



Health Care

October 30, 2025

REQUEST FOR PROPOSAL 31204

Occupational Medicine

Occupational Medicine and EMR

for

**The Curators of the University of Missouri
on behalf of University of Missouri Health Care**

ATTACHMENTS ONLY

Volume I (RFP Submittals – All but Financials) – MUST SUBMIT

- Attachment A: “Specifications with Required Responses”
- Attachment B: “Specs, IT and Tech, IT Security, HIPAA” (edit page 9)
- Attachment C: “MBE/WBE/SDVE Participation Form”
- Attachment D: “Physician Self-Referral Questionnaire”
- Attachment E: “IT Security Questionnaire”
- Attachment PA: “Proposal Agreement”

Volume II (RFP Submittal – Financials) – MUST SUBMIT

- Attachment FW: “Financial Worksheet”

APPENDIX 1
INSTRUCTIONS TO RESPONDENTS, SPECIFIC TO THIS RFP
RFP 31204 Occupational Medicine and EMR

1.0 BACKGROUND AND NARRATIVE

1.1 University of Missouri / University of Missouri Health Care Background:

Please see RFP Section “2.0, Detailed Specifications”, “2.3, Background” for the background and narrative for (1) The University of Missouri, (2) University of Missouri Health Care [MUHC], (3) MUHC Hospitals, and (4) MUHC Affiliations and IT Partnership.

1.2 Project/Solution Overview and Background:

MU Health Care is seeking information and/or proposals for an Occupational Medicine and EMR Management Solution that supports the delivery of comprehensive occupational health services to employees and external clients. The system should enable efficient management of work-related injuries, pre-employment and fitness-for-duty exams, drug and alcohol testing, case management, billing, and regulatory documentation.

The goal is to identify a solution that streamlines clinical workflows, supports compliance and reporting requirements, enhances patient and employer communication, and integrates with other enterprise and clinical systems.

Key Goals and Objectives:

- **Comprehensive Occupational Medicine Recordkeeping**
Maintain detailed medical records for occupational encounters, including work injuries, exams, test results, and return-to-work status.
- **Work Injury and Case Management**
Support case tracking from injury reporting through treatment, follow-up, and closure, with documentation for workers’ compensation and regulatory compliance.
- **Pre-Employment and Fitness-for-Duty Exams**
Manage and document physical exams, screenings, and evaluations for new hires and ongoing fitness assessments.
- **Testing and Compliance Programs**
Support workflows for drug and alcohol testing, respiratory programs, vision and hearing testing, and other occupational safety requirements.
- **Employer and Client Coordination**
Enable secure communication and reporting with employer clients and internal departments, including customizable report generation.
- **Integration and Interoperability**
Integrate with EHR, billing, and scheduling systems to support continuity of care and operational efficiency.
- **Billing and Revenue Cycle Support**
Include functionality for charge capture, coding, and electronic claims submission for occupational health services.

- **Regulatory and Data Security Compliance**
Ensure full adherence to HIPAA, OSHA, and other applicable occupational health and safety regulations.
- **Analytics and Reporting**
Provide configurable dashboards and reports to support quality assurance, performance tracking, and regulatory submissions.

Operational Statistics: Separate electronic medical record system for 2 Occupational Medicine clinics with ~9000 projected visits annually across both locations. Over 1544 unique employers registered.

2.0 REQUEST FOR PROPOSAL INSTRUCTIONS

Please also read RFP Section “1.0, General Information for Respondents”. The following instructions are specific to this RFP.

Responses shall be in the same order and fashion of the “Mandatory” and “Desirable” specifications as outlined in “Attachment B / Specifications.” To be fully credited in the evaluation, respondents shall describe their ability and methods for complying to each specification. If no response or insufficient response is provided to substantiate compliance, MUHC reserves the sole right to reject respondent’s proposal from further consideration.

With responses to the specifications, reference any relevant supplemental documentation included with the proposal that would ensure the specifications are met.

2.1 Register as Participant with a “Letter of Intent”

To ensure inclusion of all RFP correspondences, Register as Participant by submitting a very brief “Letter of Intent” (LOI) via email to Rick Hess at RHess@Health.Missouri.edu, referencing “**RFP 31203, Occ Med EMR**” in the subject and on the LOI email:

- An interest in submitting a proposal and receiving all RFP updates and modifications,
- The name, title, contact information, and role in the RFP process for the person who you wish to receive RFP updates and modifications (amendment),
- Stating the deadline for submitting questions (**Wed, November 12, 2025 @ 3:00 PM CT**), and
- The deadline for submitting proposals (**Wednesday, December 10, 2025 @ 3:00 PM CT**).

2.2 Preparation of Proposals

The respondent is expected to examine the specifications and all instructions. Failure to do so will be at the respondent’s risk. The respondent shall furnish the information required by this Solicitation. Erasures or other changes must be initialized by the person authorized to sign the proposal.

2.3 Pre-Proposal Conference

There will not be a formal pre-proposal conference.

2.4 Questions/Explanations/Interpretations

Any prospective respondent desiring an explanation or interpretation of the solicitation, specifications, etc., must request it via email to:

- **Rick Hess** at RHess@Health.Missouri.edu, referencing “**RFP 31204, Occ Med EMR**” in the subject.

NOTE: The deadline for submitting questions is **Wednesday, November 12, 2025 @ 3:00 PM CT.**

Oral explanations or instructions given before the award of the contract will not be binding. Any information given to a prospective respondent concerning this Solicitation will be furnished promptly to all prospective respondents as an amendment if the information is necessary in submitting proposals or if the lack of it would be prejudicial to any other prospective respondents. The respondent ***MUST BE REGISTERED TO RECEIVE AMENDMENT(S) VIA EMAIL***

2.5 Amendments to Solicitation

- If the Solicitation is amended, all terms and conditions which are not modified remain unchanged.
- Respondents shall acknowledge receipt of any amendment to this Solicitation by:
 - Identifying the amendment number and date in the space provided for this purpose on the "Proposal Agreement" form.

CONTINUED ON NEXT PAGE

2.6 Proposal Submission

PREFERRED METHOD (Electronic via Email)

To be eligible for consideration, an email with two attachments (either in Microsoft 365 or PDF format) must be submitted and received by **Wed, December 10, 2025 @ 3:00 PM CT** in the following format:

- **To (Rick Hess):** RHess@Health.Missouri.edu
- **Subject (must be):** RFP 31203, EE Health EMR, Due: 12/10/25 by 3:00 PM CT
- **Volume I (*Responses*) named:**
 - VI - EE Health EMR, Attach A-PA (Your Firm's Name) – YYMMDD
- **Volume II (*Financials*) named:**
 - VII - EE Health EMR, Attach FW (Your Firm's Name) – YYMMDD
- **Body:** Please do not include any of your "proposal" in the body of the email. Clearly include the name, email address and phone number of the person you wish to receive confirmation of receipt, and who Rick Hess may call with any questions or issues with the proposal (such as an attachment will not open properly).

Rick Hess will (1) open the email to reply with confirmation of receipt, (2) open the attachments only to ensure there is no issue with access, (3) close the attachments immediately without review, and (4) will not reopen the attachment prior to the submission deadline.

OPTIONAL METHOD (Hand or Carrier Delivered)

To be eligible for consideration, a sealed proposal packet [one (1) original, clearly identified as containing documents with original signatures and one (1) electronical copy of the entire submission on a flash drive], divided into two packets:

- **Volume I (*Responses*) named:**
 - VI - EE Health EMR, Attach A-PA (Your Firm's Name) – YYMMDD
- **Volume II (*Financials*) named:**
 - VII - EE Health EMR, Attach FW (Your Firm's Name) – YYMMDD

And must be submitted and received by **December 10, 2025 @ 3:00 PM CT** to the following address:

Rick Hess

Strategic Sourcing Specialist
MUHC Quarterdeck Building
2401 LeMone Industrial Blvd, Rm 171
Columbia, MO 65201

To ensure the proposal is routed properly and to prevent opening by unauthorized individuals, your proposal must be identified on the envelope or package as follows:

RFP 31203, EE Health EMR
Due: 12/03/25 by 3:00 PM CT

2.7 Handling of Proposals

- Proposals received prior to the closing date and time will remain unopened and secured until after the established proposal opening date and time.
- **A proposal will not be considered if it is received after the exact date and time specified for receipt.** Acceptable evidence to establish the time of receipt is the CT date/time of the email, or an MUHC stamped CT date/time on the proposal wrapper or other documentary evidence of receipt maintained by MUHC.

2.8 Proposal Modifications

- A modification resulting from MUHC's request for "best and final" proposal received after the time and date specified in the request will not be considered unless received before award and the late receipt is due solely to mishandling by MUHC after receipt at MUHC.
- Notwithstanding this provision, a late modification of an otherwise successful proposal that makes its term more favorable to the MUHC will be considered at any time it is received and may be accepted.

2.9 Proposal Withdrawal

- No proposal shall be withdrawn for a period of Ninety (90) days after the opening of the proposals without written consent of MUHC.

2.10 Evaluation of Proposals

2.11 Evaluation of Proposals

- MUHC will strive to complete the proposal and presentation reviews and issue a "Notice of Award" by the end of day **Friday, January 30, 2026**.

2.12 OTHER APPENDICES - Informational Only (do not submit with your proposal):

- Please see [Appendices 2 \(Addendum to Agreement\)](#) and [3 \(Data Protection Addendum\)](#). These documents are not required for submission with your proposal but will be incorporated as addenda to the agreement with the awarded firm.

RFP 31204

Occupational Medicine and EMR

Request for Proposals

VOLUME I

Required Submittals

(All but Financials)

Attachment A: “Specifications with Required Responses”

Attachment B: “Specs - IT and Tech, IT Security, HIPAA”

Attachment C: “MBE-WBE-SDVE Participation Form”

Attachment D: “Physician Self-Referral Questionnaire”

Attachment E: “IT Security Questionnaire”

Attachment PA: “Proposal Agreement”

ATTACHMENT A
SPECIFICATIONS WITH REQUIRED RESPONSES
RFP 31204 Occupational Medicine and EMR

1.1 Objective:

To enter a long-term partnership with a professional team of experts in the support and maintenance of all phases and applications of a comprehensive Occupational Medicine and EMR program.

1.2 Proposal Submission

See **Appendix 1: Instructions to Respondents**, Specific to this RFP, Section 2.6.

1.3 Proposal Requirements

A proposal must be submitted as prescribed by MUHC in this Request for Proposal (RFP).

Respondent shall provide thorough responses to all “specifications” below.

Failure to include any of the required information may result in rejection of the proposal.

- **Provide a Cover Letter** on your company’s letterhead, signed by an authorized representative with the ability to commit to the performance of services outlined in the proposal. The letter should also identify all materials and enclosures submitted in response to this RFP.
- **Qualifications**
 - **Company Overview and Organizational Information:**
 - Provide a detailed description of your organizational structure, including parent company, subsidiaries, years in business, headquarters location, and the approximate percentage of your operations dedicated to this solution.
 - Introduce your company by summarizing its history, ownership structure, business activities, corporate direction, qualifications, certifications, and development history related to this solution. Include an overview of your broader product and service offerings.
 - Provide profiles of the principals and key staff who play a role in delivering this solution, highlighting relevant expertise and responsibilities.
 - State your credit rating from **Moody’s Investor Services** and/or **Standard & Poor’s**. If your company is not rated, provide alternative evidence of financial stability and strength.
 - **Experience, Expertise, and Client Success:**
 - Provide a comprehensive overview of your team’s experience and expertise with Occupational Medicine and EMR, including success stories and supporting statistics.
 - Describe your customer support approach, specifically in the areas of training, program assistance, system issue resolution, and ongoing application maintenance.
 - Confirm whether you maintain a documented **Business Continuity Plan** and **Disaster Recovery Plan** (if separate) and indicate whether these plans are tested annually.
 - Indicate the total number of clients currently utilizing this program. Of these, specify how many of these are healthcare organizations of at least 2,500 employees with multiple hospitals and healthcare clinics, supported with relevant statistics.
 - Provide details on at least three (3) current healthcare applications of your Occupational Medicine and EMR program that meet the following criteria: organizations of at least 2,500 employees with multiple hospitals and healthcare clinics, successfully deployed, fully functional, and in service for a minimum of two (2) years. Include the institution

names (contacts not required) and discuss both the successes and challenges associated with these implementations.

○ **Unique Experience and Expertise:**

- Describe the tools, methodologies, or strategies your company has developed that differentiate you from competitors.
- Provide examples of specialized knowledge or experience within the healthcare industry, with emphasis on academic institutions and medical centers.
- Share specific examples of how you support clients across hospitals, clinics, and practitioner environments.
- Outline any partnerships with resellers, implementers, or other application providers, and explain how these collaborations enhance your ability to deliver these services.

○ **Price Structure:**

- **As costs are not considered in the initial evaluations, complete and submit “Attachment FW – Financial Worksheet” separately as “Volume II.”**
- You may modify or submit an alternate Pricing Worksheet, but either way this must be comprehensive and inclusive of all expenses over the anticipated term of this contract; The initial contract term shall be five (5) years. Beginning with year three (3), the contract shall continue to automatically renew on an annual basis unless either party provides written notice of non-renewal in accordance with the requirements set forth in the executed agreement.

○ **References:**

- If selected as a finalist in this RFP process, your firm may be asked to provide the facility name, contact name, and contact information for at least three (3) healthcare clients currently using your Occupational Medicine and EMR program. Each reference must represent a deployment that is fully implemented, operational for a minimum of two (2) years, and within an organization of at least 2,500 employees with multiple hospitals and healthcare clinics, aligning closely with the scope of this RFP.

○ **Attachments (must provide the following with the proposal):**

Be certain to thoroughly complete, identify, and submit “Volumes” **separately**.

- **Volume I** – Attachments A (this document), plus
B, C, D, E, F and PA: Proposal Agreement
- **Volume II** – Attachment FW: Financial Worksheet

1.4 SPECIFICATIONS

For evaluation purposes, please support your 'Yes' or 'No' selection with enough detail to demonstrate understanding, methodology, and value as applicable.

CRITICAL: A “No” to a “MANDATORY” item may eliminate the Respondent from further consideration! Please ensure that you thoroughly justify a “No” in your response so that we may consider the reason you are not able to provide the mandatory item, e.g., “We are developing this and expect to have it by...”

Criterion 1: IT and Technical, IT Security, HIPAA (Attachment B)

Criterion 2: Clinical Functionality and Workflow Integration

Criterion 3: Compliance, Reporting, and Analytics

Criterion 4: Data Integration and Migration

Criterion 5: Billing, Contracts, and Financial Management

Criterion 6: User Access, Communication, and Support

Criterion 7: Implementation, Scalability, and Governance Alignment

Criterion 8: Strategic Roadmap – Upcoming Initiatives

Criterion 1: IT and Technical, IT Security, HIPAA

This criterion is “**Attachment B**” that **must be completed and submitted** with the proposal as an extension of these specifications.

Criterion 2: Clinical Functionality and Workflow Integration

(Covers patient registration, encounter management, clinical documentation, and operational workflows)

MANDATORY

1. Support for comprehensive Occupational Medicine services, including injury management, pre-placement exams, fitness-for-duty, and surveillance programs. **Provided?** Yes ☐ No ☐

Response:

2. Ability to manage multiple client organizations, departments, and contracts under MU Health Care's enterprise structure. **Provided?** Yes ☐ No ☐

Response:

3. Customizable encounter templates for DOT, OSHA, and pre-employment exams. **Provided?** Yes ☐ No ☐

Response:

4. Integration with systems across university and health system entities including Cerner Millennium and Dragon dictation. **Provided?** Yes ☐ No ☐

Response:

5. Ongoing support Maintenance for New or modified tests/results with interface mapping and workflow.

Provided? Yes ☐ No ☐

Response:

6. Task management tracking related to claim or service authorization. **Provided?** Yes ☐ No ☐

Response:

7. Scalable design to support multi-facility and multi-campus operations under MU Health Care.

Provided? Yes ☐ No ☐

Response:

DESIRABLE

1. Mobile or tablet-optimized interface for in-clinic or field documentation. **Provided?** Yes ☐ No ☐

Response:

2. Automated templates for employer specific occupational exam types (e.g., respirator clearance, hazmat, DOT physicals). **Provided?** Yes ☐ No ☐

Response:

3. Workflow automation for triage, follow-up, and case management. **Provided?** Yes ☐ No ☐

Response:

4. Record sharing process for providing documentation or sending secure communication of results.

Provided? Yes ☐ No ☐

Response:

5. Role-based workflows for clinicians, case managers, billing staff, and administrators.

Provided? Yes ☐ No ☐

Response:

6. Real-time alerts and reminders for follow-up, restricted duty, or pending clearances.

Provided? Yes ☐ No ☐

Response:

7. Configurable dashboards for clinical, administrative, and regulatory oversight.

Provided? Yes ☐ No ☐

Response:

ADDITIONAL INFORMATION

1. How would you integrate with Oracle Millenium's system to produce a laboratory feed for transfer of orders and return of results?

Response:

2. How would you integrate with Oracle Millenium's system to create unified registration workflow to prevent duplication of task?

Response:

3. How would you support Dragon dictation software?

Response:

4. Can you copy/ paste into clinical notes?

Response:

5. How would external documents be uploaded into the patient chart?

Response:

Criterion 3: Compliance, Reporting, and Analytics

(Covers regulatory compliance, occupational safety reporting, and data analytics)

MANDATORY

1. Audit trails for all clinical and administrative record changes. **Provided?** Yes ☐ No ☐

Response:

DESIRABLE

1. Customizable dashboards for injury rates, costs, and trends by department or client.

Provided? Yes ☐ No ☐

Response:

2. Predictive analytics for risk-prone departments or job functions. **Provided?** Yes ☐ No ☐

Response:

3. Automated alerts for regulatory deadlines, certifications, and renewals. **Provided?** Yes ☐ No ☐

Response:

4. Integration with enterprise safety committees and risk dashboards. **Provided?** Yes ☐ No ☐

Response:

5. Compliance tracking for OSHA, DOT, CDC, and state occupational health regulations.

Provided? Yes ☐ No ☐

Response:

Criterion 4: Data Integration and Migration

(Covers data exchange, legacy import, and interoperability with clinical and administrative systems)

MANDATORY

1. Secure migration of legacy Occupational Medicine data, including medical records, billing history, and client contracts. **Provided?** Yes ☐ No ☐

Response:

2. Standards-based interoperability (HL7, FHIR, API, CSV) with Oracle Millenium. **Provided?** Yes ☐ No ☐

Response:

3. Interface with laboratory system for ordering and results. **Provided?** Yes ☐ No ☐

Response:

4. Compliance with MU Health Care's data governance and retention schedules. **Provided?** Yes ☐ No ☐

Response:

5. Encryption of all data at rest and in transit under HIPAA and university IT policies. **Provided?** Yes ☐ No ☐

Response:

6. Alignment with MU and State of Missouri data governance and retention policies. **Provided?** Yes ☐ No ☐

Response:

7. LDAP/Active Directory synchronization for provisioning and deactivation. **Provided?** Yes ☐ No ☐

Response:

DESIRABLE

1. Bi-directional interfaces between systems in real-time. **Provided?** Yes ☐ No ☐

Response:

2. LDAP/Active Directory synchronization for provisioning and deactivation. **Provided?** Yes ☐ No ☐

Response:

3. Archival retrieval of historical records for audits and legal requests. **Provided?** Yes ☐ No ☐

Response:

4. Interface with radiology and ePrescribe for ordering. **Provided?** Yes ☐ No ☐

Response:

5. Driver License scanning feature that enables quick and accurate capture of information from state-issued driver licenses or identification cards. **Provided?** Yes ☐ No ☐

Response:

6. Integration with Missouri state immunization registries. **Provided?** Yes ☐ No ☐

Response:

Criterion 5: Billing, Contracts, and Financial Management

(Covers employer billing, insurance integration, and financial reporting)

MANDATORY

1. Ability to manage multiple employer profiles. **Provided?** Yes ☐ No ☐

Response:

2. Integration with MU Health Care's enterprise revenue cycle system. **Provided?** Yes ☐ No ☐

Response:

3. Support for multiple payer types, including self-pay, employer pay, and third-party administrators.

Provided? Yes ☐ No ☐

Response:

DESIRABLE

1. Online employer portal for invoicing, payment history, and statement retrieval. **Provided?** Yes ☐ No ☐

Response:

2. Configurable billing templates by employer, service, or department. **Provided?** Yes ☐ No ☐

Response:

3. Reporting of service utilization by client and department. **Provided?** Yes ☐ No ☐

Response:

4. Ability to calculate ROI and operational costs for internal departments. **Provided?** Yes ☐ No ☐

Response:

5. Single Sign-On (SSO) integration with MU Health Care and University of Missouri identity systems.

Provided? Yes ☐ No ☐

Response:

ADDITIONAL INFORMATION

1. Are there fees associated with updating orders or modifying templates once final build is complete?

Response:

Criterion 6: User Access, Communication, and Support

(Covers SSO, communication, training, and vendor support)

MANDATORY

1. Single Sign-On (SSO) integration with MU Health Care and University of Missouri identity systems.

Provided? Yes ☐ No ☐

Response:

2. Secure communication portal for sharing reports and results with authorized employer contacts.

Provided? Yes ☐ No ☐

Response:

3. Vendor-provided training materials, on-site or virtual training sessions, and train-the-trainer options.

Provided? Yes ☐ No ☐

Response:

4. Defined Service Level Agreement (SLA) for uptime, issue resolution, and support escalation.

Provided? Yes ☐ No ☐

Response:

5. Accessibility compliance (Section 508/ADA) for public-sector environments. **Provided?** Yes ☐ No ☐

Response:

DESIRABLE

1. Online support center and knowledge base. **Provided?** Yes ☐ No ☐

Response:

2. Dedicated account management with quarterly performance reviews. **Provided?** Yes ☐ No ☐

Response:

3. Change management resources for enterprise rollout **Provided?** Yes ☐ No ☐

Response:

4. Integration with MU Health Care's ticketing and IT service management systems. **Provided?** Yes ☐ No ☐

Response:

Criterion 7: Implementation, Scalability, and Governance Alignment

(Addresses deployment, project governance, and risk management structure)

MANDATORY

1. Documented, comprehensive, and time-tested implementation methodology (see Additional Information below for providing detailed information). **Provided?** Yes ☐ No ☐

Response:

2. Ability to align project management with MU Health Care's framework. **Provided?** Yes ☐ No ☐

Response:

3. Clear definition of roles and responsibilities between MU and vendor teams. **Provided?** Yes ☐ No ☐

Response:

4. Scalability for multi-site deployment under The Curators of the University of Missouri.

Provided? Yes ☐ No ☐

Response:

5. Compliance with state procurement and contracting regulations. **Provided?** Yes ☐ No ☐

Response:

6. Sandbox/test environment for workflow testing and validation. **Provided?** Yes ☐ No ☐

Response:

DESIRABLE

1. Performance metrics and post-implementation review documentation. **Provided?** Yes ☐ No ☐

Response:

2. Experience supporting large, public, university-affiliated healthcare systems. **Provided?** Yes ☐ No ☐

Response:

ADDITIONAL INFORMATION

1. Provide a comprehensive implementation plan detailing project scope, timeline, resource requirements, training approach, system integrations, testing protocols, go-live methodology, and post-go-live support structure.

Response:

Criterion 8: Strategic Roadmap – Upcoming Initiatives

(Evaluates planned initiatives and innovations and alignment with the organization's long-term goals)

Please provide a roadmap for the next three to five years, outlining planned product and/or service enhancements, key milestones, anticipated release timelines, and a description of how these initiatives will support long-term alignment, innovation, and the sustained success of this engagement.

Response:

ATTACHMENT B
SPECIFICATIONS WITH REQUIRED RESPONSES
IT and Technical, IT Security, HIPAA
RFP 31204 Occupational Medicine and EMR

1.1 SPECIFICATIONS

Most of these specifications will only require a 'Yes' or 'No' selection; however, when applicable, responses should include sufficient detail to demonstrate understanding and methodology.

CRITICAL: A **"No"** to a **"MANDATORY"** item may eliminate the Respondent from further consideration! Please ensure that you thoroughly justify a "No" in your response so that we may consider the reason you are not able to provide the mandatory item, e.g., *"We are developing this and expect to have it by..."*

- **Criterion 1:** Application Specifications (if a "BAA" is required)
- **Criterion 2:** Application Specifications (Security Related)
- **Criterion 3:** Application Specifications (Non-Security Related)
- **Criterion 4:** Documentation That Will Be Requested for Security Review

Criterion 1: Application Specifications (if a "Business Associate Agreement" [BAA] is required)

- Will this solution include any exposure to Protected Health Information (PHI), thus require a "Business Associate" relationship? *(See 'i' on the first from last page for PHI indicators)*
Yes ☐ No ☐ / If "No" select "N/A" for numbers 1. through 5. and reply to number 6.

MANDATORY

- 1. Solutions that require a BAA / Agree to enter a BAA provided by or agreed to by MU Health Care.**

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

- 2. Solutions that require a BAA / Will confirm that any subcontractors who have access to Protected Health Information (PHI) have signed a BAA with the vendor.**

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

- 3. Solutions that require a BAA / "Role-Based Access Controls" (RBAC) must support minimum necessary standard.**

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

- 4. Solutions that require a BAA / The solution meets "User Access Log Requirements" *(see "ii" on last page)***

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

5. ***Solutions that require a BAA*** / Business Associate shall not disclose PHI to a subcontractor not within the borders and jurisdiction of the United States of America without the prior written consent of Covered Entity which may be withheld in its sole discretion.

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

6. ***Solutions that DO NOT require a BAA*** / The solution logs access, modification, deletion, and export of data.

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

Criterion 2: Application Specifications (Security Related)

MANDATORY

1. ***Any Solution*** / Provides evidence of secure coding practices, including framework adoption.

Will Comply: Yes ☐ No ☐

Response:

2. ***Any Solution*** / User accounts can be disabled or deactivated rather than deleted and disabled accounts are not subject to licensing.

Will Comply: Yes ☐ No ☐

Response:

3. ***Any Solution*** / Meets "Authentication Requirements" (see "iii" on last page)

Will Comply: Yes ☐ No ☐

Response:

4. ***Any Solution*** / Solution supports Microsoft Azure's Single-Sign-On through UM System's Azure instance or LDAP.

Will Comply: Yes ☐ No ☐

Response:

5. ***Any Solution*** / Solution supports unique user identification requirement.

Will Comply: Yes ☐ No ☐

Response:

6. **Any Solution** / Vendor utilizes zero trust methodology.

On-prem Servers, Appliances, and Devices (if applicable) must:

- Support residing in an isolated VLAN where inbound and outbound traffic must be allow-listed.
- Support MUHC endpoint detection and response (malware protection).
- Support operating systems that are not end of life support.

Will Comply: Yes ☐ No ☐

Response:

7. **Any Solution** / Solution supports Role-Based Access Controls (RBAC).

Will Comply: Yes ☐ No ☐

Response:

- Select “N/A” for any of the following that this solution will not utilize, and no response would then be required:

8. **Solutions that need to send email where the “from” email address is from a UM domain** (e.g., @health.missouri.edu, @umsystem.edu, @missouri.edu), the solution must support subdomains (e.g., @vendorsolution.health.missouri.edu).

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

9. **Solutions that are fully or partially hosted by the vendor, or where the vendor stores, processes, creates, receives, or transmits MUHC PHI** / All PHI on vendor’s systems and subsystems will be encrypted with industry approved encryption technology.

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

10. **Solutions that are fully or partially hosted by the vendor, or where the vendor stores, processes, creates, receives, or transmits MUHC data** / Vendor will provide evidence of independent audit (SOC 2 Type 2, HITRUST, ISO 27001) where the scope of the audit covers the vendor’s operational practices and technical controls or complete a HECVAT FULL (most recent version). **NOTE:** Independent audit is desired over HECVAT.

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

11. **Solutions that involve medical devices** / A “Manufacturer Disclosure Statement for Medical Device Security” (MDS2) is required.

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

12. ***Solutions that involve a mobile app used by MUHC workforce.*** / Mobile apps must be capable of running under MUHC's Mobile Device Management solutions.

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

13. ***Solutions that involve cloud-based, web-based, or API components.*** / Must provide complete vulnerability scan and penetration testing reports conducted within the past 12 months. **NOTE:** Independent vulnerability scan and penetration test is desired over internal.

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

DESIRABLE

1. ***Solutions that involve cloud-based, web-based, or API components.*** / Supports Allow-Listing of University IP address.

Provided: Yes ☐ No ☐ N/A ☐

Response:

2. ***Solutions that involve desktop application.*** / Desktop application will not require admin privileges to be used by the end user of the application.

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

Criterion 3: Application Specifications (Non-Security Related)

MANDATORY

1. ***Solutions requiring integration with MUHC EMR.*** / Solution supports integration to Oracle Electronic Medical Record (EMR) system.

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

2. ***Solutions requiring the application of “Web Content Accessibility Guidelines” (WCAG)*** / Shall: (1) deliver all applicable services and products in reasonable compliance with University standards WCA Guidelines 2.1, Level AA or above; (2) provide the University with an Accessibility Conformance Report detailing the product's current accessibility according to WCAG standards using the latest version of the Voluntary Product Accessibility Template (VPAT); (3) if accessibility issues exist, provide a “roadmap” plan for remedying those deficiencies on a reasonable timeline to be approved by the University; (4) promptly respond to assist the University with resolving any accessibility complaints and requests for accommodation from users with disabilities resulting from Contractor's failure to meet WCAG 2.1 AA guidelines at no cost

to the University; and (5) indemnify and hold the University harmless in the event of any claims arising from inaccessibility.

Will Comply: Yes ☐ No ☐ N/A ☐

Response:

Criterion 4: Documentation That Will Be Requested for Security Review

1. Any Solution / Provide a general description of how the solution will be used.

- For clinical use, describe what clinical procedures or type of patients.
- For operational use, describe workflows, business processes, or analytic capabilities the solution provides.

Will Provide if Awarded: Yes ☐ No ☐

Response:

2. Any Solution / Where multiple subscriptions and options exist, provide a list specific subscription and options are included in RFP (or reference which document has information).

Will Provide if Awarded: Yes ☐ No ☐

Response:

3. Any Solution / List of all user-facing access points to the solution, such as web portals, mobile applications, or other interfaces. This does not require detailing every individual screen or page. The goal is to provide a clear understanding of each unique method by which users, whether patients, providers, or administrators, can access the system.

Will Provide if Awarded: Yes ☐ No ☐

Response:

4. Any Solution / Network requirements, including, but not limited to firewall rules.

Will Provide if Awarded: Yes ☐ No ☐

Response:

5. Any Solution / Describe solution's backup methodology.

Will Provide if Awarded: Yes ☐ No ☐

Response:

- *Select "N/A" for any of the following that this solution will not utilize, and no response would then be required:*

6. ***Solution will be fully or partially hosted by the vendor, or where the vendor stores, processes, creates, receives, or transmits MUHC data.*** / Recovery Time Objective (RTO) - Specify the maximum acceptable amount of time the solution may be unavailable during a disruption before normal operations are restored in alignment with the RTO.

Will Provide if Awarded: Yes ☐ No ☐ N/A ☐

Response:

7. ***Solution will be fully or partially hosted by the vendor, or where the vendor stores, processes, creates, receives, or transmits MUHC data.*** / Recovery Time Objective (RTO) - Documentation on how the vendor intends to meet and how they have tested the RTO.

Will Provide if Awarded: Yes ☐ No ☐ N/A ☐

Response:

8. ***Solution will be fully or partially hosted by the vendor, or where the vendor stores, processes, creates, receives, or transmits MUHC data.*** / Recovery Point Objective (RPO) – Specify the maximum acceptable amount of data loss measured in time (i.e., the point in time to which data must be restored following a disruption) in accordance with the solution's RPO.

Will Provide if Awarded: Yes ☐ No ☐ N/A ☐

Response:

9. ***Solution will be fully or partially hosted by the vendor, or where the vendor stores, processes, creates, receives, or transmits MUHC data.*** / Must provide complete vulnerability scan and penetration testing reports conducted within the past 12 months. **NOTE:** Independent vulnerability scan and penetration test is desired over internal.

Will Provide if Awarded: Yes ☐ No ☐ N/A ☐

Response:

10. ***Solutions where remote access is needed by the vendor to access servers or devices on MUHC's network.*** / Requirements and options for remote access.

Will Provide if Awarded: Yes ☐ No ☐ N/A ☐

Response:

11. ***Solutions requiring Application Registrations or service accounts.*** / Documentation of Azure Application Registrations or service accounts, including permissions that are needed.

Will Provide if Awarded: Yes ☐ No ☐ N/A ☐

Response:

12. ***Solutions that require desktop software to be installed.*** / Inventory of desktop-based software, modules, or add-ons, with documentation on what permissions are needed to install or run the application.

Will Provide if Awarded: Yes ☐ No ☐ N/A ☐

Response:

- 13. *Where the vendor intends to de-identify and use MUHC's data.*** / Documentation of intended use of MUHC's de-identified data. Include detailed description of how the data will be de-identified and if the vendor will be maintaining a mapping table (to re-identify a record) to the de-identified dataset.

Will Provide if Awarded: Yes ☐ No ☐ N/A ☐

Response:

i Business Associate Agreement (PHI Indicators)

If the services requested by MUHC via this RFP require the respondents to use and/or disclose protected health information (PHI), a "Business Associate" relationship exists. The following 19 identifiers, together or individually, may constitute PHI:

1. Names,
2. All geographic subdivisions smaller than a state
 - (e.g. street address, city, county, precinct, zip code),
3. All dates related to the individual
 - (e.g. date of birth, admission date, discharge date, date of death),
4. Telephone number,
5. Fax number,
6. Electronic mail addresses,
7. Social Security Number {SSN},
8. Medical record number,
9. Health plan numbers,
10. Account numbers,
11. Certificate or license numbers,
12. Vehicle identification/serial numbers, including license plate numbers,
13. Device identification/serial numbers,
14. Universal resource locators (URL's),
15. Internet protocol (IP) addresses,
16. Biometric identifiers,
17. Full face photographs and comparable images,
18. Genetic information, or
19. Any other unique identifying number, characteristic or code.

ii User Access Log Requirements

Record Access – when a user views the single record or partial record of an individual within the solution.

List Access – when a user views PHI presented in a list view (i.e., list of patients scheduled that day, list of patients based on search).

- The solution creates audit logs on the following:
 - When a user authenticates (login) to the solution.
 - When a user creates, modifies, or deletes a user of the solution.
 - When a user accesses, creates, modifies, or deletes PHI of an individual (**Record Access**).
 - When a user views PHI of individuals (List Access).
 - When a user exports PHI (e.g., creates a report, exports data to Excel or CSV).
- Logs contain the following information:
 - User identifier such as username.
 - Description of action.
 - Date and time of action.
 - Description of data accessed or reference window name (e.g., demographics, lab results, clinical note).
 - Identifier of patient(s) (e.g., name, patient ID number, or medical record number).
 - For **List Access**, having the ability to determine which patients were displayed when the user accessed the list would be an acceptable compensating control with confirmation from the vendor that the report was thorough and accurate.
- Access to Audit Logs: Customer can access the above-mentioned audit logs via the application.
- Log Retention: The above-mentioned audit logs are available for no less than 12 months.
- Log Integrity: Vendor implements protections to ensure that audit logs cannot be modified by the customer or vendor.

iii Authentication Requirements

The solution must support one of the following authentication methods:

- Single Sign-On (SSO) via the UM System's Microsoft Azure instance
- Integration with the UM' Systems LDAP directory
- Application-based authentication that meets the criteria outlined below

If using application-based authentication, the solution must:

- Support multi-factor authentication (MFA) using an authenticator app
- Alternatively, support email or SMS-based MFA combined with IP allow-listing

If the application is internet-accessible and hosted by the vendor:

The vendor must confirm that login activity logs are actively monitored for suspicious access attempts.

ATTACHMENT C
MBE/WBE/SDVE PARTICIPATION FORM

Evaluation of Supplier's MBE/WBE/SDVE Participation: If a Respondent is proposing participation by a Minority Business Enterprise (MBE), Women Business Enterprise (WBE), or Service-Disabled Veteran Enterprise (SDVE), in order to receive evaluation consideration for participation by the MBE/WBE/SDVE, the Respondent must provide the required information with the proposal. Information not included with the proposal will not be considered in scoring.

MBE/WBE Evaluation: The Respondent's proposed MBE/WBE participation will be considered in the evaluation process as follows:

- a. If Participation Meets or Exceeds Target: Respondents proposing MBE and/or WBE participation percentages that meet or exceed the target participation percentage of 10% for MBE and 5% for WBE shall be assigned the maximum stated MBE/WBE Participation evaluation points.
- b. If Participation Below Target: Respondents proposing MBE and/or WBE participation percentages that are lower than the target participation percentages of 10% for MBE and 5% for WBE shall be assigned a proportionately lower number of the MBE/WBE Participation evaluation points than the maximum MBE/WBE Participation evaluation points.
- c. If No Participation: Respondents failing to propose any commercially useful MBE/WBE participation shall be assigned a score of 0 in this evaluation category.

SDVE Evaluation: The respondent must either be a SDVE or must be proposing to utilize a SDVE as a subcontractor and/or supplier that provides at least three percent (3%) of the total contract value. If the Respondent proposing a SDVE participation percentage meets or exceeds three percent (3%) of the total contract value and provides the required documentation identified herein, then the Supplier shall be assigned the three (3) bonus points.

MBE/WBE/SDVE Commitment: If the Respondent is awarded a contract and the Respondent received points for the MBE/WBE/SDVE participation in the evaluation, the percentage level of MBE/WBE/SDVE participation committed to by the Respondent shall be a contractual requirement.

Spending with MBE/WBE/SDVE Companies: If you are a certified MBE, WBE, SDVE, as defined in the Instructions to Respondents, section #9, please check the appropriate selection below and provide evidence of certification.

Minority Business Enterprise	_____
Women Business Enterprise	_____
Service-Disabled Veteran Business	_____
None of the Above	_____

MBE/WBE/SDVE Certified in Missouri: Are you a MBE/WBE/SDVE certified by the State of Missouri, Office of Administration? YES _____ or NO _____

If YES was checked above as being a certified MBE/WBE by the State of Missouri, Office of Administration, provide the name of the MBE/WBE the certificate is under and the certification number. _____

If YES was checked above as being a certified SDVE by the State of Missouri, Office of Administration, provide the name of the SDVE your certificate is under. _____

If you are not a certified MBE/WBE/SDVE, are you willing to commit to using one or more certified MBE/WBE/SDVE companies in the performance of this contract if awarded? If yes, please explain the nature of the participation by each MBE/WBE/SDVE and provide the percentage of the contract value that will be attributable to such MBE/WBE/SDVE and evidence of certification.

- Yes: ____ Nature of Participation: _____ Percentage: ____

-----THIS FORM MUST BE SUBMITTED WITH THE RESPONSE-----



ATTACHMENT D
PHYSICIAN SELF-REFERRAL QUESTIONNAIRE

Section I – Company Ownership

1. Is your company a publicly traded stock company with more than \$75 million in stockholder equity? NO: _____ YES: _____
2. Is your company a public agency? NO: _____ YES: _____

Section II – Physician Relationship

For purpose of answering these questions, the term “immediate family member” means the following individuals: husband or wife; natural or adoptive parent, child or sibling, stepparent, stepchild, stepbrother or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, grandparent or grandchild, and spouse of a grandparent or grandchild.

1. Is your company owned or governed in whole or part by a physician (or an immediate family member of a physician) who may refer patients or treat patients at a MU Health Care facility? NO: ____ YES: ____
2. Is your company owned or governed in whole or part by any person (other than a physician or immediate family member of a physician) who may refer patients to a MU Health Care facility? NO: _____ YES: _____
3. Does your company employ or contract with a physician (or an immediate family member of a physician) who may refer patients or treat patients at a MU Health Care facility? NO: _____ YES: _____
4. Does your company have compensation arrangements with a physician (or an immediate family member of a physician) that vary with or take into account the volume or value of referrals or other business generated by the physician for a MU Health care facility? NO: _____ YES: _____

If you answered “Yes” to any of the questions 1-4 of Section II, please provide the applicable physician’s name(s), the person(s) who refers patients to the health care facilities, the name(s) of the health care facilities, and if applicable, the name(s) of the immediate family members of the physicians or other person.

I represent the answers provided herein are truthful and accurate as of the date of my signature below. I agree to immediately notify the Director of MUHC Supply Chain Operations at 2910 LeMone Industrial Blvd., Columbia, MO 65201 of any changes in the above disclosed information.

Company Name

Signature

Date

Print Name

Title

University of Missouri

Information Security Requirements

Vendors must demonstrate compliance with the security criteria listed below by responding in writing to every statement and question in the identified categories. Validation of the answers provided by the vendor may be conducted during the review/audit process. Any erroneous information could limit the vendor's ability to finalize implementation of a new solution or place a hold on continued use of a current solution. Vendors are expected to maintain an awareness of the laws and regulations applicable to the use of the solution in a University environment.

Data Classification

LINKS: <https://www.umsystem.edu/ums/is/infosec/classification> <https://www.umsystem.edu/ums/is/infosec/classification-definitions>

The University uses a "Data Classification System" (DCS) to assign "Data Classification Levels" (DCL) for all University owned or hosted IT-based systems. This system will have a DCS Level of 4. Security requirements for the DCS can be found at: <https://www.umsystem.edu/ums/is/infosec/classification> & [../classification-definitions](https://www.umsystem.edu/ums/is/infosec/classification-definitions) (links above). The University of Missouri reserves the right to periodically audit any or all hardware and/or software infrastructure provided by the vendor to ensure compliance with industry standards and best practices as well as the requirements of the University's DCS. When applicable, the University of Missouri requires compliance with the Health Insurance Portability and Accountability Act (HIPAA), FERPA, GLBA, PCI specifications, and all other applicable state, local and federal laws and regulations.

The University considers security to be an ongoing responsibility and as a result, these information security criteria are subject to additions and changes without warning. When appropriate, the vendor will be expected to work in good faith with the University to maintain compliance with new laws and regulations and/or to improve the security of the solution.

Compensating Controls and Descriptions

All statements and questions below are mandatory unless they are not applicable. The vendor must clearly explain why a given question is not applicable. For all other questions, if a requirement cannot be met, the vendor still has an opportunity to meet the requirement by the use of compensating controls. Compensating controls must be described in full in the appropriate column, including a full explanation of the compensating control detailing how the control meets the intent of the original question. In some instances, the University has requested that the vendor provide a description to accompany their response to a particular statement or question below. Descriptions are requested when a "Meets or Exceeds" answer alone could be deceptive without further detail.

When more room is needed to fully explain the compensating control or provide further detail, attachments can be included so long as such attachments are labeled and cross-referenced in the "Comments or Explanations of compensating controls" column. The University has the sole right to determine if a proposed compensating control is acceptable and if the details provided describe a solution that truly meets or exceeds the University's needs.

Vendor/Product Information (MUST BE COMPLETED)

Vendor Name and Contact Information
Product Name and Brief Description

Does this solution store and/or transmit any of the following types of restricted and/or highly restricted data? Check all that apply.

___ Protected Health Information (PHI); ___ Payment Card Industry (PCI); ___ Gramm-Leach-Bliley Act (GLBA); ___ Social Security Numbers (SSN); ___ Federal Educational Rights & Privacy Act (FERPA)

___ Biometric Data (fingerprints, handprints, etc.); ___ Personally Identifiable Information (PII); ___ Intellectual Property; ___ Confidential Research

Vendor represents and warrants that their responses to the above questions are accurate and that the system configuration will continue to conform to these answers unless mutually agreed upon by the University and the Vendor. Vendor further agrees to work with the University in good faith to maintain compliance with new laws and regulations and/or to improve the security of the system.

Agreed this _____ day of _____, 20__

Company Name

Signer's Name and Title

Signature

University of Missouri

Information Security Requirements

Requirements	This is DSC Level 4	Meets "X"	Does Not Meet "X"	Comments/Compensating Control
1. The vendor must acknowledge and agree to allow the University, at its discretion, to inspect/assess all or portions of the proposed solution prior to placing the system into production. The University does not need the vendors "code" to perform such assessments, however, the University will use web application (IBM AppScan, HP WebInspect) and network vulnerability tools (Nessus) in coordination with the vendor's technical team when appropriate. The results of the assessment(s) will be provided to the University customer (i.e., the department) and to the vendor.	All			
1.a The vendor must agree to remediate high risk security vulnerabilities that are identified by such assessments within a reasonable time frame and at no cost to the University. Medium and low risk vulnerabilities should also be remediated but will be scheduled for remediation based on a mutually agreeable timeframe. (This applies to generally accepted security vulnerabilities within the industry, NOT changes or modifications that would be considered customer-requested improvements or functionality enhancements.)	All			
2. Upon request, details of any third party reviews related to industry or regulatory compliance must be made available for University review. Vendor MUST include third party web application and server vulnerability and/or penetration tests if available. Redacted reports are acceptable. Please check all that are available: ___ SOC2 Report; ___ HiTrust Certification; ___ Other; ___ None available	DCL3 and DCL4			
3. Vendor must comply with applicable industry standards and best practices for system administration and application development (i.e. OWASP). Indicate which industry standards are utilized by the vendor.	All			
4. If applicable, Payment Card Industry - Data Security Standard (PCI-DSS) or Payment Data Security Standard (PA DSS) compliance is required. The vendor can comply with this item if it has attained PCI certification for the overall set of products/services being proposed or by having one or more system implementations that are currently PCI certified. Provide evidence of such certification attached to the response. If available, the vendor must provide a guide for PCI-compliant implementation of their product.	DCL4			

University of Missouri

Information Security Requirements

Requirements	This is DSC Level 4	Meets "X"	Does Not Meet "X"	Comments/Compensating Control
Authentication, Authorization and Password Security				
1. The University requires that the vendor allow authentication to their system through existing University authentication methods. For on-campus systems, Shibboleth/SAML2.0 (preferred) or Microsoft Active Directory (AD) is required. For vendor-hosted systems, Shibboleth/SAML 2.0 (SP initiated) is required. Vendor must provide their Shibboleth/SAML 2.0 integration documentation. Please check all that are supported: ___ Windows AD; ___ LDAP; ___ Shibboleth/SAML 2.0; ___ Other	DCL2 , DCL3 and DCL4			
2. For vendor-hosted systems that are unable to implement or are not required to use Shibboleth/SAML 2.0 (SP initiated) at the University's discretion, the vendor must meet the following University Password Standards: • Passwords requirements must be enforced and meet the University Password Standard https://www.umsystem.edu/ums/is/infosec/standards-password. • Passwords must be stored in a manner such that they are not decryptable. (This usually means a one-way hash and salt). • Password recovery mechanisms must be in place for users who forget their password. • The authentication session must be encrypted. (HTTPS for web applications). • Support for SSL v2/v3 and TLS 1.0 must be disabled. Only TLS 1.2 should be supported, 1.1 if necessary.	DCL2 , DCL3 and DCL4			
Application Security				
1. The database must be segregated from front-end systems (i.e web and application servers.) Please describe how this is accomplished.	DCL3 and DCL4			
Cryptography/Encryption				
1. Except for the viewing of static Web pages, the vendor must ensure that all other transmissions to and from the system, including file transfers, data in process, authentication mechanisms, end-user and administrator access, etc. are handled via encrypted protocols.	All			
2. Any data stored at rest on a hard drive, on a file server and/or in a database MUST be encrypted or granted an exception by the appropriate Information Security Officer at https://www.umsystem.edu/ums/is/infosec/admin/	DCL4			

University of Missouri

Information Security Requirements

Requirements	This is DSC Level 4	Meets "X"	Does Not Meet "X"	Comments/Compensating Control
Answer These Additional Questions If The Proposed Solution Will Be Vendor Hosted				
1. The vendor must immediately disable all or part of the system functionality should a security issue be identified.	All			
2. The University requires notification of actual or suspected security incidents/breaches within 24 hours of the vendor's first knowledge of such an event.	All			
3. The proposed solution must be behind a firewall to protect and limit access to the system.	DCL3 and DCL4			
4. The vendor must ensure that University of Missouri owned or provided data is segregated and protected from other customers. Please describe how this is accomplished.	All			
5. The vendor must always change vendor-supplied defaults before installing a system on the network.	All			
6. The vendor must remove or disable unnecessary default accounts before installing a system on the network.	All			
7. The vendor must prohibit group, shared, or generic accounts, passwords, or other authentication methods as follows: • Generic user IDs and accounts are disabled or removed; • Shared user IDs for system administration activities and other critical functions do not exist; and • Shared and generic user IDs are not used to administer any system component.	All			
8. The vendor must configure user password parameters to require passwords meet the following: • Minimum password length of 8 characters • Contain both alphabetic and numeric characters	All			
9. The application/system/environment must be monitored consistently (24x7) for integrity and availability. Data center is hosted by: ___ Vendor; ___ Third party (please specify)	All			
10. The system must provide user access logs: • Will you provide on-line access to query the logs?; • If not, can you SFTP the log to our Splunk instance?; • If not, can you provide a report on a schedule or on demand?; • What security events are logged?; • How long are access and security logs retained?; • Describe backup recovery and resiliency of information system; and • Do logs contain ePHI? If yes, which identifiers are collected?	DCL3 and DCL4			

**ATTACHMENT PA
PROPOSAL AGREEMENT**

RFP 31204 Occupational Medicine and EMR

By signing below:

- We have thoroughly examined the Scope of Work, and being familiar with the requirements, hereby agree to furnish all labor, supplies, licenses, and fees to offer the services as stipulated and set forth herein.
- We agree that this Proposal may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for the receipt of Proposals.

By signing below, the representatives of this firm hereby certify that:

- The Proposal is genuine and is not made in the interest of or on behalf of any undisclosed person, firm or corporation, and is not submitted in conformity with any agreement or rules of any group, association or corporation.
- We have not directly or indirectly induced or solicited any other firm to put in a false or sham proposal.
- We have not solicited or induced any person, firm, or corporation to refrain from proposing.
- We have not sought by collusion or otherwise to obtain for themselves any advantage over any other firm or over MUHC.
- To the best of our knowledge and belief, we or our principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency in accordance with Executive Order 12549 (2/18/86).
- In connection with the furnishing of equipment, supplies, and/or services under the contract, the supplier and all subcontractors shall not discriminate against any recipients of services, or employees or applicants for employment on the basis of race, color, national origin, ancestry, religion, sex, pregnancy, age, disability, protected veteran status, or any other status protected by applicable state or federal law.

By signing below, the representatives of this firm declare that:

- We have received amendment(s) **0** through **0**.
- We had an opportunity to inquire about any uncertainties and have a general understanding of the requirements of this project.
- We have carefully prepared this Proposal, and the cost of the services required is accurate.
- All information submitted in this Proposal is correct and it contains no falsified records.

Respectfully submitted by:

Authorized Signature	Date
Printed Name	Title
Company Name:	
Mailing Address:	
City, State, Zip:	
Phone Number:	Fed Employer ID No:
Fax Number:	E-Mail Address:
Number of calendar days delivery after receipt of order: _____	Payment Terms: _____ Net 30 is default. Early pay discounts encouraged.
Select Payment Method: SUA ACH Check	
Type of Business: Individual Partnership Corporation Other: __	
If a corporation, incorporated under the laws of the State of:	
Licensed to do business in the State of Missouri: ☐ Yes ☐ No	
Business headquarters located in Missouri: ☐ Yes ☐ No	
Maintains a regular place of business in the State of Missouri: ☐ Yes ☐ No	

RFP 31204

Occupational Medicine and EMR

Request for Proposals

VOLUME II

Required Submittal

(Financials)

Attachment FW: “Financial Worksheet”

**ATTACHMENT FW
FINANCIAL WORKSHEET**

RFP 31204 Occupational Medicine and EMR

Important: This is a sample Pricing Worksheet. You may modify this or submit an alternate worksheet, but either way this must be comprehensive and inclusive of all expenses over the anticipated term of this contract.

NOTE: The initial contract term shall be five (5) years. Beginning with year three (3), the contract shall continue to automatically renew on an annual basis unless either party provides written notice of non-renewal in accordance with the requirements set forth in the executed agreement.

Please provide pricing details for each of the following items:

a. Total Year 1 Total Estimated Cost \$ _____

Year 1 Itemization

- | | |
|-------------|----------|
| i. _____ | \$ _____ |
| ii. _____ | \$ _____ |
| iii. _____ | \$ _____ |
| iv. _____ | \$ _____ |
| v. _____ | \$ _____ |
| vi. _____ | \$ _____ |
| vii. _____ | \$ _____ |
| viii. _____ | \$ _____ |
| ix. _____ | \$ _____ |

b. Maintenance & Support Year 2 \$ _____

c. Maintenance & Support Year 3 \$ _____

d. Maintenance & Support Year 4 \$ _____

e. Maintenance & Support Year 5 \$ _____