

University Medical Center of Southern Nevada

CONFIRMATION FORM for RECEIPT OF RFP NO. 2010-20 RECONCILIATION / PRE-COLLECT SERVICES

If you are interested in this invitation, upon receipt, immediately fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

PROPOSER ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. RFP NO. 2010-20

DESCRIPTION: RECONCILIATION / PRE-COLLECT SERVICES

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION: TYPE or PRINT CLEARLY

Company Name: _____

Company Address: _____

City / State / Zip: _____

Name / Title: _____

Area Code/Phone Number: _____

Area Code/Fax Number: _____

Email Address: _____

FAX THIS CONFIRMATION FORM TO: (702) 383-2609
Or EMAIL to: rebekah.holder@umcsn.com

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA

REQUEST FOR PROPOSAL

RFP NO. 2010-20
RECONCILIATION / PRE-COLLECT
SERVICES

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

**REQUEST FOR PROPOSAL
RFP NO. 2010-20
RECONCILIATION / PRE-COLLECT SERVICES**

University Medical Center of Southern Nevada (UMC) is soliciting proposals to provide a reconciliation of insurance payment and facilitate pre-collect functions for Self Pay patients.

The RFP package is available as follows:

- Pick up: University Medical Center, 800 Rose Street, Suite 408, Las Vegas, Nevada 89106.
- By Electronic Mail or Mail: Please email a request to Contracts Management at Rebekah.Holder@umcsn.com specifying project number and description. Be sure to include company address, phone and fax numbers, email address or call (702) 207-8291.
- Internet: Visit the Clark County website (www.accessclarkcounty.com/purchasing) and navigate to the Purchasing and Contracts Department. Click on "Current Contracting Opportunities", listed under University Medical Center, locate the appropriate document in the list of current solicitations.

A non-mandatory pre-proposal meeting will be held on Tuesday, June 22, 2010 at 10:00 A.M., in Conference Room H, 4th Floor, Trauma Building, 800 Rose St., Las Vegas, Nevada.

Proposals will be accepted at the University Medical Center address specified above on, or before, **Wednesday, July 21, 2010 at 3:00:00 p.m.** Proposals are time-stamped upon receipt. Proposals timed stamped after 3:00:00 p.m. will be recorded as late, remain unopened, and be formally rejected.

PUBLISHED:
Las Vegas Review Journal
SUNDAY, JUNE 13, 2010

**GENERAL CONDITIONS
RFP NO. 2010-14
RECONCILIATION AND PRE-CHECK SERVICES**

1. TERMS

The term "OWNER" or "UMC", as used throughout this document will mean University Medical Center of Southern Nevada. The term "BCC" as used throughout this document will mean the Board of Hospital Trustees which is the Governing Body of OWNER. The term "PROPOSER" as used throughout this document will mean the respondents to this Request for Proposal. The term "RFP" as used throughout this document will mean Request for Proposal.

2. INTENT

To provide a reconciliation of insurance payment and facilitate pre-collect functions for Self Pay patients within the terms of this RFP.

3. SCOPE OF SERVICES

Background

University Medical Center of Southern Nevada, located in Las Vegas, Nevada, is a county-owned, acute-care hospital, organized under Nevada Revised Statute Chapter 450, with over 500 beds, a Level 1 Trauma Center, a Level 2 Pediatric Trauma Center and ten (10) urgent care clinics.

Purpose

The purpose of this RFP is to identify superior PROPOSER that can provide a reconciliation of insurance payment and facilitate pre-collect functions for Self Pay patients within the terms of this RFP.

Expectations of Business Partner

UMC strives to provide exemplary service to its patients, therefore, has high expectations of its business partners. It is expected that the business partner will provide quality products and service at the lowest price available in the market, but just as important is the expectation that these products and services are provided in a manner that exhibits the highest level of ethics and professionalism. It is expected that, as a result of this relationship, the business partner will work with UMC to ensure that the agreement remains competitive with continual review of market conditions.

4. DESIGNATED CONTACTS

OWNER's representative will be Rebekah Holder, Contracts Management. All questions regarding this RFP, including the selection process, must be directed to Rebekah Holder at telephone number (702) 207-8291, or email rebekah.holder@umcsn.com.

5. CONTACT WITH OWNER DURING RFP PROCESS

Communication between PROPOSER and a member of the BCC or between PROPOSER and a non-designated OWNER contact regarding the selection of a proponent or award of this contract is prohibited from the time RFP is advertised until the item is posted on an agenda for award of the contract. Questions pertaining to RFP shall be addressed to the designated contact(s) specified in RFP document. Failure of PROPOSER, or any of its representatives, to comply with this paragraph may result in their proposal being rejected.

6. TENTATIVE DATES AND SCHEDULE

RFP Published in Las Vegas Review-Journal	Sunday, June 13, 2010
Non-Mandatory Pre-Proposal Meeting (10:00 am)	Tuesday, June 22, 2010
Final Date to Submit Questions	Tuesday, July 6, 2010
Last Day for Addendums	Thursday, July 8, 2010
RFP Responses Due (3:00:00 pm)	Wednesday, July 21, 2010
RFP Evaluations	July / August
Finalists Selection	August
Finalists Oral Presentations	August
Final Selection & Contract Negotiations	September
Award & Approval of the Final Contract	September

7. METHOD OF EVALUATION AND AWARD

Since the service requested in this RFP is considered to be a professional service, award will be in accordance with the provisions of the Nevada Revised Statutes, Chapter 332, Purchasing: Local Governments, Section 332.115.

The proposals may be reviewed individually by staff members through an ad hoc committee. The finalists may be requested to provide OWNER a presentation and/or an oral interview. The ad hoc staff committee may review the RFP's as well as any requested presentations and/or oral interviews to gather information that will assist in making the recommendation. OWNER reserves the right to award the contract based on objective and/or subjective evaluation criteria. This contract will be awarded on the basis of which proposal OWNER deems best suited to fulfill the requirements of the RFP. OWNER also reserves the right not to make an award if it is deemed that no single proposal fully meets the requirement of this RFP. OWNER reserves the right to make a multiple award if it is in the best interest of OWNER.

OWNER's mission is to provide the highest quality of care to its patients. For continuity of care and other reasons, OWNER will enter into a contract for each component described.

Once OWNER makes an initial selection, it will utilize required compliance considerations, and negotiate fair market value compensation for the services under the agreement. Based upon this process, OWNER will then negotiate a final contract(s) with PROPOSER and present the contract(s) to the BCC for approval.

8. SUBMITTAL REQUIREMENTS

The proposal submitted should not exceed 50 pages. Other attachments may be included with no guarantee of review.

All proposals shall be on 8-1/2" x 11" paper bound with tabbed dividers labeled by evaluation criteria section to correspond with the evaluation criteria requested in Section 18.

PROPOSER shall submit nine (9) copies of the proposal: one (1) labeled "Original" and (8) copies.

All proposals must be submitted in a sealed envelope plainly marked with the name and address of PROPOSER and the RFP number and title. No responsibility will attach to OWNER or any official or employee thereof, for the pre-opening of, post-opening of, or the failure to open a proposal not properly addressed and identified. FAXED PROPOSALS ARE NOT ALLOWED AND WILL NOT BE CONSIDERED.

The following are detailed delivery/mailling instructions for proposals:

<u>Hand Delivery</u>	<u>U.S. Mail Delivery</u>	<u>Express Delivery</u>
University Medical Center Contracts Management Trauma Center Building 800 Rose Street, Suite 408 Las Vegas, Nevada 89106	University Medical Center Contracts Management 1800 West Charleston Blvd Las Vegas, Nevada 89102	University Medical Center Contracts Management 800 Rose Street, Suite 408 Las Vegas, Nevada 89106
RFP No. 2010-20 Reconciliation / Pre-Collect Services	RFP No. 2010-20 Reconciliation / Pre-Collect Services	RFP No. 2010-20 Reconciliation / Pre-Collect Services

Regardless of the method used for delivery, PROPOSER(S) shall be wholly responsible for the timely delivery of submitted proposals.

9. WITHDRAWAL OF PROPOSAL

PROPOSER(S) may request withdrawal of a posted, sealed proposal prior to the scheduled proposal opening time provided the request for withdrawal is submitted to the OWNER's designated contact in writing or a proposal release form has been properly filled out and submitted to the Purchasing and Contracts Division reception desk. Proposals must be re-submitted and time-stamped in accordance with the RFP document in order to be accepted.

No proposal may be withdrawn for a period of ninety (90) calendar days after the date of proposal opening. All proposals received are considered firm offers during this period. PROPOSER's offer will expire after ninety (90) calendar days.

If a PROPOSER intended for award withdraws their proposal, that PROPOSER may be deemed non-responsible if responding to future solicitations.

10. REJECTION OF PROPOSAL

OWNER reserves the right to reject any and all proposals received by reason of this request.

11. PROPOSAL COSTS

There shall be no obligation for OWNER to compensate PROPOSER(S) for any costs of responding to this RFP.

12. ALTERNATE PROPOSALS

Alternate proposals are defined as those that do not meet the requirements of this RFP. Alternate proposals will not be considered.

13. ADDENDA AND INTERPRETATIONS

If it becomes necessary to revise any part of the RFP, a written addendum will be provided to all PROPOSER(S) in written form from OWNER's designated contact. OWNER is not bound by any specifications by OWNER's employees, unless such clarification or change is provided to PROPOSER(S) in written addendum form from OWNER's designated contact.

14. PUBLIC RECORDS

OWNER is a public agency as defined by state law, and as such, it is subject to the Nevada Public Records Law (Chapter 239 of the Nevada Revised Statutes). Under that law, all of OWNER's records are public records (unless otherwise declared by law to be confidential) and are subject to inspection and copying by any person. However, in accordance with NRS 332.061(2), a proposal that requires negotiation or evaluation by OWNER may not be disclosed until the proposal is recommended for award of a contract. PROPOSER(S) are advised that once a proposal is received by OWNER, its contents will become a public record and nothing contained in the proposal will be deemed to be confidential except proprietary information.

PROPOSER(S) shall not include any information in their proposal that is proprietary in nature or that they would not want to be released to the public. Proposals must contain sufficient information to be evaluated and a contract written without reference to any proprietary information.

If a PROPOSER feels that they cannot submit their proposal without including proprietary information, they must adhere to the following procedure or their proposal may be deemed unresponsive and will not be recommended to the BCC for selection:

PROPOSER(S) must submit such information in a separate, sealed envelope labeled "Proprietary Information" with the RFP number. The envelope must contain a letter from PROPOSER's legal counsel describing the documents in the envelope, representing in good faith that the information in each document meets the narrow definitions of proprietary information set forth in NRS 332.025, 332.061 and NRS Chapter 600A, and briefly stating the reasons that each document meets the said definitions.

Upon receipt of a proposal accompanied by such a separate, sealed envelope, OWNER will open the envelope to determine whether the procedure described above has been followed.

Any information submitted pursuant to the above procedure will be used by OWNER only for the purposes of evaluating proposals and conducting negotiations and might never be used at all.

If a lawsuit or other court action is initiated to obtain proprietary information, a PROPOSER(S) who submits the proprietary information according to the above procedure must have legal counsel intervene in the court action and defend the secrecy of the information. Failure to do so shall be deemed PROPOSER's consent to the disclosure of the information by OWNER, PROPOSER's waiver of claims for wrongful disclosure by OWNER, and PROPOSER's covenant not to sue OWNER for such a disclosure.

PROPOSER(S) also agrees to fully indemnify OWNER if OWNER is assessed any fine, judgement, court cost or attorney's fees as a result of a challenge to the designation of information as proprietary.

15. PROPOSALS ARE NOT TO CONTAIN CONFIDENTIAL / PROPRIETARY INFORMATION

Proposals must contain sufficient information to be evaluated and a contract written without reference to any confidential or proprietary information. PROPOSER(S) shall not include any information in their proposal that they would not want to be released to the public. Any proposal submitted that is marked "Confidential" or "Proprietary," or that contains materials so marked, will be returned to PROPOSER and will not be considered for award.

16. COLLUSION AND ADVANCE DISCLOSURES

Pursuant to NRS 332.165, replaced by NRS 332.820 in 2003, any evidence of agreement or collusion among PROPOSER(S) and prospective PROPOSER(S) acting to illegally restrain freedom of competition by agreement to bid a fixed price, or otherwise, shall render the offers of such PROPOSER(S) void.

Advance disclosures of any information to any particular PROPOSER(S) which gives that particular PROPOSER any advantage over any other interested PROPOSER(S), in advance of the opening of proposals, whether in response to advertising or an informal request for proposals, made or permitted by a member of the governing body or an employee or representative thereof, shall operate to void all proposals received in response to that particular request for proposals.

17. CONTRACT

PROPOSER shall submit a sample Contract. Contract will not count towards the 50 page maximum.

18. EVALUATION CRITERIA

Evaluation(s) will be based upon your response to the questions asked below. **All questions are to be answered in the order they appear and be noted with the identifying letter and number.** PROPOSER(S) who do not answer all questions, or provide incomplete responses, may result in disqualification.

A. Organization Overview

1. Provide your organization's name, address, internet URL (if any), telephone and fax numbers. Include the name, title, direct phone number, address, and email address of the individual who will serve as your organization's primary contact.
2. Provide a brief description of your organization locally, statewide and nationally (if applicable).
3. List any factor known to PROPOSER that could materially impair the ability of PROPOSER to carry out its duties and obligations under this RFP or that could materially affect OWNER's decision.
4. All PROPOSER(S) may indicate if they are a minority-owned business, women-owned business, physically-challenged business, small business, or a Nevada business enterprise.
5. Describe your experience in Reconciliation and Pre-Check Services.
6. State the number of clients for whom you provide such services.
7. Describe any partnerships or alliances you have in place that may benefit OWNER.
8. Describe any bankruptcies and/or lawsuits, past and present involving your firm.
9. Financial Statement
 - a. Provide financial statements that reflect the PROPOSER's financial ability to complete this RFP. PROPOSER(S) that fails to provide financial information may be deemed non-responsive.
 - b. Please provide detailed information (i.e., names, addresses, phone numbers and email) for PROPOSER's parent company(s), affiliate company(s), or any other entity providing financial support
10. References
 - a. List three (3) similar hospitals for which PROPOSER is currently providing Reconciliation / Pre-Check Services including contact names and telephone numbers.
 - b. Provide three (3) references for verification of successful auto dialer campaigns for other medical institutions.
11. PROPOSER must complete and submit the attached Disclosure of Ownership form with its proposal as included in **Exhibit C**.

B. Implementation, Account Management and Support

1. Overall Solution:
 - a. Provide information concerning product and/or solution you are proposing and how your solution would meet the requirements in this RFP.
 - b. Please describe the top three (3) features and benefits that distinguish your Product/Services and Company from those of your competitors; clearly stating why the PROPOSER is best suited to perform the services for this RFP.
2. Describe your implementation strategy for Reconciliation and Pre-Check Services:
 - a. How long will it take?
 - b. What implementation and technology support/resources are available?
 - c. What resources from our organization will be needed to assist PROPOSER?

3. Provide an outline of your implementation methodology. Detail the task responsibilities and distinguish them between PROPOSER and OWNER.
4. Will your implementation staff remain actively engaged after initial program set-up and roll-out? If yes, for how long and to what extent?
5. Describe your account management organization and how it benefits OWNER.
6. Describe your formal quality-improvement program if applicable?
7. Do you monitor performance indicators? If so, what key performance measures do you track?
8. Describe the role/responsibilities of OWNER's designated Program Administrator(s).
9. How would PROPOSER expand OWNER's program to new markets and/or commodities?

C. Proposed Solution

1. Conceptual Treatment of Project and Work Plan:

Describe in detail PROPOSER's approach to the project as described in **Exhibit A**. Include a preliminary project plan that includes:

- a. PROPOSER's concept of the project including the methodology to be used and the major deliverables to be produced.
- b. Any assumptions.
- c. Any constraints.
- d. Proposed schedule (work plan) including tasks, milestones, dates for completion, OWNER and PROPOSER resource assignments, critical path and OWNER's review cycles.
- e. Proposed length of time needed to work an account before turning the account over to bad debt?
- f. Provide sample weekly and monthly productivity reports provided to OWNER.
- g. Identify all materials, reports, records, and files made available to OWNER at the end of the agreement term.
- h. How often do you plan to use the auto dialer during weekly phone campaigns?
- i. How often do you plan to use run dialer during weekly campaigns?

D. Data/Technology

1. Describe your data retrieval and processing network.
 - a. Is it wholly owned?
 - b. How do you ensure data consistency and integrity?
2. Describe your accountability to ensure that technology systems function properly.
 - a. What resources do you provide to support your technology tools?
3. Please describe your disaster recovery plan.
4. Does your program require any client-side software?
 - a. How are upgrades managed?
5. Provide a list of the client software you have worked with in the past.
6. Describe how PROPOSER and OWNER will leverage the Internet to streamline account management processes?
7. What reconciliation management tools are available?
8. Describe your reporting tools and how they can benefit OWNER.
9. How can data be transformed into information that is actionable and decisional?

10. What emphasis is placed on the development of new products/technology and how will this benefit OWNER?

E. Financial

1. Please identify any applicable expense associated with all of the products/services described within your RFP response (e.g., cash access fees, conversion fees, late fees, technology, training, account/program management).
2. Describe any out-of-pocket expense to OWNER.

Exhibit A

SCOPE OF SERVICES

The intent of this RFP is to identify a superior PROPOSER from an interested, qualified firm that can provide OWNER with the most efficient and cost effective service to provide reconciliation of insurance payments and facilitate pre-collect functions for Self-Pay patients.

- Increase self-pay revenue from a base line of **\$1.7 million per month** measured on a quarterly basis;
- Increase revenue from third party health carriers by reconciling the balance after insurance and identifying under payments;
- Increase revenue from third party payers by identifying an alternative pay source when information was not provided at time of service;
- Respond to patient billing concerns in a timely manner; and
- Decrease the number of unresolved accounts going to Agency bad debt.

I. General

1. Responsible for adhering to the Nevada legislations requires Hospital and other persons acting on their behalf to act in accordance with the federal “Fair Debt Collection Practices Act”.
2. OWNER provides emergent services to all. Prior verification of benefits takes place at primary and ambulatory surgery centers only.
3. OWNER’s software is Medseries IV for Hospital and Hospital based clinics. PROPOSER will have remote access to the Primary and Quick Care locations.
4. PROPOSER’s software system should be able to interface with OWNER’s computer systems. Other data formats will be considered on a case-by-case basis. See **Exhibit E** for OWNER’s Information Services Requirements and Technology Implementations.
5. PROPOSER may not hire a subcontractor to perform this function on their behalf unless they have clearly indicated their intent to subcontract in their RFP.
6. OWNER’s Eligibility/Financial Counseling Department shall determine eligibility for the 1011 program and bill accounts accordingly.
7. If the account becomes a credit balance after assignment, PROPOSER will be required to reconcile account and submit to OWNER a request for a refund. There will be no additional fee paid for this service.
8. OWNER’s Eligibility/Financial Counseling Department is staffed with 37 FTEs. Their primary focus is to screen applicants for governmental programs
9. OWNER’s insurance requirements are included as **Exhibit C**. Successful PROPOSER will be required to provide a copy of the declaration page of your current liability insurance policy prior to the award of contract.
10. The MS-4 platform is utilized for billing of hospital and hospital based clinics services. The Vital Works platform is utilized for billing the services rendered at the eleven (11) primary and urgent care locations. The Vital Works billings are similar to billings from a doctor’s office. See **Exhibit F** for OWNER’s Vendor Files.
11. Average daily placement during the past 24 month period:

Self-Pay Placements:	335,409.00 accounts \$538,418,280.49
Self-Pay Collections:	\$42,158,704.44
Average Monthly Self-Pay Collections:	\$1,756,612.69

II. Term

When negotiated, the term of the Agreement is expected to be for a period of five (5) years with the option for one (1) two-year extension period.

III. Reconciliation Service Level Expectations

1. Monthly reconciliation of inventory between information services departments.
2. Reconciliation will include verification of total accounts active in PROPOSER and OWNER computer systems.
3. Reconciliation of status of accounts in PROPOSER and OWNER computer systems.
4. Daily reconciliation of placed accounts between information services department.
5. Verify daily accounts placed by OWNER are received by PROPOSER.
6. Separate monthly summary reports (Ms 4 & Vital Works) reflecting assignment, payments, adjustments and returns of account balance to OWNER.
7. Returns to include reason codes to be downloaded daily in format to be provided by OWNER.
8. Quality controls must be in place for accuracy and correct usage of codes.
9. Dedicated phone line for OWNER referrals.
10. State of the art Phone Center:
 - a. Multiple Lines for In-Bound
 - b. Auto-Dialer for Out-Bound
11. Medicaid Eligibility Access
12. Trans Union Access can be accessed from OWNER's facility at sole expense of PROPOSER.
13. Merchant Services Access for Direct Deposit of Credit Card Payments. Payment Card Industry (PCI) Data Security Standard Self Assessment to be completed and returned.
14. Dedicated Information Services Team to establish the required interface with OWNER.
15. Data elements in reference to account access to be defined by OWNER.
16. Collection priorities are OWNER driven in the order as listed:
 - a. Reconciliation of account balance if balance is result of insurance payment. To be completed within fifteen (15) business days of assignment.
 - b. Search for alternative pay source. The pay source must be obtained and systems updated within timely filing limits for insurance carriers.
 - c. Governmental/Health coverage
 - d. Auto medical coverage
 - e. Third party liability claim
 - f. Existing payment arrangement

IV. Staffing Requirements

1. Establish OWNER specific staff to ensure highest quality cash flow outcome. Staffing to include and cover:
 - a. Information Services personnel
 - b. Supervisor and/or Leads
 - c. Call Center qualified representatives
 - d. Support Desk qualified representatives (able to support all efforts of collections, including clerical duties).

2. Must maintain fully qualified staff to support the Call Center for reconciliation and verification of all account balances.
3. Must maintain qualified staff to review all accounts for an alternative pay source (liens, probates assistance programs etc) and produce credit reports as applicable and document all collection activity in to support agency bad debt transfer.
4. Must provide a minimum of four (4) Support Staff on-site to provide clerical support for OWNER operations.
5. PROPOSER will provide key personnel training and quarterly in-service training refresher sessions. A supervisor and key personnel will be responsible for training Call Center and Support staff.

V. Training Requirements

1. PROPOSER to provide eighty (80) hours on-site (combination in-service/hands-on) and quarterly refresher training sessions as needed. OWNER to assist PROPOSER in developing a reference manual to be used with training sessions. Reference manual to be approved by OWNER.
2. Reference manual to be updated and provided to OWNER quarterly.
3. Proof of quarterly re-training provided to OWNER.
4. Key personnel will be responsible for the training of the Call Center and Support Staff using the reference manual. Copies of the reference manual will be available to the representatives within each unit.
5. PROPOSER to provide forty (40) hours of on-site clerical support (combination in-service/hands on). OWNER will be responsible for initial and ongoing training.

VI. Project Support

1. Multiple times each week, PROPOSER will conduct phone campaigns to commence on the 30th calendar day after assignment.
2. Must be able to pick-up files electronically from the host system via a secure FTP VPN connection.
3. OWNER requires PROPOSER to have the ability to retrieve a pre-determined standardized data file.
4. PROPOSER to transmit collection updates host system via a secure FTP VPN connector.
5. PROPOSER and OWNER will develop a mutual plan for the return of accounts.
6. PROPOSER will maintain a Call Center equipped with an auto dialer.
7. Responsible for the preparation and submission of all adjustments, including but not limited to, combines, discounts, settlements, charge corrections, etc.
8. Verify and/or rectify all coding/billing disputes with OWNER's coding/billing units. Result of review to be documented in collection notes and communicated to guarantor.
9. Verify and/or rectify all payment/posting disputes with OWNER's follow-up unit. Result of review to be documented in collection notes and communicated to guarantor.
10. Verify and/or rectify all guarantor responsibility disputes by requesting signed copies of conditions of admission and/or final statement. Result will be documented in the collection notes and communicated to guarantor.
11. Responsible for co-coordinating care issues with the Patient Advocate Unit.
12. Responsible for all mail return to include notating affected accounts and processing address changes as applicable.
13. Responsible for reviewing, documenting, and acting upon all patient correspondence within a timely manner.
14. Verify bankruptcy and/or deceased information to the Patient Accounting Support Unit to file a creditor's claim and adjust account accordingly.
15. Manage all patient correspondence for processing into OWNER's document retrieval system.
16. Verify accurate indexing of processed batches initiated by their representatives.
17. Provide accurate billing information when an alternative pay source is located within timely filing limits.

18. Determine if a “re-bill” request is appropriate and the preparation of such request. Standardized billing request forms to be provide by OWNER.
19. Provide accurate secondary billing requests to include the primary payer Explanation of Benefits (EOB). Standardized billing request form to be provided by OWNER.
20. Verifying and prepare refund requests. Justification for the refund will be documented on the account notes. Standardized request forms will be provided by OWNER.
21. Verifying and prepare demographic report updates and insure updates are posted properly.
22. Post credit card and/or check payments by phone.
23. Responsible for the security and destruction of credit card/checking account information solicited by the Call Center.
24. Document all accounts with logical notes preceded by a user name.
25. Verify all possible Medicaid eligible accounts.
26. Responsible for the proper set up of pay arrangements based on OWNER’s IS policy and procedure that will be provided. **See Exhibit E.**
27. Provide computer system support to verify timely and accurate payments.
28. Identify broken promises and process immediately.
29. Coordinate requests for a chart audit with either a certified nurse auditor employed by PROPOSER or nurse auditor contracted with OWNER. The results of the audit will be documented in the collection notes and communicated to the guarantor. Copies of the audit results are to be batched of scanning into OWNER’s document retrieval system.
30. Run dialer campaigns shall be conducted multiple times each week. At least one (1) of these campaigns are to be run in the evening local time and one (1) on a Saturday to insure maximum benefit.
31. Provide weekly and monthly productivity reports in Microsoft Excel format to OWNER.

VII. OWNER Responsibility

1. Billing and follow-up of all insurance claims.
2. OWNER will pay a finders fee of \$25 for each billable account. The pay source must be obtained and systems updated within timely filing limits for insurance carriers. Qualifying categories include:
 - a. Billable late charges;
 - b. Reprocess for underpayments;
 - c. Updated billing information (Primary Carrier); and
 - d. Additional Insurance Carrier only if the additional payment exceeds \$25.00.
3. OWNER sends out billing statements at twenty (20) day intervals with the final notice on day forty (40).
4. Collection Plan to maximize collection activity resulting in increased cash flow including but not limited to:
 - a. Delineating collection actions (small dollar and large dollar balances);
 - b. Number of staff; and
 - c. Support data (proclivity to pay, skip tracing, address verification), etc.
5. Credit Report review of account balance of \$50,000 and over.
6. Summarize collection activity and return to OWNER for agency bad debt transfer. Details of required documentation will be provided by OWNER.

CERTIFICATE OF INSURANCE						ISSUED DAY (MM/DD/YY)
1. PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURANCE BROKER'S NAME ADDRESS PHONE & FAX NUMBERS		COMPANIES AFFORDING COVERAGE				
		COMPANY LETTER A				
2. INSURED		COMPANY LETTER B				
INSURED'S NAME ADDRESS PHONE & FAX NUMBERS		COMPANY LETTER C				
		COMPANY LETTER D				
		COMPANY LETTER E				
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
3.	GENERAL LIABILITY	(A)	(B)	(C)	GENERAL AGGREGATE	\$(D) 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$(E) 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY	\$(F) 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$(G) 1,000,000
	<input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE				FIRE DAMAGE (Any one fire)	\$(H) 50,000
	<input type="checkbox"/> INDEPENDENT CONTRACTOR				MED. EXPENSE (Any one person)	\$(I) 5,000
	<input checked="" type="checkbox"/> ANY AUTO		(J)	(K)	(L)	COMBINED SINGLE LIMIT
<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person)	\$
<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE	\$
<input type="checkbox"/> NON-OWNED AUTOS					EACH OCCURRENCE	\$
<input type="checkbox"/> GARAGE LIABILITY					AGGREGATE	\$
<input type="checkbox"/> EXCESS LIABILITY					STATUTORY LIMITS	
<input type="checkbox"/> UMBRELLA FORM					EACH ACCIDENT	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					DISEASECPOLICY LIMIT	\$
5. WORKER'S COMPENSATION					DISEASECEACH EMPLOYEE	\$
PROFESSIONAL LIABILITY					AGGREGATE \$	
6. DESCRIPTION OF CONTRACT: NUMBER AND NAME OF CONTRACT						
7. CERTIFICATE HOLDER				CANCELLATION		
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA 1800 WEST CHARLESTON BOULEVARD LAS VEGAS, NV 89102 The Certificate Holder is named as an additional insured.				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,		
				8. APPOINTED AGENT SIGNATURE INSURER LICENSE NUMBER _____ ISSUED BY STATE OF _____		

CUSTOMER'S INSURANCE REQUIREMENTS

TO ENSURE COMPLIANCE WITH THE CONTRACT DOCUMENT, Provider SHOULD FORWARD THE FOLLOWING INSURANCE CLAUSE AND SAMPLE INSURANCE FORM TO THEIR INSURANCE AGENT PRIOR TO PROPOSAL SUBMITTAL.

Format/Time: The Provider shall provide Owner with Certificates of Insurance, per the sample format (page B-3), for coverages as listed below, and endorsements affecting coverage required by this Contract within **10 calendar days** after the award by the Owner. All policy certificates and endorsements shall be signed by a person authorized by that insurer and who is licensed by the State of Nevada in accordance with NRS 680A.300. All required aggregate limits shall be disclosed and amounts entered on the Certificate of Insurance, and shall be maintained for the duration of the Contract and any renewal periods.

Owner Coverage: The Owner, its officers and employees must be expressly covered as additional insureds except on workers' compensation insurance coverages. The Provider's insurance shall be primary as respects the Owner, its officers and employees.

Endorsement/Cancellation: The Provider's general liability insurance policy shall be endorsed to recognize specifically the Provider's contractual obligation of additional insured to Owner. All policies must note that the Owner will be given thirty (30) calendar days advance notice by certified mail "return receipt requested" of any policy changes, cancellations, or any erosion of insurance limits.

Deductibles: All deductibles and self-insured retentions shall be fully disclosed in the Certificates of Insurance and may not exceed \$25,000.

Aggregate Limits: If aggregate limits are imposed on bodily injury and property damage, then the amount of such limits must not be less than \$2,000,000.

Commercial General Liability: Subject to Paragraph 6 of this Exhibit, the Provider shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury (including death), personal injury and property damages. Commercial general liability coverage shall be on a "per occurrence" basis only, not "claims made," and be provided either on a Commercial General Liability or a Broad Form Comprehensive General Liability (including a Broad Form CGL endorsement) insurance form.

Automobile Liability: Subject to Paragraph 6 of this Exhibit, the Provider shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage to include, but not be limited to, coverage against all insurance claims for injuries to persons or damages to property which may arise from services rendered by Provider and any auto used for the performance of services under this Contract.

Workers' Compensation: The Provider shall obtain and maintain for the duration of this contract, a work certificate and/or a certificate issued by an insurer qualified to underwrite workers' compensation insurance in the State of Nevada, in accordance with Nevada Revised Statutes Chapters 616A-616D, inclusive, provided, however, a Provider that is a Sole Proprietor shall be required to submit an affidavit (Attachment 1) indicating that the Provider has elected not to be included in the terms, conditions and provisions of Chapters 616A-616D, inclusive, and is otherwise in compliance with those terms, conditions and provisions.

Failure To Maintain Coverage: If the Provider fails to maintain any of the insurance coverages required herein, Owner may withhold payment, order the Provider to stop the work, declare the Provider in breach, suspend or terminate the Contract, assess liquidated damages as defined herein, or may purchase replacement insurance or pay premiums due on existing policies. Owner may collect any replacement insurance costs or premium payments made from the Provider or deduct the amount paid from any sums due the Provider under this Contract.

Additional Insurance: The Provider is encouraged to purchase any such additional insurance as it deems necessary.

Damages: The Provider is required to remedy all injuries to persons and damage or loss to any property of Owner, caused in whole or in part by the Provider, their subcontractors or anyone employed, directed or supervised by Provider.

Cost: The Provider shall pay all associated costs for the specified insurance. The cost shall be included in the price(s).

Insurance Submittal Address: All Insurance Certificates requested shall be sent to the University Medical Center of Southern Nevada, Attention: Contracts Management. See the Submittal Requirements Clause in the RFP package for the appropriate mailing address.

Insurance Form Instructions: The following information must be filled in by the Provider's Insurance Company representative:

- 1) Insurance Broker's name, complete address, phone and fax numbers.
- 2) Provider's name, complete address, phone and fax numbers.
- 3) Commercial General Liability (Per Occurrence)
 - (A) Policy Number
 - (B) Policy Effective Date
 - (C) Policy Expiration Date
 - (D) General Aggregate (\$2,000,000)
 - (E) Products-Completed Operations Aggregate (\$2,000,000)
 - (F) Personal & Advertising Injury (\$1,000,000)
 - (G) Each Occurrence (\$1,000,000)
 - (H) Fire Damage (\$50,000)
 - (I) Medical Expenses (\$5,000)
- 4) Automobile Liability (Any Auto)
 - (J) Policy Number
 - (K) Policy Effective Date
 - (L) Policy Expiration Date
 - (M) Combined Single Limit (\$1,000,000)
- 5) Worker's Compensation
- 6) Description: Number and Name of Contract (must be identified on the initial insurance form and each renewal form).
- 7) Certificate Holder:

University Medical Center of Southern Nevada
c/o Contracts Management
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

THE CERTIFICATE HOLDER, UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA, MUST BE NAMED AS AN ADDITIONAL INSURED.
- 8) Appointed Agent Signature to include license number and issuing state.

INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM

Purpose of the Form

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners (“BCC”) in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

General Instructions

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

Detailed Instructions

All sections of the Disclosure of Ownership form must be completed.

Type of Business – Indicate if the entity is an Individual, Partnership, Limited Liability Corporation, Corporation, Trust, Non-profit, or Other. When selecting ‘Other’, provide a description of the legal entity.

Business Designation Group – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women Owned Business Enterprise (WBE), Small Business Enterprise (SBE), Physically-Challenged Business Enterprise (PBE), Large Business Enterprise (LBE) or Nevada Business Enterprise (NBE).

Minority Owned Business Enterprise (MBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

Women Owned Business Enterprise (WBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

Physically-Challenged Business Enterprise (PBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

Small Business Enterprise (SBE):

An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

Nevada Business Enterprise (NBE):

Any business headquartered in the State of Nevada and is owned or controlled by individuals that are not designated as socially or economically disadvantaged.

Large Business Enterprise (LBE):

An independent and continuing business for profit which performs a commercially useful function and is not located in Nevada.

Business Name (include d.b.a., if applicable) – Enter the legal name of the business entity and enter the “Doing Business As” (d.b.a.) name, if applicable.

Business Address, Business Telephone, Business Fax, and Email – Enter the street address, telephone and fax numbers, and email of the named business entity.

Local Business Address, Local Business Telephone, Local Business Fax, and Email – If business entity is out-of-state, but has a local office in Nevada, enter the Nevada street address, telephone and fax numbers, and email of the local office.

List of Owners – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation, list all Corporate Officers and members of the Board of Directors only.

For All Contracts –

- 1) Indicate if any individual members, partners, owners or principals involved in the business entity are a Clark County full-time employee(s), or appointed/elected official(s). If yes, the following paragraph applies.

In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in

subsections 2, 3, and 4.

- 2) Indicate if any individual members, partners, owners or principals involved in the business entity have a second degree of consanguinity or affinity relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 3 for definition). If **YES**, complete the Disclosure of Relationship Form.

Clark County is comprised of the following government entities: Clark County, University Medical Center of Southern Nevada, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District.

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

Signature and Print Name – Requires signature of an authorized representative and the date signed.

Disclosure of Relationship Form – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety. Include the name of business owner/principal, name of Clark County employee(s), public officer or official, relationship to Clark County employee(s), public officer or official, and the Clark County department where the Clark County employee, public officer or official, is employed.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Type of Business					
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Other
Business Designation Group (For informational purposes only)					
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> LBE	<input type="checkbox"/> NBE
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Large Business Enterprise	Nevada Business Enterprise
Business Name:					
(Include d.b.a., if applicable)					
Business Address:					
Business Telephone:			Email:		
Business Fax:					
Local Business Address					
Local Business Telephone:			Email:		
Local Business Fax:					

All non-publicly traded corporate business entities must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

"Business entities" include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Corporate entities shall list all Corporate Officers and Board of Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use transactions, extends to the applicant and the landowner(s).

Full Name	Title	% Owned (Not required for Publicly Traded Corporations)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

Yes No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, children, parent, in-laws or brothers/sisters, half-brothers/half-sister, grandchildren, grandparents, in-laws related to a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

Yes No (If yes, please disclose on the attached Disclosure of Relationship form.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature

Print Name

Title

Date

DISCLOSURE OF OWNERSHIP/PRINCIPALS

List any disclosures below:

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE(S)	RELATIONSHIP TO COUNTY* EMPLOYEE	COUNTY DEPARTMENT

* County employee means Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District.

“Consanguinity” is a relationship by blood. “Affinity” is a relationship by marriage.

“To the second degree of consanguinity” applies to the candidate’s first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

UMC Information Services Requirements for Technology Implementations

Database

- PROPOSER-provided databases must be developed on an industry standard platform such as Microsoft SQL or Oracle. Other database platforms may be reviewed and accepted on a case-by-case basis.
- SQL Databases must be version 2005 or later and be capable of running in a windows active/passive clustered environment.
- PROPOSER must provide recommendations for support, integrity maintenance, backup schemes, space considerations, etc. for any databases they provide.
- If applicable, the PROPOSER will perform a conversion or other transition of data in the current database into the new solution.

Development

- System must be able to interface with all current OWNER computer systems (including but not limited to Pharmacy, Pathology, Microbiology, Admitting, Radiology, Surgery, Respiratory, Cardiology, etc.) using healthcare standard interfaces (HL7). Other data formats will be considered on a case-by-case basis.
- System should be upgradeable for future development of computer technology (electronic medical record, computerized charting, and physician order entry) as applicable.

Configuration Management

- PROPOSER needs to provide specifications for all hardware and non-software requirements, server and client, to host and run their systems as a separate purchasable option.
- The Proposer will provide a detailed contract, detailing and separating hardware costs and maintenance, software license(s) and maintenance (system and any third-party software), implementation fees, training and other professional services fees.
- The Proposer will provide diagrams, charts, and graphical representations of all systems designs to include ALL components proposed in their bid. This includes internet, networks, servers, firewalls, workstations, modalities and all other IT components on or off-site that need to be procured for the Proposer's solution.

Compliance

- Proposed solutions must be compliant with all relevant regulatory requirements (HIPAA, Joint Commission, PCI, etc.) in all facets of design, delivery, execution and ongoing support.

Network/Infrastructure

- The use of a VLAN, firewall and/or other network configuration measures may be employed to isolate and contain PROPOSER solutions that do not conform to established security and network requirements.
- All bids for such measures must include costs to implement non-conforming designs.

Systems and Operations

- PROPOSER-provided solutions must be developed on current and supported industry standard operating systems platforms such as Microsoft Windows Enterprise Server 2003/2008. Other operating systems may be reviewed and accepted on a case-by-case basis.
- Installation and maintenance of the server and client applications are to be provided in a WISE or InstallShield (or similar tool) method.
- OWNER will manage all computer hardware installed.
- OWNER will manage operating systems software, including operating system updates, asset management agents, backup agents, and anti-virus protection.
- PROPOSER software must not interfere or invalidate any operational function of UMC-managed software or agents.

- Exceptions may be made for issues such as database folders/files that require exclusion from anti-virus scans
- All proposed exceptions will be reviewed on a case-by-case basis
- Upgrades, enhancements, feature changes, and maintenance to PROPOSER software will be done in coordination with and the cooperation of UMC IS Department personnel.
- Proposed systems must be capable of being managed remotely by the supporting PROPOSER.
- PROPOSER may not service or modify the software at user request without express consent and involvement of the UMC IS Department.
- Turn-key solutions that provide hardware and software must use industry standard hardware platforms (HP, Dell, IBM, SUN) and include appropriate Intelligent Platform Management Interfaces (IPMI) for side-band management agents such as HP Integrated Lights Out (ILO2), Dell Remote Assistance Card (DRAC) or IBM Remote Supervisor Adaptor (RSA).

Project Management

- PROPOSER will use Microsoft Project to track and manage project status.
- PROPOSER needs to provide a written scope of work, including each type of resource needed and estimated work effort.
- The Proposer will need to provide 24/7 onsite support for at least the first two (2) weeks of go-live.

Security

- Client applications should not require local administrative access on the workstation computer to process or work with the server application.
- Client software must use DNS for hostname resolution and be capable of finding server resources in either a forward or reverse-lookup fashion.
- Web based portals or applications must use port SSL (port 443) to perform initial sign on of users.
- Any web based feature or function must be capable of running fully in SSL (port 443) mode and be configurable to process this way if desired by UMC.
- Web-enabled applications must be Internet Explorer 7 compliant. They should not require ActiveX components or other ad-hoc components not supplied during initial install. This applies to future upgrades as well. The only exception to this is digital certificates the user may need to provide secured processing.
- Digital certificates required for processing should be quoted from a recognized public key organization (VeriSign, etc.) and pricing for certificates included in bid.
- Components of the solution on UMC's network must be capable of accepting UMC's Microsoft Active Directory Group Policy Object (AD/GPO) directives and being attached to our domain.
- Local administrative logons MAY NOT be used to install or run PROPOSER's software. All PROPOSER accounts must conform to OWNER logon policies and be issued through Microsoft active directory including service, support, database SA and any other system access logon/password combination.
- PROPOSER software must be Microsoft Lightweight Directory Access Protocol (LDAP) compliant and interfaced to allow control of user access.
- All remote access by the PROPOSER will be done by approved methods, i.e., HTTP/SSL over port 443, VPN or similar configuration. No modem or dial-in access will be permitted to enter UMC's firewalls.

Training

- The PROPOSER must supply systems and client training to UMC IS personnel in a train-the-trainer environment either on- or off-campus.
- The PROPOSER will supply detailed guides for installation and administration of both server and client software
- The PROPOSER must supply training to all affected user departments in a train-the-trainer environment, either on- or off-campus.