchanges have different missions and consumers. KC-BHIE must have the inherent flexibility to exchange with existing local/regional exchanges and incorporate where appropriate their social capital.
5. KC-BHIE will rely on another HIE, such as a state HIE, for NHIN services.

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Phase 1 (Services are required during the first year of operation):

1. Baseline repository structure will support Continuity of Care Document (CCD).
2. All foundational services including a Record Locator Service, Patient Master Index, single provider portal, EHR lite (e-prescribing) and system interfaces.
3. Clinical messaging to support fundamental orders and results involving core ancillary services (e.g., lab). CPOE and other non-CPOE technologies may be the end user point of access.
4. Include a clinical summary (demographics, allergies, problem list, medications and diagnostic results).
5. Care coordination including provider list and identification of a medical home.
6. Exchange of clinical summary (vital signs including height, weight, blood pressure).
7. Exchange of clinical summary (progress note).

Phase 2 (Services are required during the second year of operation):

1. Clinical messaging (provider to provider: manage referrals and handoffs in the care continuum).
2. Modularized services (defined in the next section) that support disease registries, immunizations and quality reporting. Services are to support two primary purposes. First, assist providers in quality reporting/data sharing including state and national organizations. Second, facilitate the local capability of providers and other health interested organizations to analyze regional health issues and that lead to improved patient outcomes.
3. Clinical messaging (provider to patient: reminders for preventative/follow up care).
4. Provide medication reconciliation data comparison as pulled by provider for an encounter.
5. Push or pull selected lab results from clinical messaging to appropriate public health agencies.
6. Push or pull selected diagnostic and/or clinical incident data to support syndrome surveillance data to appropriate public health agencies.

Phase 3:

1. Guideline driven reminders and alerts.

Phase 4:

1. HIE 2.0 enabling proactive, preventative, pervasive care including realtime patient and provider contributed data.
2. Integrative support of a proactive, patient centered health (medical) home based system.

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3. Push alerts received from appropriate public health agencies.
4. Push or pull selected anonymized diagnostic and/or clinical incident data to support syndrome surveillance data to appropriate public health agencies. As warranted link back to personal identifiers.

B. Shared Services and Facilitate Access to Evolving Enhanced Expertise

1. Modularized data access and/or business intelligence services. General services include point-of-care, individual health, administrative processes, quality, population health, research, etc.

C. Underlying Operational Expectations on Services

1. KC-BHIE services regional providers and patients. As such, KC-BHIE must be operational 24 hours a day, seven days a week and must meet the operational expectation of our most stringent customer, such as a large integrated delivery network. These operational expectations also include a technical design that meets appropriate expectations of backing up data and securing a data center facility.
2. The technical design should satisfy the current expectations of HIPAA.
3. The technical design should satisfy all privacy and security considerations expressed within ARRA and HITECH including any and all that exceed expectations of HIPAA.
4. Patients and providers in the Kansas City area have come to expect a quality healthcare environment even though the region is split by the Missouri and Kansas border. Therefore, KC-BHIE must meet the state regulatory and legal requirements of both states. The most current descriptions of these requirements have been documented by each state's Health Information Security and Privacy Collaborative. The technical design should comply with the requirements described by these two groups and to the extent possible the interchange should be seamless across both states.

D. Additional Technical Design Considerations

1. KC-BHIE's architecture design, development and/or selection should consider openness, stability of the company, functions and features of the software, cost and ability to sub-license their product. Providers of all technology will be expected to document where have they designed or implemented a similar effort, documenting proven capability and documenting experience in developing cross walks.

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2. For a period of time KC-BHIE may provide a portal that health providers can use to access and print patient data. Ultimately, the KC-BHIE will query other systems and bring data directly into physician EMRs.
3. KC-BHIE will initially use HL7 and plan to go to CCD.
4. KC-BHIE will facilitate connections to all HIEs and provide a single provider portal and a single longitudinal record.

E. Sustainability Considerations

Fundamental to KC-BHIE's success is the ability to create a long-term sustainable business operation.

1. KC-BHIE's customer anticipates rapid changes and more, ambitious expectations to manage costs while enhancing quality care. The technical design should include the ability to assist this customer base in documenting their efforts to impact costs and quality of care.
2. Customers of KC-BHIE are diverse across the spectrum of health interests but are also diverse within specific, similar roles. Providers, for example, include very large integrated delivery networks to a single primary care physician office. This diversity impacts the operation of KC-BHIE. The technical design is to consider the operational implications of this diversity.
 - a. Fees for KC-BHIE services are anticipated to include subscriptions that are paid periodically by large volume users to small provider per transaction fees. The technical design is to include transactional histories to develop the most effective pricing for each customer.
 - b. Transactional histories should reflect the impact on resources implied by a service. At a minimum a transaction's history should document the service requested, when requested, resource volume used to meet the service demanded, and implications of accessing other exchange's services (e.g., local, state and/or NHIN exchange services).

F. STUDY SCHEDULE

Project timeline to be completed by proposer.

Tasks	Activities	Months							
		0	1	2	3	4	5	6	7
1	Completion of KC-BHIE planning documents	*							
2	Kickoff meeting to technical design.								
3	Preliminary Technical Design.								
4	Review: Preliminary Technical Design								
5	Complete Technical Design								

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6	Prepare Request for Bids to Vendors								
7	Review: Request for Bids								
8	Submit Request for Bids								
9	Evaluate Responses to Request for Bids								

* Specific milestones

G. PROPOSAL SUBMITTAL REQUIREMENTS

To be eligible for consideration **1 hard copy and 1 secured electronic copy** of the response to the RFP must be received by MARC no later than **4:00pm** Central Time, **August 6, 2009**. Late submittals will not be considered and will be returned to submitter unopened. The envelope package should be marked “**(KC-BHIE).**”

Mid-America Regional Council
600 Broadway, Suite 200
Kansas City, MO 64105 – 1659
Attn. **Laura McCrary**

The following items must be addressed in all proposals:

1. **SCOPE OF WORK:** MARC staff has developed a general outline of work tasks associated to the Scope of Work. The Contractor will be required to recommend and expand and/or revise upon this study’s Scope of Work. Contractor recommendations will demonstrate and propose strategies that exemplify best practices in planning, designing, modeling, marketing and implementing a technology design for the KC-BHIE. Respondents must provide a detailed scope of work including specific methodologies and/or approaches that will be used to develop the KC-BHIE technical design. Innovative approaches for completion of the Scope of Work are encouraged.
 - A. The name and address of the contracting firm, together with the name, telephone and fax number, and e-mail address of the primary contact person for purposes of this proposal
 - B. A listing of all proposed subcontractors, if any.
2. **CONTRACT PRICE:** Proposals should indicate the cost of services to be provided. Also required is a schedule by task of man-hours, equipment, and services.
3. **QUALIFICATIONS:** Proposals should indicate general and specific qualifications of the proposer in planning, engineering and disciplines appropriate to this project. A brief narrative regarding the firm’s capabilities to carry out this project, including special assets, areas of expertise, analytical tools, and data sources, etc. to which the firm may have access. Proposals shall also include:
 - A. A listing and written samples of similar projects undertaken within the last five (5) year, by proposing firm and/or its subcontractors, showing

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- contract amounts, description of work performed, client contact persons, phone numbers, and e-mail addresses;
- B. Resumes of key professional staff who will be assigned to this project;
 - C. Description of the workload of individuals assigned to this project during the period of this study. Any reassignment of designated key staff will not occur without mutual consultation and consent by MARC.
 - D. References
4. **PROHIBITION FROM SUBMITTING A REQUEST FOR PROPOSAL (RFP) AS A VENDOR FOR THE BUILD/BUY:** The successful applicant for the technical design will be instrumental in developing the build/buy RFP, establishing evaluation criteria for the RFP and assisting in the selection of a vendor(s). As such they will be managing confidential information that would provide them an undue advantage in the Request for Proposal process. Proposers should include a statement that indicates they understand and acknowledge this prohibition.
5. **MINORITY OWNED BUSINESS ENTERPRISE (MBE) REQUIREMENTS AND PARTICIPATION:** MARC's MBE policy requires that qualified MBE's be afforded an equitable opportunity to participate in contracts. Proposers are encouraged to involve MBEs in subcontracts or joint ventures. MBE proposers should submit, with their proposals, Intent to Perform As A Minority Owned Business Enterprise (MBE) (see Attachment D),
6. **AFFIRMATIVE ACTION CHECKLIST:** If applicable, proposers must complete and enclose with their proposal company's Affirmative Action Plan (see Attachment A Affirmative Action Checklist).
7. **CERTIFICATION REGARDING DEBARMENT:** Each proposer is required to certify by signing the "Certification Regarding Debarment, Suspension, and Other Ineligibility and Voluntary Exclusion" (Attachment B). "Certification Regarding Debarment, Suspension, and Other Ineligibility and Voluntary Exclusion" is a certification that the proposer is not on the U.S. Comptroller General's Consolidated Lists of Persons or Firms Currently Debarred for Violations of Various Contracts Incorporating Labor Standards Provisions.
8. **CERTIFICATION REGARDING LOBBYING:** See Attachment C.

H. SELECTION PROCEDURE

A short list, of not more than (5) proposers and/or proposer teams will be selected on or about **August 18, 2009** by MARC, after MARC and the KC-BHIE Advisory Committee analyzes all proposal information. Short-list proposers should be available for interviews and/or presentations prior to the selection of a Contractor. The final selection of a Contractor shall occur on or about **August 28, 2009** (contingent upon approval by MARC's Board of Directors). MARC reserves the right to negotiate a contract, including a scope of work, and contract price, with any proposers or other qualified party.

This Request for Proposal does not commit MARC to award a contract, to pay any cost incurred in preparation of a response to this Request, or to procure or contract for services

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or supplies. MARC reserves the right to accept or reject any and all responses received as a result of this Request, or cancel this Request in part or in its entirety if it is in the best interests of MARC to do so. Proposers shall not offer any gratuities, favors, or anything of monetary value to any officer, employee, agent, or director of MARC for the purpose of influencing favorable disposition toward either their proposal or any other proposal submitted as a result of the Request for Proposal.

MARC reserves the right to suggest to any or all proposers to the Request for Proposals that such proposers form into teams of consulting firms or organizations deemed to be advantages to MARC in performing the Scope of Work. MARC will suggest such formation when such relationships appear to offer combinations of expertise or abilities not otherwise available. Proposers have the right to refuse to enter into any suggested relationships.

All Proposals submitted hereunder become the exclusive property of MARC.

If Proposers have questions regarding any aspect of the RFP they should submit them in writing to Laura McCrary at the address noted above. All questions and responses to questions will be emailed to all proposers. If the proposer received this Request for Proposal document from sources other than direct mail from MARC, proposers must contact Laura McCrary to be added to the distribution list for any addendums, clarifications or other Proposal notices.

I.CONFIDENTIALITY OF INFORMATION CONTAINED IN THE PROPOSALS SUBMITTED IN RESPONSE TO THIS RFP

MARC is a public organization and complies with the Missouri Sunshine Law. All proposals and supporting documentation submitted to MARC in response to a RFP will remain confidential until a final contract has been executed. Sealed bids and related documents will remain closed until the bids are opened.

A Proposer/Bidder shall give specific attention to the clear identification (such as by marking such information as confidential and/or a trade secret) of those portions of its proposal that it considers confidential, proprietary commercial information or trade secrets, and provide justification why such materials, upon request, should not be disclosed by MARC under the Missouri Sunshine Law requirements. Proposers/Bidders are advised that, upon request for this information from a third party, MARC is required to make an independent determination whether the information can be disclosed. Information which is claimed to be confidential is to be clearly labeled as "Proprietary". The Proposer/Bidder's entire proposal/bid response package shall not be considered proprietary.

J. PROPOSAL EVALUATION CRITERIA

The proposals submitted by each Contractor, Firm, or Contractor Team, will be evaluated according to the following factors, in order of priority:

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- A) Specialized experience and technical competence of the contractor and assigned staff relative to the scope of work and task requirements outlined in this RFP.
 - 1) Experience of the project manager
 - 2) Experience of the prime contractor(s) and subcontractor(s)
 - 3) Amount of dedicated time of key staff allocated to the project
 - 4) Experience of other assigned individuals
 - 5) Knowledge of the Kansas City health care market
- B) Understanding the nature of the project
 - 1) Understanding the proposed scope of work
 - 2) General understanding of the regional significance of the project
 - 3) General organization and clarity of the proposal
- C) Assignment of key project staff on a full time basis and/or partnering with a local firm, or other working arrangements with MARC staff.
- D) References reflecting previous work experience of the project team and satisfactory accomplishment of contractor responsibilities.
 - 1) Quality of final product
 - 2) Ability to meet work schedules
 - 3) Responsiveness to client input
- E) Project cost, schedule of persons – hour commitment
 - 1) Total hours committed for the project manager
 - 2) Total person – hour commitment
 - 3) Project schedule and timeliness of products
 - 4) Total project cost
- F) MBE participation
 - 1) Level of MBE participation

K. ON-SITE PRESENTATIONS

The KC-BHIE Advisory Committee may require an oral presentation of those firms identified on the proposer's short list. Presentations will be held at MARC or a site designated by MARC.

L. CONTRACT AWARD

MARC will notify the selected candidate by telephone, e-mail and in writing. Following verbal notification, MARC will negotiate a standard professional service agreement with the selected candidate (see Attachment "Contracting Agreement"). The selected candidate's proposal will be incorporated by reference in the contract. Additionally, MARC will notify, in writing, the candidates who are not selected.

M. PROTEST PROCEDURES

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In the course of this solicitation for proposals and the selection process, a proposer (bidder of offer or whose direct economic interest would be affected by the award of the contract) may file a protest when in the proposer's opinion, actions were taken by MARC staff and /or the selection committee which could unfairly affect the outcome of the selection procedure. All protest should be in writing and directed to Mr. David Warm, Executive Director, Mid-America Regional Council, 600 Broadway, Suite 300 Kansas City, MO 64105. Protest should be made immediately upon occurrence of the incident in question but no later than three (3) days after the proposer receives notification of the outcome of the section procedure. The protest should clearly state the grounds for such a protest.

Upon receipt of the protest, MARC's Executive Director will review the actual procedures followed during the selection process and the documentation available. If it is determined the action(s) unfairly changed the outcome of the process, notifications with the selected proposer will cease until the matter is resolved.

N. PROCUREMENT SCHEDULE

The following is a tentative schedule for the Contractor selection process:

Activities	Schedule
RFP issued	July 17, 2009
Proposals Due	August 6, 2009
Short List Announced	August 18, 2009
Interviews	As Needed
Selection/MARC Board Approval	August 28, 2009
Contract Execution/ Notice to proceed	TBD after contract negotiation
Project Completion	TBD after contract negotiation

O. PROJECT BUDGET

The level of funding for this project will be based on the scope of work. MARC and its partners have committed funds to this project. The final level of contractor funding and contract price will be negotiated between MARC and the contractor.

- Estimated project range: **(\$50,000-\$100,000)**
- Period of Performance – **(2-3 months)**

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ATTACHMENT A

AFFIRMATIVE ACTION CHECKLIST:

Federal regulations require that any firm 50 or more employees soliciting an assisted federally funded contract must have an affirmative action program. If applicable, please provide a brief response to the following items that would typically be covered in any such program. You may provide a copy of your program and reference appropriate pages.

1. Date plan was adopted
2. Name of Affirmative Action Officer
3. Statement of commitment to affirmative action by the chief executive officer
4. Designation of an affirmative action officer, of assignment of specific responsibilities and to whom the officer reports.
5. Outreach recruitment
6. Job analysis and restructuring to meet affirmative action goals
7. Validation and revision of examinations, educational requirements, and any other screening requirements.
8. Upgrading and training programs
9. Internal complaint procedure
10. Initiating and insuring supervisory compliance with affirmative action program
11. Survey and analysis of entire staff by department and job classification and progress report system
12. Recruitment and promotion plans (including goals and time tables)

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ATTACHMENT B

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

This Certification is required by the regulation implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The Regulations are published as Part II of the June 1985, Federal Register (pages 33, 036-33, 043)

Read instructions for Certification below prior to completing this certification.

1. The prospective proposer certifies, by submission of this proposal that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any Federal department or agency.
2. Where the prospective proposer is unable to certify to any of the statements in this certification, such prospective proposer shall attach an explanation to this proposal.

Date

Signed – Authorized Representative

Title of Authorized Representative

Instructions for Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion:

1. By signing and submitting this agreement, the proposer is providing the certification as set below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department, or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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ATTACHMENT C

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1 No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersign, to any person influencing or attempting to influence an officer or employee of a federal agency, Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2 If any funds other than Federal appropriated funds have been paid or will be paid to any person for attempting to influence an officer or employee of any federal agency, Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal or Federally assisted contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.
- 3 The undersign shall require that the language of this certification be included in the award documents of all tiers (including subcontracts, subgrants, and contracts under grant, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 32, US Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

(Name of Entity)

(Name and Title of Authorized Official)

(Signature of above Official)

(Date)

Kansas City Bi-State Health Information Exchange

ATTACHMENT D

INTENT TO PERFORM AS A MINORITY BUSINESS ENTERPRISE

Project Title and Description:

The undersigned intends to perform work in connection with the above project as (check one):

_____ Prime Contractor

_____ Subcontractor

_____ Joint Venture

_____ Other (please specify)_____

If applicable name of prime contractor or joint venture partner:

The MBE status of the undersigned is confirmed by a MBE Certification from one or all of the following (please provide copy of current Certification Certificate):

_____ MRCC (Missouri Regional Certification Committee)

_____ KDOT

_____ MoDOT

_____ City of Kansas City Missouri

_____ Kansas City Area Transportation Agency (KCATA)

_____ Other (please specify) _____

(MARC may require additional certification documentation)

The undersigned is prepared to perform the following described work in connection with the above project (attach additional sheet in needed),

at the following price _____

Date

Name of MBE Firm

By: _____

Signature of MBE Firm's Authorized Representative

Kansas City Bi-State Health Information Exchange

(Please Print Names of Authorized Representative)