



REQUEST FOR PROPOSAL

MEDICAL RECORDS SCANNING AND DISPOSAL

PROPOSAL SUBMISSION DEADLINE: August 23rd, 2024

QUESTION SUBMISSION DEADLINE: August 16th, 2024.

Questions may be submitted in written form to:

Contact Name: Djumaye Dumay

Email Address:

ddumay@hhli.org

INTRODUCTION

Harmony Healthcare Long Island is a not-for-profit organization formerly known as Long Island Federally Qualified Health Center or LIFQHC. Harmony Healthcare Long Island comprises six comprehensive health centers and three school-based Health Centers. HHLI strives to improve the lives of those it serves by bringing needed primary care, prevention, and educational services into local communities across Nassau County.

The Harmony Healthcare Long Island locations are situated in these high-need communities where a significant percentage of its service area population lives at or below 185% of the Federal Poverty Level (FPL).

HHLI operates health centers in Elmont, Freeport, Hempstead, Oceanside, Roosevelt, and Westbury/New Cassel. HHLI offers comprehensive services, including adult and pediatric medicine, women's health services (e.g., OB/GYN, mammography, and family planning), laboratory, radiology, dental, health screening for cancer, tuberculosis, sexually transmitted disease, nutrition, behavioral health, and enabling social services, such as WIC and Care Management. Our School-Based Health Center (SBHC) program provides health services within Freeport, Roosevelt, and Westbury high schools. These healthcare locations are available to high school students enrolled in that institution.

HHLI provided care to 44,000 discreet patients and saw 147,000 annual visits in 2021. The mission of HHLI is to provide access to equitable, comprehensive, optimal healthcare by improving the overall wellness of all individuals in our communities and delivering high-quality, extensive, patient-centered care—our Vision: Creating healthier communities by transforming the healthcare system one person at a time.



PROJECT OBJECTIVE

This project aims to obtain a proposal to scan medical records into HHLI EMR for archive purposes. The scanning and conversion process must be completed in compliance with HIPAA regulations to protect PHI (personal health information).

- To ensure all medical records are scanned and disposed of in compliance with relevant laws and regulations, including HIPAA and other applicable data protection and privacy standards.
- Convert physical medical records into digital format to enhance accessibility and streamline record retrieval for healthcare providers and authorized staff.
- Secure and documented disposal of medical records to protect patient confidentiality and mitigate risks of unauthorized access or data breaches.

PROJECT SCOPE

- The selected company will be responsible for efficiently scanning medical records into digital formats compatible with the existing electronic health record (EHR) system.
- High-quality scanning is essential to produce legible and accurate digital records.
- Provide secure and compliant disposal of medical records in accordance with applicable regulations and standards.
- Implement chain-of-custody procedures for all records to be destroyed.
- Issue a certificate of destruction for each batch of records disposed of.
- Adhere to all applicable laws and regulations, including HIPAA and other data protection standards.
- Ensure confidentiality and security of all records throughout the scanning and disposal processes.
- Provide a project plan outlining key milestones, deliverables, and timelines.
- Communicate regularly with Harmony Healthcare Long Island throughout the project

PROPOSAL REQUIREMENTS

Interested companies are requested to submit a comprehensive proposal addressing the following:

- Company profile, including relevant experience in medical record scanning and disposal.
- Proposed methodology and approach for scanning and disposal services.
- Cost breakdown and pricing for the entire project.
- Timeline and schedule for completing the scope of work.
- References from previous clients for similar projects.
- Confirmation of compliance with applicable laws and regulations.
- Any additional value-added services or innovations.



PROJECT PROPOSAL EXPECTATIONS

HHLI shall award the contract to the proposal that best accommodates the various project requirements. HHLI reserves the right to:

- award any contract prior to the proposal deadline or prior to the receipt of all proposals,
- award the contract to more than one Bidder, and
- refuse any proposal or contract.

DEADLINE TO SUBMIT PROPOSAL

All proposals must be received by HHLI no later than **TBD** for consideration in the project proposal selection process.

PROPOSAL SELECTION CRITERIA

Only those proposals received by the stated deadline will be considered. All proposals submitted by the deadline will be reviewed and evaluated based upon information provided in the submitted proposal. In addition, consideration will be given to cost and performance projections. Furthermore, the following criteria will be given considerable weight in the proposal selection process:

1. Proposals received by the stipulated deadline must be in the correct format.
2. Bidder's alleged performance effectiveness of their proposal's solution.
3. Bidder's performance history and alleged ability to timely deliver proposed services.
4. Bidder's ability to provide and deliver qualified personnel having the knowledge and skills required to execute proposed services effectively and efficiently.
5. Overall cost effectiveness of the proposal.

HHLI reserves the right to cancel, suspend, and/or discontinue any proposal at any time, without obligation or notice to the proposing bidder.

PROPOSAL SUBMISSION FORMAT

The following is a list of information that the Bidder should include in their proposal submission:

Summary of Bidder Background

1. Bidder's Name(s)
2. Bidder's Address
3. Bidder's Contact Information (and preferred method of communication)
4. Legal Formation of Bidder (sole proprietor, partnership, corporation)
5. Date Bidder's Company was Formed.
6. Description of Bidder's company in terms of size, range and types of services offered and clientele.



7. Bidder's principal officers (President, Chairman, Vice President(s), Secretary, Chief Operating Officer, Chief Financial Officer, General Managers) and length of time each officer has performed in his/her field of expertise.
8. Bidder's Federal Employee Identification Number (FEIN) on W-9 form.
9. Evidence of legal authority to conduct business in New York (business license number).
10. Evidence of established track record for providing services and/or deliverables that are the subject of this proposal.

Financial Information

- State whether the Bidder or its parent company (if any) has ever filed for bankruptcy or any form of reorganization under the bankruptcy code.
- State whether the Bidder or its parent company (if any) has ever received any sanctions or is currently under investigation by any regulatory or governmental body.

Insurance Requirements

- **Please see the attached**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						

CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE