

**INVITATION FOR BIDS**  
**IFB #HCCN-2019-01**

Issue Date: March 15, 2019

Title: Health Center Controlled Network Services

Issuing Organization: Virginia Community Healthcare Association  
3831 Westerre Parkway, Suite 2  
Henrico, VA 23233

Using Organization: Virginia Community Health Care Association Health Center  
Controlled Network

Contract Period: August 1, 2019 – July 31, 2020 (1 year) with two (2) additional successive one (1) year renewable options. Funding for Years 1 – 3 are contingent upon funding from the Health Resources and Services Administration.

Sealed bids will be received until 3:00 p.m. on Friday, April 29, 2019, for furnishing the services described herein. No proposal will be accepted after this date and time unless the time or date is modified by addendum.

The Virginia Community Healthcare Association does not discriminate against faith-based organizations or an Offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state and Federal law relating to discrimination in employment.

In compliance with this Invitation for Bids and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

Name and Address of Firm:

By (signature in ink):  
Title:  
Phone:

Date:  
Email:  
Website:

## **PURPOSE**

The intent and purpose of this Invitation for Bids (IFB) is to solicit sealed proposals from qualified sources to establish a contract through competitive negotiation for the purchase of services to support FQHCs and Look-Alikes in Virginia to leverage health IT to increase their participation in value-based care through 1. Enhancing patient and provider experiences; 2. Advancing interoperability; and 3. Using data to enhance value.

**NOTE: Award amounts for this IFB will not exceed the maximum amount of \$610,000.**

## **BACKGROUND**

The Virginia Community Healthcare Association, Inc. (Association) is a not-for-profit statewide health center controlled network (HCCN) and primary care association (PCA) of 26 Federally Qualified Health Centers (FQHCs) and similar organizations operating 138 sites in Virginia. The Association provides a number of services to its members with the goal of increasing access to health care for all Virginians.

For nearly 40 years, the Association has provided training and technical assistance services to FQHCs in areas such as health system change, Patient-Centered Medical Home, clinical/staff development, recruitment and retention services, board and executive development, and financial training. The Association has also worked with communities throughout Virginia that have sought to start an FQHC. Additional information on the Association and programs may be obtained on the Association's website at [www.vacommunityhealth.org](http://www.vacommunityhealth.org).

The Association in its work as an HCCN is responsible for helping FQHCs in Virginia fulfill the Federal Health IT Strategic Plan 2015-2020 goals to 1) advance person-centered health and self-management, 2) transform health care delivery and community health, 3) foster research, scientific knowledge and innovation, and 4) enhance the United States IT infrastructure. Specifically, the Association will improve health centers' ability to use EHRs and other health IT tools to organize and analyze data, communicate clinical information, coordinate care, and improve quality of care.

## **ADMINISTRATION**

**Overview.** This IFB was developed to provide potential Offerors with the information required to prepare proposals. This section outlines the administrative procedures and guidelines for preparing a proposal. Nothing in this IFB constitutes an offer or an invitation to contract.

**Liability.** The issuance of this document and the receipt of information in response to this document will not cause the Association to incur any liability or obligation, financial or otherwise, to any Offeror. The Association assumes no obligation to reimburse or in any way compensate an Offeror for expenses incurred in connection with its proposal.

**Nondisclosure.** All proposal information will be treated as confidential prior to contract award and will not be disclosed except as required by law or by court order.

**Proprietary Information.** The Association reserves the right to use information submitted in response to this document in any manner it may deem appropriate in evaluating the fitness of the solution(s) proposed. Ownership of all data, materials, and documentation originated and prepared for the Association pursuant to this IFB shall rest exclusively with the Association.

The Offeror must provide as a separate appendix to its proposal a list of all pages in the proposal that contain proprietary information and the reason it deems such information proprietary. Only pages referenced in that list will be treated as proprietary. The classification of an entire proposal as proprietary or trade secret is not acceptable and may be deemed non-responsive.

## **PROPOSAL PREPARATION AND SUBMISSION INSTRUCTIONS**

### **General Instructions**

**Proposal Protocol.** To be considered for selection, an Offeror is to submit a complete response to this IFB no later than 3:00 p.m. on Friday, April 29, 2019

Original, hardcopy proposals shall be bound with tabs delineating each section. Offeror shall submit its proposal as follows:

- 1 complete original and 5 complete copies, bound
- Proposals should be submitted through either U.S. Mail, Courier Service, or Hand Delivery to the following location:

Virginia Community Healthcare Association  
ATTN: Lara D'Antonio  
3831 Westerre Parkway, Suite 2  
Henrico, Virginia 23233

- All proposal materials are to be provided in either Microsoft Word or Excel.
- A proposal submitted for consideration should be clearly marked on the outside cover of all envelopes, CDs, boxes, or packages with the following:

Name of Offeror  
Street Address  
City, State, Zip  
Proposal due at 3:00 p.m. on Friday, April 29, 2019  
IFB Number – HCCN-2019-01

- The proposal is to be signed by an authorized representative of the Offeror.

If a proposal is submitted to the Association and is not clearly marked as described above, the Offeror takes the risk that the package may inadvertently be opened and compromised which may cause the proposal to be disqualified. Hand delivered proposals should be delivered to the 1st-floor

reception center of the office issuing the solicitation. No other proposals or correspondence should be contained in the package.

Proposals should be prepared and organized as indicated in the section, **Specific Instructions**, providing a concise description of capabilities to satisfy the requirements of the IFB. Emphasis should be placed on completeness and clarity of content.

**Single Point of Contact.** Offerors shall submit all inquiries concerning this IFB in writing by email, with the subject line: Questions on **IFB NUMBER HCCN-2019-01** to:

SPOC: Lara D'Antonio

Email: [ldantonio@vacommunityhealth.org](mailto:ldantonio@vacommunityhealth.org)

The Association cannot guarantee a response to questions received less than three (3) working days prior to the proposal due date.

**Offerors are to limit all contact**, whether oral or written, about this IFB to the designated SPOC for the duration of this proposal process.

**Qualifications of Offerors.** The Association may make such reasonable investigations as deemed proper and necessary to determine the ability of the Offeror to perform the services/furnish the goods, and the Offeror shall provide to the Association all such information and data for this purpose as may be requested. The Association reserves the right to reject any proposal if the evidence submitted by, or investigations of, such Offeror fails to satisfy the Association that such Offeror is appropriately qualified to carry out the obligations of the contract and to provide the services and furnish the goods contemplated therein.

**Testing and Inspection.** The Association reserves the right to conduct any test/inspection it may deem advisable to assure goods and services conform to specifications.

**Interaction with the Association.** Within the first 30 days of the contract award, the contractor will meet with the Association to review all processes and procedures affecting the program(s) for which services are to be provided.

The Association and the contractor shall meet a minimum of four (4) times during the one-year term of the contract. Either party may request additional meetings, in the event of unusual or unanticipated circumstances.

**FQHC Information.** FQHC information shall be considered confidential and shall not be collected or released except in accordance with the Data Agreement signed by the Association and FQHCs.

**Offeror Acceptance Period.** Any offer in response to this solicitation shall be valid for 180 days. At the end of the 180 days, the offer may be withdrawn at the written request of the Offeror. If the offer is not withdrawn at that time, it remains in effect until an award is made or the solicitation is canceled.

**Contract Period.** August 1, 2019, through July 31, 2020 (1 year) – with two (2) additional IFB #HCCN-2019-01

successive one (1) year renewal options. Funding for Years 1 – 3 are contingent upon funding from the Health Resources and Services Administration.

**References and Résumé.** Offerors shall provide a list of at least three business references other than the Association or member of the Association, where similar goods or services have been provided. Each reference shall include the name of the organization, the complete mailing address, the name of the contact person, telephone number, and email address.

**Proposal Preparation.** Failure to submit all information may cause the Association to require prompt submission of missing information, reduce the evaluation of the proposal, or to reject the proposal as non-responsive. The Association at its discretion may reject proposals which are substantially incomplete or lack key information.

Responses shall be organized according to the sections outlined in the “Specific Instructions” subsection below (referenced by Tabs 1 through 7). The Offerors proposal shall include a Table of Contents that cross-references said sections. All pages of the proposal shall be numbered.

**Note: Offeror may propose to perform one or more services**

*Responses may be prepared using text from this electronic Microsoft Word IFB document; however, Offeror shall make no change, modification, or alternation to the IFB text or format. For clarity, it is preferred that the responses immediately follow the IFB item, using a font color other than black.*

**Specific Instructions**

Offerors are required to submit the following items as a complete proposal. Proposals should be as thorough and detailed as possible so that the Association may adequately evaluate the Offerors capabilities to provide the required services. The information shall be placed and sequentially ordered behind the designated tabs.

If the information is requested behind one tab that has been addressed in another area, Offerors may refer to the location of the information rather than repeating the information.

Tab 1	<b>IFB, Addenda, and Certification Regarding Lobbying.</b> 1. The signed IFB in its entirety; 2. Any issued Addenda acknowledgements; 3. Signed Certification Regarding Lobbying; and 4. Proof of Registration in SAM.GOV
Tab 2	<b>Organization.</b> Provide detail of organizational structure, length of time in business providing this type of service, primary and secondary business activities, including any relationships to the parent of subsidiary organizations. Offerors should disclose any relationships which could produce a conflict of interest.

Tab 3	<p><b>Personnel and Contacts.</b></p> <ol style="list-style-type: none"> <li>1. Provide the names, qualifications, expertise of personnel assigned to provide the proposed services, and the percentage of time designated to the project.</li> <li>2. Include résumé of management staff to be assigned to the project under Tab 4</li> <li>3. Include contact information for the above including name, title, organization, address, telephone number, fax number, and email address.</li> <li>4. Contact person(s) who are responsible for coordinating the Offeror's response to this IFB.</li> <li>5. Persons who are authorized to act on behalf of the Offeror and bind the Offeror to all commitments made in the proposal and subsequent negotiations.</li> </ol>
Tab 4	<p><b>References and Résumé.</b> Place the references, résumé, and requested contact information here.</p>
Tab 5	<p><b>Costs by Services</b> Identify the costs to perform the services. Offeror may bid on one or more services.</p> <ol style="list-style-type: none"> <li>1. Costs must be on the signed Offeror Pricing Sheet (ATTACHMENT B)</li> <li>2. Detailed Budget Justification (ATTACHMENT C)</li> </ol>
Tab 6	<p><b>Written Narrative and Response to Statement of Needs.</b></p> <p>*Provide a brief overview clarifying your firm's understanding of the goals and objectives of this IFB and why you feel your firm and your proposal would be the "best fit" for the Association. Also, provide a narrative for:</p> <p>*Experience and expertise (as applicable) in</p> <ul style="list-style-type: none"> <li>• Enhancing data reporting and analysis;</li> <li>• Participating in a Health Information Exchange (HIE);</li> <li>• Improving patient engagement;</li> <li>• Reducing provider burden;</li> <li>• Consulting on quality improvement activities;</li> <li>• Enhancing interoperability;</li> <li>• Improving data protection, including privacy, security and cybersecurity;</li> <li>• Using health IT to address emerging issues (e.g., telehealth to provide substance use disorder services; and</li> <li>• Designing training, technical assistance, and evaluation materials/tools</li> </ul> <p>*Procedures for delivering the services required in the section, <b>Statement of Needs.</b></p> <p>*Statement that ensures all services/activities related to the Health Center Controlled Network are provided to all 26 HCCN participants (FQHCs) free of charge and regardless of the type of EHR system used by FQHCs</p> <p>*Provision of the firm's Continuity of Operations Plan (COOP), primarily the vital records storage/recovery and essential service continuity plan. Demonstrate how the company will handle disaster recovery including how the company will ensure reliable access to business data.</p>

Tab 7	<p><b>Additional Information.</b> Place any additional information that you wish to present that is pertinent to the IFB but that does not fall within any of the requirements of the IFB.</p>
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**EVALUATION AND AWARD CRITERIA**

**Evaluation Criteria.** Proposals will be evaluated by the Association using an independent review committee using the following criteria:

<u>Points</u>	<u>Criteria</u>
20	Cost to the Association for the proposed services and reasonableness of proposed budget
25	The adequacy and quality of the customer service described for providing the services to all 26 FQHCS free of charge
20	The Offerors experience in providing the proposed services
15	The qualifications, expertise, and experience of the personnel providing the requested services
5	References
15	The efficient use of technology in the delivery of the proposed services
100	Total points

**Award Criteria.** Those Offerors whose proposal received a qualifying score from the Association will be asked to continue in a negotiation process. The Association may negotiate any response proposed by the Offeror, including price. However, no Offeror is guaranteed an opportunity to supplement or improve its initial proposal. Each Offeror is encouraged to ensure that its initial proposal contains and represents its best offering. After negotiations have been conducted, the Association shall select the proposal(s) that (is/are) the best overall match to its comprehensive requirements for this project.

The acceptance of a proposal is contingent upon the execution of a written agreement, and the Association shall not be contractually bound to any Offeror prior to the execution of a definitive written contract.

No award shall be made pursuant to this solicitation to any Offeror who, as of the date of award, appears on any of the Lists of Parties Excluded from Federal Procurement and Non-procurement Programs. Any Offeror awarded a contract pursuant to this solicitation who becomes a party excluded from Federal Procurement, and Non-procurement Programs is hereby notified that its status as such a party shall be grounds for termination of its contract.

**NOTICE OF AWARD**

Selection shall be made of Offerors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the IFB, including price if so stated in the IFB. Negotiations shall be conducted with the Offerors so selected. Costs shall be

considered, but need not be the sole determining factor. After negotiations have been conducted with each Offeror so selected, the agency shall select the Offeror which, in its opinion, has made the best proposal, and shall award the contract to that Offeror. The Association may cancel this IFB or reject proposals at any time prior to an award, and is not required to furnish a statement of the reasons why a particular proposal was not deemed to be the most advantageous. Should the Association determine in writing and at its sole discretion that only one Offeror is fully qualified, or that one Offeror is more highly qualified than the others under consideration, a contract may be negotiated and awarded to that Offeror. The award document will be a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the contractor's proposal as negotiated.

## **STATEMENT OF NEEDS**

Twenty-six Federally Qualified Health Centers (FQHCs) in Virginia operate approximately 138 sites. Currently, 24 FQHCs use eClinicalWorks EHR. One health center uses Greenway, and another uses CompuGroup.

In November 2018, the Association conducted a needs assessment of FQHCs. As a result, the following needs were identified.

Patient and Provider Experiences. The majority of the FQHCs have indicated that 50% of their patients had not accessed patient portals and 71% reported that at least 30% of patients had not used any digital tool to communicate health information with their providers within the last 12 months.

FQHCs also stated that they used patient satisfaction surveys, flexible work weeks, and provider meetings to improve satisfaction/prevent burnout. Because the providers did not complete the needs assessment, the notion that providers are satisfied at their workplace may be biased.

Advancing Interoperability. While the majority of FQHCs have completed a security risk assessment, only a little over half have implemented breach mitigation and response plan. Training and technical assistance for FQHCs is necessary to ensure breach mitigation and response plans are developed and implemented.

According to the 2017 Uniform Data Services Report (UDS) for Virginia, 22 out of 26 PHCs exchanged clinical information electronically with other providers and health care settings such as hospitals, subspecialty clinicians and emergency rooms.

Using Data to Enhance Value. Though more than 85% of PHCs use dashboards and standard reports to inform value-based care activities, only 44% indicated they used health IT to support coordinated interventions. There is room for improvement in these areas.

Health IT and Data Related Barriers. Many people interact with patient data before, during, after, and between office visits such as providers, front office staff, coders, billers, clinical support staff, and even patients themselves. Templates and macros are designed to improve the efficiency of provider documentation but if not thoroughly reviewed can increase the potential for errors. Information may also be documented in the wrong area of the note, or non-structured data can be



entered. In either case, over or under-coding of provided services can occur and lead to denied claims, audits, or even fraud allegations.

FQHCS have expressed that time away from the office by providers and staff can adversely affect productivity. Because of this concern, attendance at trainings by support staff and especially by providers is often low.

FQHCs have also noted in past surveys and anecdotally that they do not have adequate staffing, time, or resources to support their health IT needs on-site. Resistance to change by patients and providers in the use of health IT is also a barrier.

## **GENERAL TERMS AND CONDITIONS**

**Purpose.** The purpose of these standards is to provide safeguards to prevent contractors of the Association from using their position for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others such as those with whom they have family, business or other ties.

**Financial Interests.** No consultant of the Association may participate in the selection, award or administration of a contract in which federal funds are used, in which he or his immediate family or partner has a financial interest or with whom he/she is negotiating or has any arrangement concerning prospective employment.

The Association requires that all consultants disclose in writing all business and family relationships which might potentially create a conflict of interest.

**Competition.** It is the policy of the Association to conduct all procurement transactions in a manner to provide, to the maximum extent practical, open and free competition. The Association will be sensitive to and seek to avoid organizational conflicts of interest or non-competitive practices among contractors. Consultants who want to bid for a contract from the Association are prohibited from drafting the contract's specifications, Invitations for Bids, and the like. Awards will be made to the bidder whose bid is responsive to the solicitation and most advantageous to the Association, price and other factors considered.

The Association always retains the right to reject all bids when it is in the Association's best interest to do so.

The Association retains the right to determine, with respect to any particular procurement, that sole-source procurement is justified.

**Bribery.** The Association will immediately terminate the contract of any consultant or contractor found to have offered or accepted a bribe to secure funding from the Association.

**Violations.** Violations of General Terms and Conditions must be reported promptly to the SPOC.

**Nondiscrimination.** The Association does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, marital status, citizenship status,

age, sexual orientation, physical or mental disability, past, present or future membership in a U.S. Uniformed Service or any other characteristic protected by law.

**Lobbying.** It is the policy of this Association that no federal grant funds will be used to support the costs, if any are incurred, of prohibited lobbying activities as variously defined in 2 CFR 200: Uniform Guidance and the OMB rules implementing the Byrd Amendment. The Chief Executive Officer is directed to maintain records (i.e., time sheets, expense vouchers) which accurately document that such lobbying costs, if any, are defrayed by non-grant revenues. The Certification Regarding Lobbying (ATTACHMENT A) must be signed by the Offeror's Authorized Representative and submitted with the proposal. Failure to include the Certification Regarding Lobbying may result in the Offeror's bid being rejected.

**Expenses.** All contractors, subcontractors and consultants must comply with 2 CFR 200: Uniform Guidance on allowable costs charged to said project and back up documentation for expenses charged to the grant or contract this IFB is related to. This includes, but is not limited to: time and effort reports indicating hours charged to the project; travel reports showing costs incurred; invoices to support other direct expenses charged to this project and other documentation as may be requested.

## **SPECIAL TERMS AND CONDITIONS**

**Audit.** The contractor shall retain all books, records, and other documents relative to this contract for seven (7) years after final payment, termination of the contract, or until audited by the Association, whichever is sooner. The agency, its authorized agents, and/or state auditors shall have full access to and the right to examine any of said materials during said period.

**Cancellation of Contract.** The Association reserves the right to cancel and terminate any resulting contract, in part or whole, without penalty, upon 60 days written notice to the contractor. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 12 months of the contract period upon 60 days written notice to the other party. Any contract cancellation notice shall not relieve the contractor of the obligation to deliver and perform on all outstanding orders issued prior to the effective date of cancellation.

**Contract Transition.** The contractor shall, upon notification by the Association, assist the Association in transitioning these services to another vendor, or the Association.

**Disputes/Claims.** Written notice of the contractor's intention to file a claim must be given at the time of the occurrence or beginning of the work upon which the claim is based. Contractual claims whether for money or other relief shall be submitted in writing no later than sixty days after final payment.

**Failure to Perform.** The contractor shall be responsible for performing in accordance with the specifications, requirements, terms, and conditions of the contract. The contractor shall be liable for any damages or claims and legal costs resulting from the contractor's failure to perform such services and shall indemnify and hold the Association harmless from liability resulting from the contractor's failure to perform.

**Prime Contractor Responsibilities.** The prime contractor shall be responsible for completely

supervising and directing the work under this contract and all subcontractors that may be utilized. Subcontractors who perform work under this contract shall be responsible to the prime contractor. The prime contractor agrees that it is fully responsible for the acts and omissions of its subcontractors and of persons employed by the subcontractor, as it is for the acts and omissions of its employees.

**Subcontracts.** No portion of the work shall be subcontracted without the prior written consent of the Association. If the contractor desires to subcontract some part of the work specified herein, the contractor shall furnish the Association the names, qualifications, and experience of their proposed subcontractors.

The contractor shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the contract.

### **OFFEROR'S PRICING SHEET AND METHOD OF PAYMENT**

Offeror may bid on one or more service(s) (See ATTACHMENT B).

To receive payment, the contractor will submit monthly invoices, with supporting documentation to the Association. All invoices will be paid within 30 days of receipt.

### **BUDGET**

A detailed budget narrative and table of personnel to be paid using funds from the Association must be provided by the Offeror. Only budget information related to the activities to be supported under this IFB should be included. Do not report other sources of funding. The budget period is for the 12-month period beginning, August 1, 2019 – July 31, 2020.

A sample budget can be found in ATTACHMENT C. You may use your own format, but the categories must be the same as listed on the sample. Line-items may differ from those shown in the sample budget.

**ATTACHMENT A: CERTIFICATION REGARDING LOBBYING**

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification is included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all contractors, sub contractors, and consultants shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Offeror's Firm: \_\_\_\_\_

Full Name of Authorized Representative (Print) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT B: OFFEROR PRICING SHEET**

Please indicate the cost for each requested service. Total Costs shall not exceed the maximum amount of \$610,000. Offeror may propose to perform one or more services.

ITEM #	SERVICE REQUESTED	OFFEROR'S COSTS
<b>A. Enhance the Patient and Provider Experience</b>		
1.a	Collaborate with the three existing EHR Vendors, eClinicalWorks, CompuGroup, and Greenway Success EHS, to make enhancements to patient engagement tools to increase patient portal utilization and patient-identified app integration	
1.b	Provide Train-the-Trainer workshops to FQHCs on how to design patient satisfaction surveys and use patient engagement tools	
1.c	Support FQHCs in training staff to promote the patient portal at every patient interaction. Trainings may be either face-to-face or webinars	
2.a	Design communications plan/tools used by the FQHCs to engage patients resistant to change (can be customized/differentiated to meet specific health center needs)	
2.b	Assist FQHCs in survey design to better collect and utilize patient feedback	
2.c	Train FQHCs on how to use patient apps in health promotion efforts	
3.a	Design and conduct survey of all FQHC providers (medical, dental, behavioral health, pharmacy, etc.) to identify major sources of burnout and burden. Results will be used to identify training opportunities and establish best practices	
3.b	Train FQHC providers on how to use emerging technologies and tools to improve functionality and intuitiveness (ease of use) of EHR	
3.c	Provide training and technical assistance on documentation practices, interoperability features, and standardized documentation	
<b>TOTAL COSTS FOR SECTION A</b>		
<b>B. Advancing Interoperability</b>		
1.a	Monitor and disseminate interoperability standard updates to all FQHCs	
1.b	Provide training to FQHCs on security risk analysis (including mitigation strategies and developing a response plan)	

1.c	Conduct an assessment of FQHCs' processes related to security risk analysis, breach mitigation, and response plan	
2.a	Host EHR use group meetings. Connect non eClinicalWorks FQHCs with user groups to meet their needs	
2.b	Assist FQHCs in the implementation and management of the Prescription Monitoring Program (PMP) connection with the Virginia Department of Health Professions	
3.a	Provide training on PDSA cycle/other performance improvement models to enhance workflow optimization for FQHCS	
3.b	Training FQHCs on how to use patient registries to identify patients in need of interventions to improve health outcomes	
<b>TOTAL COSTS FOR SECTION B</b>		
<b>C. Using Data to Enhance Value</b>		
1.a	Provide training to FQHCs on standardized data capture, data validation, and workflow processed to increase validity and reliability for support of value-based strategies	
2.a	Provide training and technical assistance to FQHCs on how to use health IT to capture and standardize the use of social determinants of health data for care coordination	
2.b	Provide training and technical assistance to FQHCs on using health IT to support coordinated interventions for patients.	
<b>TOTAL COSTS FOR SECTION C</b>		

**TOTAL OFFEROR'S COSTS (Section A + Section B + Section C) = \_\_\_\_\_**

Offeror's Firm: \_\_\_\_\_

Full Name of Authorized Representative (Print) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT C: BUDGET NARRATIVE**

- A detailed justification is required for all items within each category for which funds are requested.
- The sample budget narrative below should be used only as a reference. You may use your own format, but the categories must be the same as listed on the sample. . Line-items may differ from those shown in the sample budget.
- Only budget information related to the activities to be supported under this IFB should be included. Do not report other sources of funding

Budget Line Item	Year 1: August 1, 2019- July 31, 2020
<b>PERSONNEL</b> – List each staff member who will be supported by HCCN funding. Provide the name (if possible), position title, and portion of salary supported through this IFB.	
Administration	\$
IT Support	\$
Training Staff	\$
Quality Improvement and Reporting Staff	\$
Other Staff	\$
<b>TOTAL PERSONNEL</b>	<b>\$</b>
<b>FRINGE BENEFITS</b> – List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, and tuition reimbursement). The fringe benefits should be directly proportional to the portion of personnel costs allocated for the HCCN project.	
X% FICA	\$
X% Health Insurance Coverage	\$
X% Retirement Plan	\$
X% Unemployment Tax Insurance	\$
X% Disability & Group Life	\$
<b>TOTAL FRINGE BENEFITS @ XX% of TOTAL PERSONNEL</b>	<b>\$</b>

<p><b>TRAVEL</b> – List expenses associated with travel for staff to attend or lead HCCN-related meetings, trainings, and workshops. List travel costs categorized by local and long distance travel. For local travel, include the mileage rate, number of miles, reason for travel, and staff/board members traveling. Long distance travel must include registration fees, cost for transportation, lodging, and per diem for each trip.</p>	
<p>Staff travel to Participating Health Centers for on-site trainings and facilitation:  One day trip to lead a workshop on Y: Airfare @\$XXX + Per Diem @\$XX/day + Ground Transportation @ \$XX/day  Two day/one night trip to lead a training on Z: Airfare @ \$XXX + Hotel @\$XXX/day + Per Diem @\$XX/day + Ground Transportation @ \$XX/day</p>	\$
<p>Staff travel to XXX Conference:  Three day/two night trip: Airfare @\$XXX + Hotel @\$XXX/day + Per Diem @\$XX/day + Ground Transportation @ \$XX/day</p>	\$
<p>Local Travel (XXX miles @ \$.XX per mile) for [insert purpose(s)]</p>	\$
<p><b>TOTAL TRAVEL</b></p>	\$
<p><b>EQUIPMENT</b> – Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project. Equipment includes moveable items that are non- expendable, tangible personal property having a useful life of more than 1 year and an acquisition cost that equals or exceeds \$5,000.  <b>Reminder:</b> Funding may not be utilized to purchase equipment for use at the health center level or any other individual health center operational costs.</p>	
<p>Network Fiber Optics Upgrade</p>	\$
<p>Network-Level Servers to support EHR data integration for Participating Health Centers (X units x \$XX per unit)</p>	\$



Network-Level EHR Software Upgrade to improve standardized workflows and reduce provider burden	\$
<b>TOTAL EQUIPMENT</b>	\$
<b>SUPPLIES</b> – List the items necessary for implementing the proposed project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures). <u>NOTE:</u> Equipment that does not meet the \$5,000 threshold listed above should be included here (e.g., computers, software). <b>Reminder:</b> Funding may not be utilized to purchase supplies for use at the health center level or any other individual health center operational costs.	
Office Supplies (\$XX per month x 12 months)	\$
Training Materials (\$Y per fact sheet x ZZZ fact sheets)	\$
<b>TOTAL SUPPLIES</b>	\$
<b>CONTRACTUAL SERVICES</b> – Include sufficient detail to justify contractual costs. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.	
Privacy & Security Risk Assessment to ensure shared data is HIPAA compliant (\$XXX flat fee per year)	\$
Reporting and Evaluation Consultant to aid in data collection and performance improvement (\$XXX @ hour x XX hours)	\$
Health Information Exchange Consultant to support Participating Health Centers in information sharing and care coordination	\$
<b>TOTAL CONTRACTUAL</b>	\$
<b>OTHER</b> – Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). Include sufficient detail to justify each item.	
Audit Services (\$XXX flat fee for yearly audit)	\$
Video Conferencing Telecommunication \$XX per month x 12 months	\$
<b>TOTAL OTHER</b>	\$

<b>TOTAL DIRECT CHARGES</b> (Sum \$ of all TOTAL Expenses rows above (i.e., Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, and Other)	
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