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# Introduction

## Purpose

This request for proposal (RFP) by the City of Austin (City), on behalf of Health and Human Services Department (HHSD) seeks proposal for an Integrated Electronic Health Records system (EHR). The needed EHR system will be used to provide:

* A replacement for currently used disparate applications into an integrated solution.
* A solution that shall be scalable for multi-HHSD programs
* An implementation of a single solution with integration to existing current health care systems in use by HHSD
* An increase in efficiencies in the following areas:
  + Chart management/ Electronic Patient Management (EPM)
  + Coordination of care, referrals and patient outcomes
  + Billing/Revenue Cycle Management (RCM)
  + Access to patient health records
  + The disposition of data after it has met its retention requirements
  + Inventory Management
* An assurance of compliance with Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations
* A capability of Public Health Informatics/Data Analytics/Business Intelligence/Quality Assurance/Continuous Quality Improvement (CQI)
* A capacity to implement a future connection to a Texas Health Information Exchange (HIE)
* A replacement of annual software maintenance cost for older systems
* A decrease in the cost associated with supporting paper based business processes

The HHSD EHR solution, when completed in approximately six (6) years, will be central Texas’s Public Health and the City of Austin’s integrated connection to the Texas Health Information Exchange (HIE) supporting a sector of the population historically underinsured or uninsured

## Business Goals

Health and Human Services Department requires an integrated electronic health records system designed:

* For population-based public health
* To provide new functionality and
* To manage single case files (single customer record) across various programs and services

### Increased Efficiencies

This integrated solution will increase efficiencies in the areas of:

* Chart Management/Electronic Patient Management (EPM) through a single customer record accessed on-line
* Coordination of care, referrals and patient outcomes through a single customer record accessed on-line
  + Provide multiple clinicians access to the same patient data
  + Share critical information more efficiently
  + Expedite client referrals internally and externally
* Office space utilization
* Improved records management
* Health records by the reduction in handwriting-based errors through a single customer record accessed on-line
* Billing/Revenue Cycle Management (RCM) through fine tuning current billing for maximum return on claims, the development of new claim capabilities, and file reimbursement for claims for services
* Disposition of data after it has met its retention requirements per the City of Austin Office of City Clerk approved Records Control schedules in the following HHSD areas of:
  + Disease Prevention Health Promotion
  + Community Services
  + Maternal Child and Adolescent Health (MCAH)
  + Director and Administrative Services
  + Vital Records
  + Environmental Health Services
* Inventory Management
* Availability of data for strategic public health planning and response
* Preparedness response department wide
* Uniform systems development and process improvements

### Increased Functionality

This integrated solution will provide new functionality in the areas of:

* *Public Health Informatics* in the areas of surveillance, prevention, preparedness and health promotion
* *Population Health Management* through proactive application of strategies and interventions to defined groups of individuals across the continuum of care in an effort to improve the health of the individuals within the group at the lowest necessary cost.
* *Data Analytics* – ensure access to all system data,
  + including automating extraction, aggregation and integration of clinical, financial, administrative, patient experience and other relevant data
  + and apply Business Intelligence and advanced analytics to organize and measure clinical, patient safety, cost and patient satisfaction processes and outcomes for Quality Assurance improving the future quality of care, increasing financial efficiency, and operational effectiveness, conducting innovative research and satisfying regulatory requirements
* *Eligibility* screening and alerting for referral opportunities
* *Data compilation* for budget reporting, grant writing efforts and employee evaluation

### Ensure Regulatory Compliance

This integrated solution will ensure regulatory compliance with medical, legal and security protocols in the areas of:

* HIPAA Privacy Rule for individually identifiable health information held by covered entities and their business associates and providing patients’ rights to that information
* HIPAA Security Rule for administrative, physical, and technical safeguards for covered entities and business associates to use the confidentiality, integrity, and availability of electronic protected health information
* Patient access to health records with patient portal availability upon implementation of the system to the following:
* Immunizations
* Medications
* Laboratory Report

### Reduction in Operation Costs

This integrated solution will provide a reduction in operating costs in the areas of:

* Replacement of a paper-based business processes and a reduction
* Reduction administrative steps by streamlining operations and increasing productivity

## Project Scope

### General Information

The general scope of work for the City HHSD EHR Project includes ten (10) areas of public health care and information technology and management.

#### Treat Communicable Disease Patient Scope Statement – See Appendix A

Based on a previously scheduled appointment, the Client attends their scheduled appointment and provides the Clinic Staff information necessary to determine and/or perform treatment. The Clinic Staff creates or updates the Client Medical Record with new or updated information. Based on the disposition of the Client, the Clinic Staff determines test requirements. If the Client does not require testing (such as latent Tuberculosis), the Clinic Staff reviews medications requirements with Client and tracks medication usage. If the Client has active disease, the Clinic Staff reviews medical requirements with the Client, completes tests, tracks medications, sets up contact investigation, and provides outreach services. Center for Disease Control (CDC) 72 A, B, and C for Tuberculosis and post HIV testing is required by the state and regularly posted to the Public Health Information Network depending on the disposition of the Client. The Clinic Staff report HIV/AIDS and other reportable data using the Enhanced HIV/AIDS Reporting System (eHARS), National Electronic Disease Surveillance System (NEDSS) among others.

#### Provide Disease Prevention Scope Statement – See Appendix A

For economically disadvantaged Clients (Medicare, Medicaid, un-insured, under-insured, or high risk, etc.), the system provides the Client a Web portal to access their Client Medical Record to intake relevant information prior to an appointment. They may use the Web portal to print or save medical information to include, but not limited to shot records, etc. The Client reports to the Clinic Receptionist (i.e., Clinic Staff) by appointment or walk-in. The Clinic Staff verifies Medicaid patients using Texas Medicaid Healthcare Partnership (TMHP), looks up immunization history in Texas-Wide Integrated Client Encounter System (TWICES) and the state's immunization tracking system ImmTrac. The Clinic Staff reviews the Client Medical Record and makes adjustments as required or creates a new Client Medical Record if none exists. The Clinic Staff uses the system to determine immunization needs and administers immunization with approved consent. The system provides a mobile platform for outreach Clinic Staff to perform field-administered immunizations for certain high-risk Clients. Once administered, the Clinic Staff enters medication/immunization administered in the Medication Usage portion of the Client Medical Record. The system tracks medication/immunization usage against supply to identify reorder thresholds when required. The system automatically provides a Medication reorder to the Electronic Vaccine Inventory system to track inventory Vaccines for Children (VFC). The Clinic Staff uses the system to track certain case files requiring workflow management and reminder notifications. Clinic Staff use the system to document state reportable public health education activities and events.

#### Qualify and Intake Referred Refugee Scope Statement – See Appendix A

When the Clinic Staff receives a Refugee Referral Form from the system and determines eligibility, the Clinic Staff sends indication of eligibility to the Volunteer Agency. The Clinic Staff use the system to create a new Client Medical Record for the refugee and enters Client Demographics or other pertinent Client Information. For special needs Clients, the Clinic Staff assigns a social worker.

#### Administer Refugee Health Needs and Records Scope Statement – See Appendix A

A qualified refugee Client reports to the Refugee Health Clinic for screening. On first visit, the Client completes various intake forms to provide consent, medical history, etc. representing the Client Demographics. During clinic visits, the Clinic Staff performs various medical testing such as blood work, vision, vital signs (blood pressure, pulse, etc.), basic hearing test, and take physical vitals (height, weight, etc.). Clinic Staff administer vaccinations based on vaccine history provided by Center for Disease Control (CDC) - sometimes the CDC provides refugee Client information in the form of Electronic Disease Notification (EDN) - could include report from refugee camps supported by International Organization for Migration (IOM) or United Nations High Commissioner for Refugees (UNHCR). Based on this information, the Clinic Staff administers appropriate vaccines or medications. Sometimes Clinic Staff must wait for test results prior to administering some medications or vaccines. Client appointments occur in house for two appointments to make an overall assessment; afterwards, Clinic Staff dispense refugee Clients to civilian health care agencies. Clinic Staff may refer sexually transmitted disease (STD) or Tuberculosis (TB) cases to the Austin STD/TB Clinic. The Clinic Staff maintains a complete refugee Client Medical Record, which requires civilian health care agencies to fax health record information for inclusion in Client Medical Record. In addition, all refugee Clients receive medical education. Clients may receive additional follow up appointment, if needed.

#### Schedule Appointment Use Scope Statement – See Appendix A

The Client can either setup an appointment using a Web enabled interface or call the hotline to schedule an appointment with an Appointment Scheduler. A call management system dashboard provides leadership indication of Appointment Scheduler performance as well as indication of current and anticipated call volume metrics. A geographic depiction of clinic locations is provided to assist in optimal location identification to the Client and Appointment Schedulers to assist in appointment location. The Client is provided automated notifications either by text message or automated voice indication to confirm, remind, or indicate appointment status. Appointment Schedulers manage schedulable resources as required.

#### Provide WIC Services Scope Statement – See Appendix A

Women, Infants and Children (WIC) is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. Nutrition education and counseling, breastfeeding support, nutritious foods, and help accessing health care for low-income women, infants, and children through the Special Supplemental Nutrition Program. Services are free to those who are eligible. Part of the WIC nutrition program includes breastfeeding clinic (Mom’s Place) run by the City of Austin. The state does not provide electronic record access at Mom's Place clinics. Therefore, there is a need for a system to track client demographics, schedule appointments and administered breastfeeding and nutrition services – includes electronic health records. Clinic Staff use the system to connect virtually using tele-presence to the locally run WIC Office when specialized hands on support require Mom's Place Clinic Staff. The system provides a Web interface to replace current intake forms - allows Clients to enter demographics and other questionnaire queries prior to each visit. The system uses the same system interface (what system interface is that?) as computer kiosks in local WIC Clinics. Clinic Staff use the system to assist in finding Client referrals, track referrals to and from other programs/clinics, track non-returnable inventory, track breast pumps, and identify follow up items.

#### Process Claims – See Appendix A

Collects fee for service, posts services for billing, bills Medicaid, bills for large immunization event, bills Medicare immunization, and manually bills outstanding claims. Used to receive payments, update claim status and manage exceptions to include unresolved claims.

#### Conduct Claim Appeal Process – See Appendix A

The Billing staff use the system to manage unpaid or partially paid claims. Currently, the Billing Staff uses TMHP and TWICES to verifying and reconciling the details associated with a medical insurance claim. If the health plan in question requires additional documentation, the Billing Staff prepares the required letters to the Health Plan Provider, including copies of records showing the claims and treatments provided. If the Health Plan Provider offers a Website for claims, the Billing Staff uses the Website to submit the appeal; otherwise, the Billing Staff creates a CMS1500 form and resubmit the claim with the most current information. The Billing Staff then updates the Medicaid conversion database and an Excel tracking log used to track claim submissions. As the last step, plan providers file CMS1500 claim submissions.

#### Conduct GAX Refund – See Appendix A

General Accounting Expenditures (GAX) refunds are issued when monies have been paid by the City erroneously and need to be refunded. The Billing Staff completes a GaxRefundRequest form and forwards it to Health and Human Services (HHS) Accounting Department. HHSD reviews the request and accesses the Advantage Information Management System (AIMS) system to mark a specific payment for reversal. The City’s Accounts Payable team verifies the AIMS registry entry and ultimately drafts the required refund check.

#### Initiate Refund – See Appendix A

In certain situations, a Client is due a refund from the City of Austin. Normally this is the result of a customer paying and then the Health Plan Provider also paying the same claim. When this situation occurs, the Billing Staff accesses TWICES, TMHP, PaymentTech (if original payment was via credit card) and verifies the treatment and the amount paid. The Billing Staff completes a Request for Refund form and obtains the Billing Supervisor's approval signature. If the refund is cash or check, HHS Accounting prepares and sends a check to the Client. For credit card transactions, the Client returns to the treatment location, offers the credit card used for the original transaction, and the Billing Staff uses the card to reverse the charge via the credit card terminal. Lastly, the Billing Staff modifies the ExcelTrackingLog, reflecting activity with the Customer and claim.

### City’s Responsibilities

The City will be responsible for:

* Providing all data entry elements to include forms and sources of information

### Vendor's Responsibilities

The Vendor shall be responsible for:

All system design, software installation, programming, testing, performance tuning, training, documentation and implementation required for the system. If third-party software is required, Vendor shall assume full responsibility for its inclusion in this solution.

The acquisition and installation of any required hardware.

**Note**: The City reserves the right to purchase hardware from other sources.

All technical documents for the proposed system and its components. These documents shall include administrator and end user manuals about product installation and maintenance, including detailed design documents for customized system application and test plans. The supplier shall grant the City the authorization to reproduce any provided documents for internal use.

Assist in the development of an acceptance test plan and assist in the performance of testing the entire system. During testing, the Vendor shall be available for assistance and correction of any error detected. Testing shall be successfully performed before the City approves the final sign-off for the acceptance of the system.

Be available via a toll-free number for technical support and problem resolution during normal business hours (8:00 a.m. - 5:00 p.m. CST, Monday through Friday) during implementation.

Provide a detailed list of the necessary resources and expertise, complete with personnel job descriptions, which shall be required for the City to maintain the system once implemented.

# Description of Existing Systems

## Current System

The HHSD Department currently does not have an integrated system. The department is made up of numerous existing external and internal Federal, State, Local and Third-Party systems used through-out the Health Programs.

# Requirements Information

Vendor responses to the requirements are used to evaluate proposals. The Functional, Supplemental, Technical, and Project Management requirements are presented in Sections 4.0, 5.0, 6.0 and 7.0.

## Organization of Requirements

Requirements are grouped into three (3) areas:

**Functional Requirements**: These requirements describe product features and functionality requested by end users. (See Appendix A.)

**Technical Requirements**: Developed by the City’s Communication and Technology Management staff, these requirements describe the technical specifications to support the Functional Requirements and the constraints for security and networking. (See Appendix B.)

**Project Implementation Requirements**: These requirements describe the project management resources, processes, documentation and training that ensure effective product implementation and accomplishment of project objectives. (See Appendix C.)

## Qualifiers for Requirements

### Category

“Category” distinguishes the requirement within each functional and technical group. “Category ID” organizes requirements by business process or technical similarity.

### Requirement Description

The “Requirement Description” describes the requirement.

### Required Response

The purpose of the “Required Response” is to guide vendors in describing the item, product feature, or system customization that satisfies the requirements as stated in the “Requirement Description.” The verbiage of the “Required Response” is intended to elicit responses that propose creative solutions.

### Requirements Rating - Mandatory or Expected

**Mandatory** indicates an essential requirement.

**Expected** indicates anticipated or presumed requirement.

Alternative Process may be proposed.

# Functional Requirements

## Responding To Functional Requirements

To ensure a proposed solution is thoroughly represented, Vendors should respond to each Functional Use Case requirements in Appendix A.

Unified Modeling Language (UML) use-case models identify the business process and functional requirements of our desired Electronic Health Record (EHR) system. Proposed operational processes provide contextual reference and scope understanding. However, the Vendor shall propose alternative processes or technologies when relevant - we encourage and are open to innovative solutions. We prefer a Cloud (hosted) solution - i.e., Software as a Service (SaaS) or Platform as a Service (PaaS). The Vendor may provide a complete solution or collaborate with Cloud providers to propose SaaS or PaaS solutions. The City provides a fully functional IBM Integration Bus (IIB), enterprise service bus (ESB) to include an ESB instance in our demilitarized security zone to interface with internal city applications discussed in our use-case model. The City identified the required performance response in each Use Case describing interface descriptions shown on sequence diagram.

Each Use Case requirement shall always indicate explicitly whether or not the Vendor’s proposed Products/Services meets the Use Case requirement and/or describes how the propose Vendor’s Products/Services shall accomplish each Use Case requirements as it relates to the series(s) proposed. Vendors shall indicate if the accomplished requirement is:

* In the BASE solution or
* A CUSTOMIZATION and
* How the Vendor will accomplish the CUSTOMIZATION.

# Technical Requirements

## Technology Environment at the City of Austin

See Appendix B for the City Technical Reference Model.

## Responding To Technical Requirements

To ensure a proposed solution is thoroughly represented, Vendors should respond to each Technical Requirements in Appendix B.

Each requirement shall always indicate explicitly whether or not the Vendor’s proposed Products/Services meets the requirement and/or describes how the propose Vendor’s Products/Services shall accomplish each requirement as it relates to the series(s) proposed. Vendors shall indicate if the accomplished requirement is:

* In the BASE solution or
* A CUSTOMIZATION and
* How it the Vendor will accomplish the CUSTOMIZATION

**Note**: The desired proposed solution is Platform as a Service (PaaS) software licensing and delivery model in which software is licensed on a subscription basis and is centrally hosted. See Section 0400 of this RFP for PaaS requirements.

## Interfaces

The use case models identify functional interfaces.

# Project Management / Implementation Requirements

## Responding To Project Management / Implementation Requirements

To ensure a proposed solution is thoroughly represented, Vendors should respond to each Project Management Requirement below. Each requirement shall always indicate explicitly whether or not the Vendor’s proposed Products/Services meets the requirement and/or describes how the propose Vendor’s Products/Services shall accomplish each requirement as it relates to the series(s) proposed.

## List of Implementation Requirements

### Vendor's Project Management Methodology

Responding Vendors shall provide documentation describing their proven project management methods. The City recognizes each Vendor shall recommend a project management methodology that demonstrates a commitment to completing the project on time and within budget. Documentation to be included:

* Project Management Methodology (Model) Used
* Explanation of the Methodology
* Explanation of how the Methodology shall be used on this project
* Explanation of how the Vendor shall staff this project for the project’s life-cycle, including all specific personnel by name, their technical title, role and responsibilities on the project, and resumes including work experience in related implementations, education and tenure with the Vendor.

### Required System Documentation

Vendors shall describe the format for each document they shall provide and be prepared to deliver selected system documents upon request during the evaluation and selection process. Prior to system acceptance, the selected vendor shall provide the following system documentation:

* One (1) complete set of maintenance and operations manuals for each category of software or equipment purchased in association with this project
* Manuals for all software applications, hardware, and hardware configurations for users and administrators

### Training

The Vendor shall provide the following Training Requirements:

* A detailed Training Plan
* Training for each existing external, internal, and/or third-party City system administrator and their secondary administrator
* Training for (X) City technical staff
* Training for (X) City end users

The Vendor shall develop a long-term Training Program with reproducible Training Materials for conducting training over the solution’s life-cycle within the City’s HHSD Department for:

* New end users
* Re-training of existing end users
* Future upgrades

The Vendor shall provide reproducible Training Materials adapted for use by City staff to conduct new end user training and re-training.

## 

# List of Appendices for this RFP

## Appendices

* Appendix A Functional Requirements (Use Cases)
* Appendix B Technical Requirements
* Appendix C Project Management / Implementation Requirements

### APPENDIX A

* Link to the Health and Human Services Electronic Health Records Requirements
* Use Case Specifications
* Last Update: 11/09/2015

<http://austinea.org/arch/hhs/ehr/>

### APPENDIX B

| **ID#** | **Topic** | **Description** | **SaaS/PaaS** |
| --- | --- | --- | --- |
| 1 | Application Architecture | The application provides Web-enabled components to meet the Rehabilitation Act of 1973 Section 503, W3C and industry standards for graphics and design; speed; reliability; and security for dynamic content and user interaction. | Mandatory |
| 2 | Application Architecture | No requirement to deploy additional application, code or 3rd party plug-in to client workstations (note: If Java Runtime Environment (JRE) is required, please list all supported versions). | Mandatory |
| 3 | Application Architecture | The application provides the ability to automate the deployment of software and updates to user workstations including, but not limited to Web-based deployment tools to push/pull software to the desktop (note: applicable only to run-time environment, like Java). Unless the contractor provides an alternative solution, users do not require administrative privileges. | Mandatory |
| 4 | Application Architecture | The application provides built-in application and system configuration tables accessible by all modules. | Mandatory |
| 5 | Application Architecture | The application provides forms-based data validation (field level validation) and displays error messages when validation fails (i.e., user enters text in a numeric field). | Mandatory |
| 6 | Application Architecture | The application provides copy, cut, paste, and undo functions from all data fields to/from ~~and screens to~~ other applications. | Mandatory |
| 7 | Application Architecture | The application provides ability to perform mass changes to a defined group of transactions with appropriate selection criteria. Please add more detail.  “For example, change prescription of selected patient group.” | Mandatory |
| 8 | Application Architecture | The application provides ability to effective date transactions and table updates including, but not limited to future and retroactive changes, based on user-defined criteria. | Mandatory |
| 9 | Application Architecture | The application provides ability to drill down from a transaction view to the supporting source document or record, regardless of the module source. | Mandatory |
| 10 | Application Architecture | The application provides ability to apply upgrades and patches without impact to existing user interface customizations (e.g., user-defined forms/fields, Web interface, etc.). | Expected |
| 11 | Data Entry Support and On-Line Help | The system provides ability to restrict free form entry for structured data types (e.g., require use of drop-down calendar for date field). | Mandatory |
| 12 | Data Storage and Archiving | The contractor provides the City a complete copy of current and archived data hosted by an ASP provider in the event of contract termination within a month of notification in one of the required formats listed above. (ASP Hosted)  List acceptable file format or links to ASP hosted requirement. | Mandatory |
| 13 | Data Storage and Archiving | The solution supports future releases of the application without rendering the archived data unusable or provides an upgrade script to convert archived data to supported format. | Mandatory |
| 14 | Data Storage and Archiving | The system provides online access to the current year plus unlimited previous years of all types of data retained in the system, and provides archive capabilities thereafter. Is there online access for EHR data or database files? Need more detail here. | Expected |
| 15 | Database Architecture | The application provides standardized data extraction functions or Application Program Interface (API) to allow import and export of data to/from other systems. | Mandatory |
| 16 | Database Architecture | The application provides ability to encrypt sensitive data - federal or state compliance required (e.g., PII, PCI, HIPAA, etc.). | Mandatory |
| 17 | Database Architecture | The application provides ability to exchange database information using industry accepted standards and formats including JavaScript Object Notation (JSON) | Mandatory |
| 18 | Database Architecture | The solution uses the same data validation criteria for bulk data loads as it does for manual data entry. | Mandatory |
| 19 | Database Architecture | The application provides ability to exchange database information using industry accepted standards and formats including Extensible Markup Language (XML).  *(17-19 can be merged into one requirement and list both JSON and XML)* | Expected |
| 20 | Database Architecture | The application provides ability to perform database maintenance including, but not limited to, backup and upgrades without requiring system downtime during core business hours. | Expected |
| 21 | Database Architecture | The solution includes a method of purging record data from the database(s) ensuring referential integrity with master/child records. | Expected |
| 22 | End-User Interface | The system meets Web Accessibility standards including, but not limited to, ability to support ADA and compliant with Section 508 of the Federal Rehabilitation Act (see http://www.access-board.gov/sec508/summary.htm). Web based applications must be ADA compliant following the specifications of 508c of the Americans With Disabilities Act. If compliance is not possible, reasonable alternatives may be considered. | Mandatory |
| 23 | Information Management | The system prevents the loss or unauthorized deletion of records before the expiration of their retention period as authorized by an approved records control schedule or with the written permission of the Texas State Library and Archives Commission. Texas Local Government Records Act §202.001(a). | Mandatory |
| 24 | Information Management | The system prevents the unauthorized alteration of records before the expiration of their retention period. The system provides logs or audit trails that document edits and views of records. This is a requirement for records governed by HIPAA; and, depending on the type of record, there may be additional integrity requirements governed by Texas House Bill 300. | Mandatory |
| 25 | Information Management | The system provides systematic deletion of records upon expiration of their retention period as authorized by an approved records control schedule or with the written permission of the Texas State Library and Archives Commission. Texas Local Government Records Act §202.001(a) and §201.003(16), Austin City Code §2-11-11. Sufficient metadata must be present to identify records eligible for disposition based on defined triggering events and dates. | Mandatory |
| 26 | Information Management | Upon expiration of the retention period, the system ensures destruction of all duplicate records to include convenience copies. Texas Rules of Evidence, Rule 1003. The system's back-up strategy ensures retention of backup records doesn't excessively exceed destruction of originals. System procedures must ensure retention rules apply to copies of production data used to develop, test, or train. | Mandatory |
| 27 | Information Management | The system ensures records are retrievable and available until the expiration of their approved retention period. Texas Local Government Records Act §205.008(b). Records stored on contractor, outsourced, cloud, or hosted platforms remain the property and responsibility of the City. When contacted by an authorized City employee or when the contract ends or is terminated, contractors must deliver records, in all requested formats and media, along with all finding aids and metadata, to the City at no cost. Austin City Code §2-11-15. | Mandatory |
| 28 | Information Management | Until expiration of retention period, hardware and software must be available to access records and sufficient metadata must be present to facilitate timely retrieval of records. Contracts with hosted solution providers must specify the contractor's duties with respect to management of records as required by Austin City Code §2-11-15. The system ensures retention of specific records - even if their retention period has expired - if they are the subject of known or reasonably anticipated litigation, public information request, audit or other legal action. Texas Local Government Records Act §202.002, Austin City Code § 2-11-11. The system maintains a log of litigation and other holds allowing release of holds after resolution of litigation, audit, or public information requests. | Mandatory |
| 29 | Information Management | The system creates records/logs of destruction activity. Texas Local Government Records Act §203.046, Austin City Code §2-11-11. Destruction logs must (a) show a minimal set of metadata sufficient to uniquely identify the records purged; (b) show who approved and who executed the destruction, and the dates on which these events took place; (c) reflect compliance with an approved, written standard operating procedure; and (d) be retained permanently. | Mandatory |
| 30 | Infrastructure | If applicable, all portable devices (laptops, hand-held units, etc.) provide display screens readable in conditions ranging from darkness to direct sunlight.  Remove if it doesn’t apply to EHR system. Section 508 of the Rehabilitation Act (#22) should cover web based accessibility. | Expected |
| 31 | Infrastructure | If applicable, all supplied portable devices (laptops, hand-held units, etc.) are resistant to heat, cold, moisture, dust and shock.  Remove if it doesn’t apply to EHR system. | Expected |
| 32 | Infrastructure | If applicable, all supplied portable devices (laptops, hand-held units, etc.) are capable to receive program or firmware updates via network connections.  Remove if it doesn’t apply to EHR system. | Expected |
| 33 | Integration Architecture | If application requires integration with other City data, the application must integrate using an enterprise service bus.  Consider listing COA SOA (Service-Oriented Architecture), if you have, for vendor to verify their ESB structure. | Expected |
| 34 | Security and Authentication | The system uses Microsoft Active Directory Federated Services (ADFS) [current version minus 1] for federated identity management. Provide more detail of COA current SSO ADFS infrastructure if possible. | ~~Mandatory~~  Expected |
| 35 | Security and Authentication | The system allows user registration and de-registration, at a minimum, communicates relevant policies to users and requires signed acknowledgement, checks authorization and minimum level of access necessary prior to granting access, ensures access is appropriate to the business need (consistent with sensitivity/risk and does not violate segregation of duties requirements), addresses termination and transfer, ensures default accounts are removed and/or renamed, removes or blocks critical access rights of users who have changed roles or jobs, and automatically removes or disables inactive accounts. | Mandatory |
| 36 | Security and Authentication | ~~For systems with sensitive data (personally identifiable information (PII), city confidential data, or data covered by a federal security standard), the contractor~~ Solution/Application conducts an annual security assessment of all tiers of its hosting facility, including application servers and network devices. Provide summary copies of the security audit reports to the City of Austin annually. We prefer an annual 3rd party security assessment, which we may require depending on the data being hosted. | Mandatory |
| ~~37~~ | Security and Authentication | ~~The solution does not require operating system administrator privileges on the client workstation(s) to run or receive application updates or the vendor must provide another solution for updates.~~ This section is a repeat or similar requirement as #3. | Mandatory |
| 38 | Security and Authentication | The system provides ability to restrict remote access to the application by client IP address or network address range. | Expected |
| 39 | Security and Authentication | Vendor provides a Health Insurance Portability and Accountability Act (HIPAA) Report on Compliance (HROC) or SSAE 16 SOC 2 Type II validating they are compliant against the Office for Civil Rights (OCR) HIPAA Audit Protocol covering HIPAA Privacy Rule, Security Rule and Breach Notification Rule. | Mandatory |
| 40 | System Flexibility | The system provides the ability to define business rules based on user-defined criteria (e.g., organizational level, account code, bargaining unit, location, program, grant, etc.). | Expected |

| **ID#** | **Topic** | **Description** | **SaaS/PaaS** |
| --- | --- | --- | --- |
| 41 |  | The application provides the integration capability with patient survey system.  Please add detail of COA survey system if you like. | Expected |
| 42 |  | Solution/Application provider has a defined process for secure disposal of data when requested by COA. | Mandatory |
| 43 |  | Solution/Application provider has SSAE 16 or SAS70 audit covering application controls. | Expected |
| 44 |  | Solution/Application provider regularly engages 3rd parties to perform evaluations of their systems. | Expected |
| 45 |  | Solution/Application provider has a patch management program that includes testing patches prior to implementation. | Expected |
| 46 |  | Solution/Application provider has procedures in place to determine if assets have been compromised. | Mandatory |
| 47 |  | Solution/Application provider scans for system vulnerabilities on a regular basis. | Mandatory |
| 48 |  | Solution/Application provider tracks and publishes system vulnerabilities and notifies customers of potential issues. | Mandatory |
| 49 |  | Solution/Application provider environment utilizes methods to detect and block application level software attacks. | Mandatory |
| 50 |  | A SAS70, SSAE16, OR SOC1 audit of data center controls has been performed, and a current report is available for review. | Expected |
| 51 |  | Application audit logs record and are regularly reviewed to examine user IDs, dates, and times of log on and log off, log in failures, changes to security parameters, and other security actions. | Mandatory |
| 52 |  | Backups are encrypted using 256 bit AES encryption of higher/similar algorithm. | Mandatory |
| 53 |  | Solution/Application provider has a data recovery plan and procedures and has been tested within the last 6 (six) months. | Mandatory |
| 54 |  | Solution/Application provider securely transmits data over public networks. | Mandatory |
| 55 |  | Solution/Application provider provides emergency access (only) for authorized personnel while maintaining appropriate security controls. | Mandatory |

### APPENDIX C

| **ID** | **TOPIC** | **PROJECT MANAGEMENT REQUIREMENTS** | **VENDOR** | **CITY** | **VENDOR RESPONSE** | **VENDOR COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- |
| 6.001 | Methodology | Provide a **Project Manager (PM)** to **represent the Vendor** in the management of the Project, interfacing with the City Project Manager (PM) in any decisions relating to the Project. | **X** |  |  |  |
| 6.002 |  | **Assume and lead all day-to-day management of Vendor personnel,** including subcontractor personnel, and associated Deliverables related to the required services | **X** |  |  |  |
| 6.003 |  | **Provide a Project Manager to represent the City organization in this Project,** interfacing with the Vendor’s PM, and representing the City in any decisions relating to the Project |  | **X** |  |  |
| 6.004 |  | **Act as primary point of contact** with stakeholders and offices to refine functional and technical requirements, including scheduling City staff for interviews and workshops. |  | **X** |  |  |
| 6.005 |  | Provide a **robust Project management methodology** founded on industry best practices. | **X** |  |  |  |
| 6.006 |  | **Conduct project management activities** throughout the life of the Project and execute the associated plans. | **X** |  |  |  |
| 6.007 |  | **Document deliverable details, formats, and acceptance criteria in Deliverable Expectation Documents (DEDs)** as mutually agreed upon by the City and the Vendor. | **X** |  |  |  |
| 6.008 |  | **Approve Deliverable Expectation Documents (DEDs)** |  | **X** |  |  |
| 6.009 |  | Provide, update, and maintain a **Project Schedule** (e.g. in MS Project) that includes the following key components:   * Work breakdown structure * Tasks and activities required to successfully complete the Project * Schedule/milestone tracking and resource allocation * Critical path identification and dependencies   Provide periodic updates (as mutually agreed upon by the City and the Vendor) to the Project Schedule which is maintained by the Vendor. | **X** |  |  |  |
| 6.010 |  | Provide, update, and maintain a formal **Project Management Plan (PMP)** that includes the following key components:   * Project initiation activities * Issues tracking, escalation and resolution * Change request approval, management and tracking * Deliverable/product review and approval and other acceptance criteria * Risk management, identification, quantification of impact, monitoring, and mitigation plans * Quality management * Vendor and subcontractor resource management * Project success evaluation criteria and Project close-out activities * Status and other reporting activities * Status reporting templates (including deliverable status reports, issues, risks, plan vs. actual status, etc.) | **X** |  |  |  |
| 6.011 |  | Provide and **implement risk mitigation measures and contingency plans** as high-priority risks are identified and monitored | **X** |  |  |  |
| 6.012 |  | Provide a formal **Project Team Training Plan** to document City Project Team training requirements | **X** |  |  |  |
| 6.013 |  | Provide a **Communication Matrix** to document the communications with all Project stakeholders throughout the life of the Project as mutually agreed upon by the City of the Vendor communication with internal and external stakeholders | **X** |  |  |  |
| 6.014 |  | Provide **Weekly Status Reviews** | **X** |  |  |  |
| 6.015 |  | Provide **Project Status Reports** and conduct regularly scheduled status meetings reviewing Project progress, risk, mitigation, issue resolution, deliverable status, and next steps as mutually agreed upon by the City and the Vendor. | **X** |  |  |  |
| 6.016 |  | **Use e-mail system provided by the City** for all Project-related communications | **X** |  |  |  |
| 6.017 |  | **Communicate Project scope change** process and procedures to City stakeholders. |  | **X** |  |  |
| 6.018 |  | **Prepare system Change Requests** as required. | **X** |  |  |  |
| 6.019 |  | Approve and prioritize system changes via a **Project Change Control Review Board** (CCRB) |  | **X** |  |  |
| 6.020 |  | Provide **training materials** for training | **X** |  |  |  |
| 6.021 |  | **Ensure alignment of the system architecture** with the City’s technical architecture preferences |  | **X** |  |  |
| 6.022 |  | Test the capability of **failover to secondary Disaster Recovery** site. |  |  |  |  |
| 6.023 |  | Provide the **Configured Hardware Environments** (testing) to test and/or demonstrate the functionality has been satisfied. | **X** |  |  |  |
| 6.024 |  | Provide and document test results in a **Documented Successful Testing Results** deliverable. | **X** |  |  |  |
| 6.025 |  | Validate the system for compliance with the **Security Plan.** | **X** | **X** |  |  |
| 6.026 |  | Review **testing results for compliance** with policies, procedures, plans, and test criteria and matrix (e.g. defect rates, progress against schedule) |  | **X** |  |  |
| 6.027 |  | **Coordinate the scheduling of user acceptance testing** (e.g. gain user involvement, establish and define acceptance criteria, set high-level test objectives, establish high-level test scenarios). |  | **X** |  |  |
| 6.028 |  | **Conduct user acceptance testing.** |  | **X** |  |  |
| 6.029 |  | Correct defects found as a result of testing efforts and record all defect in a **Defects Log.** | **X** |  |  |  |
| 6.030 |  | Provide Go/No-go Documentation, including the **Production Cutover Plan and the Bo-Live Checklist.** | **X** |  |  |  |
| 6.031 |  | Conduct **Go/No-go Meeting** |  | **X** |  |  |