CALIFORNIA PRISON HEALTH CARE RECEIVERSHIP CORPORATION

OFFICE OF THE RECEIVER

REQUEST FOR PROPOSAL

MEDICAL DICTATION SYSTEM

April 26, 2008

PROPOSALS DUE: 5:00 p.m., June 13, 2008

SUBMITTAL PACKAGE SHOULD BE ADDRESSED TO:
Justin Graham, M.D., M.S.
Chief Medical Information Officer
501 J. Street
PO Box 4038
Sacramento, CA 95812-4038

CONTACT FOR QUESTIONS:
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I REQUEST

The Receiver of the California Department of Corrections and Rehabilitation's ("CDCR") prison medical system is requesting proposals for a single medical dictation system that can be utilized by 33 facilities, prior to our transition to an electronic medical record. The contract awarded by the Receiver will be a service agreement with the California Prison Health Care Receivership Corporation ("CPR").

II BACKGROUND

As a result of the State of California's ongoing failure to provide medical care to prison inmates at constitutionally acceptable levels, the United States District Court for the Northern District of California has established a Receivership to assume the executive management of the California prison medical system and raise the level of care up to constitutional standards. On February 14, 2006, the Court appointed Robert Sillen to serve as the Receiver and granted him, among other powers, the authority to exercise all powers vested by law in the Secretary of the CDCR as they relate to the administration, control, management, operation, and financing of the California prison medical health care system.

CDCR currently delivers healthcare services to over 175,000 inmate-patients in thirty-three institutions throughout the state. The scope of the healthcare mission includes dental care, primary care, acute and urgent care, chronic care management, long-term care, hemodialysis, physical therapy and rehabilitation, and infirmary-level care. Cases requiring specialty consultation or complex management are seen remotely by telemedicine or are referred to neighboring medical/dental offices or hospitals. A functioning healthcare system like CDCR's also entails ancillary services such as enterprise imaging, clinical laboratory services, and health records management.

Until recently, healthcare operations in the thirty-three institutions were confined to silos, with no central planning, management, or oversight of services. Consequently, each institution has been responsible for managing its own clinical dictation and transcription services. The Receivership is seeking to make the management of these essential services more effective and more efficient.

The receiver has recently engaged a consultant to assess the precise scope and nature of existing transcription services in each of the 33 prisons. CDCR appears to employ approximately 98 full-time, on-site medical transcribers, with approximately 36 more unfilled positions. Only one facility (San Quentin) out-sources medical transcription. Their volume is approximately 59,000 lines of transcription per month, comprising approximately 1200 documents. Other facilities had been unable to provide precise documentation as to their usage of dictation and transcription, but have reported their average number of monthly documents transcribed as anywhere between 9 and 850.

There are a number of prisons where the backlog of dictated but not transcribed notes extended back weeks to months.

The assessment of current practices for dictation at 33 adult health care facilities found substantial variability in dictation and transcription utilization and management. A summary of the consultant's findings is attached as Appendix A. Currently, CDCR clinicians are dictating approximately 30% of healthcare documents potentially amenable to transcription. Part of the reason for this includes inadequate or no dictation equipment. Thirteen of the adult facilities have a server based digital dictation system allowing for telephony dictation, but ten of these systems are only 2 to 4 port systems and would not support anticipated volumes.

III ANTICIPATED SCOPE OF SERVICES

CDCR is requesting bids for a server based dictation system that supports multiple sources for input of dictation, including telephony, digital hand held recorders, and PC dictation. Anticipated dictation volume is approximately 170,000 minutes per month. The dictation system should allow providers to dial in and listen to a report that has not yet been transcribed ("listen-line" capability). The system should also interface with an enterprise medical transcription system that is the subject of a separate RFP.

IV DELIVERABLES

The deliverables required will be stipulated in conjunction with the approved work plan and associated staffing plans and schedules.

ALL DELIVERABLES CREATED BY THE CONTRACTOR UNDER THE AGREEMENT, WHETHER OR NOT IDENTIFIED AS CONTRACTUAL DELIVERABLES, WILL BE THE PROPERTY OF THE RECEIVER.

V SELECTION AND CONTRACTING PROCESS

An Evaluation Committee (the "Committee") will review the submitted proposals in accordance with submittal requirements and evaluation criteria set forth below and will recommend to the Receiver a short list of firms for further consideration. Upon acceptance of the short list, the Receiver may invite short-listed companies to demonstrate their solution to the Committee.

If the Receiver elects to request demonstrations, the entire proposed Key Staff of any short-listed teams must be available to participate in these interviews. The Committee will then make a final evaluation and submit its recommendation to the Receiver. The

Receiver will make a final determination and authorize negotiations with one or more of the companies that have submitted their response and whose responses are most advantageous to the Receiver.

The Receiver reserves the right to seek clarification of information submitted in response to this RFP and/or request additional information during the evaluation process. The Receiver reserves the right to accept or reject any or all qualifications and selections when it is determined, in the sole discretion of the Receiver, to be in the best interest of the Receiver.

The Receiver intends to negotiate and enter into a services agreement ("the Agreement") with the selected Respondent promptly upon selection. Prior to commencing the Services, the selected contractor must sign the Agreement and provide proof of insurance. The Agreement will include the General Terms and Conditions and Contractor Certification Clauses set forth at:

http://www.documents.dgs.ca.gov/ols/GTC-307.doc and
http://www.documents.dgs.ca.gov/ols/CCC-307.doc,

Except that all references to the State of California or the Department of General Services will mean the California Prison Health Care Receivership Corporation.

VI EVALUATION CRITERIA

The Committee will review Proposals in accordance with the following criteria:

A. Respondent's proven experience, capabilities and resources, at both the corporate and individual levels, in providing a dictation system comparable in size and functionality described in the Scope of Services, Section III of this document.
B. Proven systems, management techniques, required expertise and resources designed to facilitate timely and effective implementation and stakeholder coordination.
C. Cost or relative value.
D. Completeness and comprehensiveness of response to this RFP and compliance with submittal requirements.
E. Quality of the presentation and technical analysis (if requested by the Receiver).
F. Absence of any relationship that could constitute a conflict of interest or otherwise impede the ability of the Respondent to protect the interests of the Receiver.

VII SUBMITTAL REQUIREMENTS

A RFP Schedule

Event	Date
RFP Issued	April 26, 2008
Deadline for questions regarding RFP	May 30, 2008
Response due	June 13, 2008
Notification for demonstrations	June 20, 2008
Demonstrations	June 24-July 1, 2008
Selection announced	July 7, 2008
Estimated project start date	July 14, 2008

B Addenda

Any questions regarding the RFP should be submitted to CPR in writing. CPR will, at its discretion, respond to questions in an addendum. Any necessary information not included in this RFP that CPR deems necessary and relevant to responding to the RFP will also be issued in an addendum. CPR makes no guarantee that all questions submitted will be answered.

Addenda will be sent to all known applicants. If the Respondent did not receive this RFP directly from CPR, notify CPR in writing of a request to receive any addenda by May 15, 2008.

C Format

Proposals should be clear, concise, complete, well organized and demonstrate both Respondent's qualifications and its ability to follow instructions. 8 (eight) bound copies of the Proposal should be provided, with all materials spiral bound into books of approximately 8-1/2" x 11" format. At least one (1) copy must contain original signatures and be marked ORIGINAL. Pages must be numbered. The entire Proposal shall also be submitted in electronic (pdf) format on CD, organized in the same manner as the printed submissions.

The Proposal shall be placed in a sealed envelope with the submitting firm's name on the outside of the envelope. All respondents are requested to follow the order and format specified below. Please tab each section of the submittal to correspond to the numbers/headers shown below.

Respondents are advised to adhere to submittal requirements. Failure to comply with the instructions of this RFP may be cause for rejection of submittals. The Receiver reserves the right to waive any informalities in any submittal and/or to reject any or all submittals. The Receiver reserves the right to seek clarification of information submitted in response to this RFP during the evaluation and selection process. The Committee

may solicit relevant information concerning the firm's record of past performance from previous clients or consultants who have worked with the Respondent.

D Contents

The Proposal must include the following items:

1. A cover letter signed by an officer of the firm submitting the Proposal, or signed by another person with authority to act on behalf of and bind the firm. The cover letter must contain a commitment to provide the required applications described in Section III. The letter should certify that the information contained in the Proposal is true and correct. Please also indicate the contact person(s) for the selection process along with contact information.
2. Executive Summary: The Executive Summary must include a clear description of the primary advantages of contracting with your organization. It should also include a brief explanation of how the Respondent satisfies the evaluation criteria and a brief statement that demonstrates the Respondent's understanding of the desired services.
3. Demonstration of the Respondent's qualifications: Please respond to the following questions:

Vendor Background and Information

1. Vendor primary contact
   - Name:
   - Title:
   - Office/location address:
   - Phone number:
   - E-mail address:
   - Web site:

2. Identify the location of the following:
   - Corporate headquarters:
   - Field support offices:
   - Programming/technical support personnel:

3. What percent of revenue did your company expend for research and development on your proposed products during the last three fiscal years? What is budgeted for the current and next fiscal year? What new products, if any, are you releasing in the coming year?

4. List the number of employees (full time equivalents) in your organization by category:

Category	# Employees
Total employees	
Executives and managers	
Marketing/sales	
Installation	
Research and development	
Application support	
Technical support	
Customer service	
Other	
Those with clinical background:	
➢ Physicians	
➢ RNs	
➢ Other clinicians	

5. Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity. Do you plan to merge with or establish strategic partnerships with any companies in the coming year?

6. Legal action: Respondent must provide a listing and a brief description of all material legal actions, together with any fines and penalties, for the past five (5) years in which (i) Respondent or any division, subsidiary or parent company of Respondent, or (ii) any member, partner, etc., of Respondent if Respondent is a business entity other than a corporation, has been:

   - A debtor in bankruptcy
   - A defendant in a legal action alleging deficient performance under a services contract or in violation of any statute related to professional standards or performance
   - A respondent in an administrative action for deficient performance on a project or in violation of a statute related to professional standards or performance
   - A defendant in any criminal action
   - A principal of a performance or payment bond for which the surety has provided performance or compensation to an obligee of the bond; or a defendant or respondent in a governmental inquiry or action regarding accuracy of preparation of financial statements or disclosure documents
   - Default Termination: Disclosure whether your company has defaulted in its performance on a contract in the last five years, which has led to termination of a contract.

- Conflict of Interest: Identify any existing financial relationships with other vendors that may be a part of your proposal, and explain why those relationships will not constitute a real or perceived conflict of interest.

7. How long has your company been in the business of developing and marketing your products?

8. Please list the names of any technology companies that your organization is partnered with, the nature of your relationship, and the value that each brings to your proposed solution and ultimately to our organization.

References

1. What is the total number of client installations using your proposed system?

2. What is the number of client installations in practices similar in size, specialty, etc. using your proposed system?

3. Please provide a complete client list of practices similar in size and general profile to our enterprise, who are currently operational on the proposed systems. Provide names of individuals who will have sufficient experience to speak knowledgeably concerning such issues as the implementation process, product functionality, response time, vendor support, and documentation and training.

4. Provide specific examples of tangible benefits (Return on Investment) that have been realized by your clients using your applications.

General Questions

1. What are the names/versions of your proposed products/applications? Fully describe each application's functionality.

2. Does the system support the use of a voice engine to provide for digital recognition dictation system?

3. Does your solution provide third party integration?
   A) OTS Interfaces (ADT and Voice Exports)
   B) PACS Integration
   C) Voice Importing

4. Describe how your system provides high levels of system availability and business continuity.

5. Can the proposed products be leased?

System Access

1. How many simultaneous users are permitted?

2. Can all functions be carried out on any workstation, provided the user appropriate access rights (i.e., no requirement that management functions are carried out on a "management-only" workstation)? Does your system offer a web-services client application?

3. Describe your system's security model. Does it support roles-based authentication? Does it provide an audit trail of all security-relevant events?

Interfacing Capabilities

1. Describe system capability to interface with transcription systems.

2. Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third-party systems.

3. Does your system support integration with other clinical information systems by either employing a service oriented architecture (SOA) or providing an application programming interface (API)?

4. Describe your support for the following standards: HL7 v3.0 messaging, Clinician Context Object Workgroup (CCOW).

Management Reports

1. Is an ad hoc report generator available? If so, how many levels of sort are available? How many data fields can be printed on a report? Can reports be saved for easy updating or revision?

2. What standard reports are available with the system?

3. Can report data be exported to external analytical applications? Describe.

Dictation

1. Describe integration with transcription, electronic signature, and chart completion processes.

2. How long does it take to train physicians to use the system?

3. What customization features are available for physicians?

4. What are the expansion increments (by ports)?

5. Does your dictation system support Voice Over IP?

6. Does the system accommodate analog dictation? Can multiple technologies be used (phone, digital hand held recorder, pc)? Describe all of the input devices available for the system.

7. Can a dictator insert dictation at any time without erasing existing dictation?

8. Describe pause button/condensed pause functionality.

9. Can providers use a hands free method?

10. Does your system provide the ability to intercept, edit, and cancel dictation prior to transcription?

11. Can work be routed to transcriptionists first in/first out, any available input field, station, channel, job number, physician, report type, age of report, or multiple factors? Is access to routing option restricted?

12. Can multiple work groups be defined for voice files based on facility, author, and document type?

13. Does your system provide the following: voice storage of dictated reports with demographics, listen access to reports both pre and post transcription customizable by user and work type, complete touch tone control for all user functions customizable per user?

14. Does your system provide a detailed listen and skipped job history, audit trails, the current date and time on screen display, a System Activity/Port Status Display, and per port busy out capability.

15. What metadata is captured for jobs in the dictation system?

16. Define the type of equipment required to listen to a dictation for transcription purposes.

System Administration

1. What database is utilized?

2. Describe fault tolerance capabilities.

3. Describe your standard maintenance agreement, including but not limited to provisions for scheduled and emergency services, response times, provisions for updates to hardware and software, onsite support, and cost.

4. Describe the system administrator's ability to monitor users and active functions. Is there an additional license fee for this capability?

5. Identify whether a user is allowed to be simultaneously logged on at more than one location.

6. What is the total voice storage capacity (excluding the redundant storage)? Is archiving capability limited or unlimited?

7. What are the system hardware requirements?

8. Describe the effect that backup has on the live system (i.e., is the system or parts of it unavailable to users?).

9. Can voice files be offloaded to an outside server and, if so, is the metadata information offloaded with the voice file? What format are the sound files?

Pricing and Contracts

1. Please provide a pricing proposal itemized for software, implementation, interfaces, licensing fees and hardware as described in our profile.

2. How are your products priced (e.g., number of users, concurrent users, patient visits, providers, per PC)? Please explain.

3. Please provide a copy of your standard contract.

4. Please explain when the maintenance contract begins and any hardware/software warranty or installation/acceptance period ends.

5. Do the proposed acquisition and/or ongoing maintenance/support costs include:
   - Future enhancements to acquired/licensed application modules?
   - Operating system and related environmental software?
   - Interface maintenance?
   - Architectural changes such as migration to emerging technologies and new methods of systems deployment?
   - If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

6. If the proposed products can be leased, please outline in detail the cost for leasing.

Source Code

1. In the event your company is unable to continue to support this system, what arrangements have you made for client access to source code and technical documentation?

2. What is the cost and availability of source code escrow for your product?

System Support

1. What are your normal hardware support hours (specify time zone)? Where is support staff located?
2. What are your normal software support hours (specify time zone)? Where is support staff located?

3. Which of the following support features are available?
   - Toll-free hotline
   - Remote monitoring
   - Remote diagnostics
   - Training tutorials
   - Web-based support tracking

4. What is the response time for problems reported: (1) during regular business hours and (2) off-hours?

5. Describe your problem-reporting software and tools. Are they available via the Internet?
   Can a list of outstanding problems and enhancements by client be viewed online and downloaded?

6. Please list the top five support questions you receive from your clients.

7. Describe your support process for evaluating and fixing “bugs” or problems in your software.

8. Do you have user groups? If so, who sponsors the user group? How often are the meetings?

9. Do you have advisory groups? What is their membership? How often are the meetings?

10. Please provide a guideline for the type of internal support that will be required, for both the number of information systems personnel, by classification, and also non-

information systems personnel (i.e., department-based). Please describe their roles and responsibilities.

11. What is the range and average for system downtime (scheduled and unscheduled) for your clients' systems?

Implementation

1. Provide an overview of your implementation methodology and a sample project plan and timeline.

2. With your proposed solution are you able to implement components or modules of the application over time? Conversely, can you implement the entire solution at once? What would your organization typically recommend?

3. In what timeframe after contract signing can your resources begin the project and the implementation start?

4. Provide an optional plan for providing additional resources to fully support all aspects of implementation, either through the primary contractor or a subcontractor.

Documentation and Training

1. Describe the documentation (both system and training) provided as part of standard installation approach including:
   - Manager and user reference manuals (applications)
   - User operator/system administrator manuals
   - Hardware/OS manuals
   - Training manuals (initial and ongoing user self-training)

2. What documentation is provided with the system? Is the documentation available in hardcopy and on CD-ROM?

3. How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc.)?

4. Describe the types of training offered (i.e., end-user, systems administrator, installer, etc.). How often is training offered (as needed, or on a set calendar schedule)? Please give the duration of each class, the location of training, associated costs, and the recommended number of people that should attend training.

5. Describe your ongoing training programs.

6. Who provides the proposed product training?

7. Do you provide provider (physician, nurse practitioner, etc) specific training?

8. Describe the training approach for user personnel. Please indicate whether training is classroom style with an instructor, one-on-one, computer-based training, self-study, etc.

Technical Design and Operational Requirements

1. Please provide a Systems Environment Specification that outlines the server, networking, and communication requirements of your product. Identify the minimum desktop, tablet, and PDA configuration requirements. Include adequate equipment for training and maintenance.

2. Describe the operating system, hardware/server platform, and database programming language that supports your proposed product.

3. Is your proposed product Web-based or client/server?

4. Describe any anticipated future application enhancements or hardware or operating system changes in detail and their proposed release dates.

5. What User Interface standards do your products use (Windows, browser-based)? Does your system offer a web-services client application?

6. How often do your clients receive new releases? How is the client supported during these releases? How much system downtime is typically required during these upgrades? How many levels of software releases are supported for the proposed product?

7. Please provide a copy of your Quality Assurance Guidelines for testing new software releases.

8. Describe the system backup process. Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day? What backup schedule do you recommend? Describe the automated backup features that allow rapid and unattended system and data backup operations on a user-scheduled basis.

9. Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)?

10. Discuss data archiving and restoring from archive within all applications of the software. What are the capabilities in restoring from archive? What tools/media are used for archiving data?

11. Does your proposed solution have the ability to work with Microsoft Windows 95/98, 2000, XP, Windows NT Workstation, XP for Tablets, Vista, and/or non-Windows operating systems?

12. Please describe technical architecture of the system, including audio format and compression technology used.

13. Please describe dictation transmission process and how system ensures that files are not lost if connection to server is disrupted.

14. Please describe security architecture of the system, including manner in which files are stored, data encryption, secure transmission, etc.

15. Describe the testing database available in your systems. Can new software be loaded and tested in the testing database before it is loaded into the live production system?

Security

1. Discuss your approach to data/information security, especially with regard to Internet technologies. Is it consistent with the latest industry approaches for encryption and authentication?

2. Does the system support log-on capabilities by:
   - User ID/password
   - Smart card, proximity card, or token device
   - Other security controls/devices including biometrics (describe)
   - Secure remote access (describe methods—Citrix, dial-up, Internet, VPN—and extent of functionality—complete, view-only)

3. Does the system have functionality to accommodate multiple users on a common workstation with easy log-off/log-on capabilities?

4. Does the system require the user to change his/her password at set intervals? Can Information Technology staff set intervals for password changes to an organization's specifications?

5. Describe how system access can be configured to limit users' access to patient records and functionality based on their role in the organization (i.e., role-based access).

6. Does the system log all activity to provide a complete audit trail of the specific user, patient, function accessed, date/time, and data change? Are record accesses and edits easily reportable by patient and employee?

7. Does the system have a function that will automatically "log off" users? How is this function controlled?

8. Does the application date/time-mark encounters that are closed/completed and prevent further changes?

HIPAA

1. How is your organization preparing for software changes required by HIPAA legislation?

2. Indicate whether your product is/will be compliant with the following HIPAA application security requirements:
   - Access controls
   - Audit controls
   - Data authentication
   - Entity authentication (including unique user IDs, automatic log-off)

E Modification or Withdrawal of Proposal

Prior to the Proposal due date, Respondents may modify or withdraw a submitted Proposal. Such modifications or withdrawals must be submitted to CPR in writing. Any modification must be clearly identified as such and must be submitted in the same manner as the original (e.g., appropriate copies, paper size, etc.). No modifications or withdrawals will be allowed after the Proposal due date.

F Public Opening

There will be no public opening of responses to this RFP. However, after a contract is awarded all Proposals may be available for public review. CPR makes no guarantee that any or all of a Proposal will be kept confidential, even if the Proposal is marked "confidential," "proprietary," etc.

G General Rules

1. Only one Proposal will be accepted from any one person, partnership, corporation or other entity.
2. Proposals received after the deadline will not be considered.
3. This is an RFP, not a work order. All costs associated with a response to this RFP, or negotiating a contract, shall be borne by the Respondent.
4. CPR's failure to address errors or omissions in the Proposals shall not constitute a waiver of any requirement of this RFP.

H Reservation of Rights

The Receiver reserves the right to do the following at any time, at the Receiver's discretion:

1. Reject any and all Proposals, or cancel this RFP.
2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any Proposal.
3. Request that certain or all candidates supplement or modify all or certain aspects of their respective Proposals or other materials submitted.
4. Procure any services specified in this RFP by other means.
5. Modify the specifications or requirements for services in this RFP, or the required contents or format of the Proposals prior to the due date.
6. Extend the deadlines specified in this RFP, including the deadline for accepting Proposals.
7. Negotiate with any or none of the Respondents.
8. Terminate negotiations with a Respondent without liability, and negotiate with other Respondents.
9. Award a contract to any Respondent.

Inquiries in regard to this RFP should be addressed to:

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