



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Division of Acquisition Management, SAS
Room 5-101, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

February 5, 2010

Dear Ladies and Gentlemen:

You are invited to submit a proposal in accordance with the requirements of Solicitation OS27582. This requirement is for The Department of Health and Human Services/Program Support Center for the Office of the National Coordinator (ONC).

The Government is limiting consideration to the National Institutes of Health (NIH) Information Technology Acquisition and Assessment Center (NITAAC) CIO-SP2i Task Order holders only.

Please read the attached Solicitation carefully and prepare your proposal in accordance with the solicitation requirements. The solicitation contains the following:

SF1449

Attachments A: Description and Specifications

Attachment B: Statement of Work/Task Order Deliverables/Performance Standards and Measures

Attachment B-1: Instructions to Offerors & Evaluation Criteria

Attachment C: Non-Disclosure Agreement & Contract Administration

Prospective offerors are requested to submit all questions and proposals through the NITAAC website. To confirm that all electronic submissions are successfully captured by the NITAAC website please e-mail Matthew Gormley at Matthew.Gormley@psc.hhs.gov stating that 'company has submitted questions/proposals through the NITAAC website.' Offerors must reference the solicitation number OS27582 on all correspondences.

All questions must be submitted by **4:00 PM EST on February 12, 2010**. The questions and answers will be posted through the NITAAC website.


An electronic copy of your complete proposal must be received through the NITAAC website no later than **4:00 PM EST on February 26, 2010**. All proposals shall be marked with the solicitation number OS27582.

It is the Offeror's responsibility to submit all proposals by the scheduled closing date and time and in accordance with the attached "Instructions to Offerors".

This RFP does not commit the Government to pay any costs for the preparation and submission of your proposal. It is also brought to your attention that the Contracting Officer is the only individual who can legally commit the Government to the expenditure of public funds in connection with the proposed requirement.

There are similar ONC solicitations that will be issued via the NITAAC vehicle. The Government is encouraging Offerors to consider responding to those solicitations as well as this one.

If any additional information is required, please contact Matthew Gormley via email at Matthew.Gormley@psc.hhs.gov.


Matthew Gormley
Contract Specialist

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER OS27582	PAGE 1 OF 1
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Matthew Gormley		b. TELEPHONE NUMBER (No collect calls) 301.443.7814	8. OFFER DUE DATE/ LOCAL TIME 02/26/2010

9. ISSUED BY DHHS/PSC/SAS/DAM Parklawn Building, Room 5-101 5600 Fishers Lane Rockville, MD 20857	CODE	10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR % FOR: <input type="checkbox"/> SET ASIDE: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A)
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11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>	13b. RATING
		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	

15. DELIVER TO	CODE	16. ADMINISTERED BY DHHS/PSC/SAS/DAM	CODE
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17a. CONTRACTOR/OFFEROR	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY	CODE
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TELEPHONE NO.	<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM
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19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
1	ARRA REQUIREMENT: This solicitation is issued subject to the availability of funds / FAR 52.232-18 Availability of Funds (APR 1984) Standards and Interoperability Nationwide Health Information Network (NHIN) Real World Demonstrations and Emergent Pilots <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>	1	EA		

25. ACCOUNTING AND APPROPRIATION DATA	26. TOTAL AWARD AMOUNT (For Govt. Use Only)
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<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA	<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA	<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED	<input type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____ . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)		
30b. NAME AND TITLE OF SIGNER (Type or print)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (Type or print) Clint Druk	31c. DATE SIGNED

DESCRIPTION AND SPECIFICATIONS

1. Project Title: Standards and Interoperability Nationwide Health Information Network (NHIN) Real World Demonstrations and Emergent Pilots
2. Period of Performance: 24 Months after date of award
3. Contract Type: Time & Material
4. Place of Performance: Contractor's site
5. Purpose of Task Order: The purpose of this task order is to create demonstration sites or Real World pilots of Nationwide Health Information Network (NHIN), which is a network, developed by the Office of the National Coordinator for Health Information Technology (ONC) and which is currently in a demonstration phase.

The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 states that the National Coordinator shall perform duties in a manner consistent with the development of a nationwide health information technology infrastructure that allows for the electronic use and exchange of information that will meet several goals to include the improvement in the coordination of care and information among hospitals, laboratories, physician offices, and other entities through an effective infrastructure for the secure and authorized exchange of health care information. The information exchange cannot be effective without appropriate standards and common adoption of those standards. The HITECH Act also highlights the need for standards and interoperability specifications to support health information exchange. This program will support effective exchange of health information and support overall goals of higher quality and more efficient health care for all Americans.

The Nationwide Health Information Network (NHIN) is a program within the Office of the National Coordinator for Health Information Technology (ONC) that was initiated in 2004 to improve the quality and efficiency of healthcare by enabling secure, nationwide health information exchange. The NHIN is the result of creating specialized applications and governing policies on top of a common infrastructure – the Internet – for the purpose of sharing information for health services. At the heart of the NHIN is information – the ability to securely exchange electronic health data across organizational boundaries while respecting patient privacy rights.

The NHIN is much more than a network infrastructure. It is a composite of the organizations, technologies, standards, policies, governance and regulations that must be in place to enable secure health information exchange throughout the country, in a way that is open to all. It includes communities interested in exchanging data, tools and information technology to support that exchange, and trust relationships that allow data to be exchanged.

It will be important to evaluate the effectiveness of this program in establishing information exchange capability by studying the outcome of interoperability

specifications development and prioritization as well as results of the reference implementation.

The contractor selected for this program will be required to cooperate with an ONC funded contractor who will be performing a global evaluation to assess the combined impact of the HITECH programs.

6. Background: On February 17, 2009, the President signed the American Recovery and Reinvestment Act of 2009 (ARRA). This statute includes The Health Information Technology for Economic and Clinical Health Act of 2009 (the HITECH Act) that sets forth a plan for advancing the appropriate use of health information technology to improve quality of care and establish a foundation for health care reform.

The HITECH Act authorizes the Centers for Medicare & Medicaid Services (CMS) to administer incentives to eligible professionals (EPs) and hospitals for meaningful use of certified electronic health records (EHRs). These incentives are anticipated to drive adoption of EHRs needed to reach the goal of all Americans having secure EHRs by 2014. To achieve the vision of a transformed health system that health information technology (health IT) can facilitate, there are four critical prerequisites:

- Clinicians and hospitals must acquire and implement certified EHRs in a way that fully integrates these tools into the care delivery process;
- Appropriate technical, legal, and financial supports are needed to enable information to flow securely to wherever it is needed to support health care and population health;
- Standards and interoperability is achievable by the providers, consumers and industry; and
- Federal government, specifically ONC provides an interoperability infrastructure for providers and consumers as necessary.

Nationwide Health Information network (NHIN) is an interoperability infrastructure that has been piloted and is in its demonstration phase at ONC. NHIN is the enabler to make the HITECH priorities achievable to improve quality care, expedite care coordination, and reduce costs.

The NHIN includes coordinated architecture of a common, secure and trusted network which enables the exchange of health information and coordination of care among private health networks and Federal health care providers; such as the Indian Health Services, Veterans Affairs and Department of Defense. As patients are seen by providers from different health systems, the NHIN allows seamless transfer and sharing of health information to make it available where and when it is needed resulting in better informed decisions and improving quality of care. The NHIN integrates specifications, implementations, compliance and interoperability verification, and network operations along with a strong trust fabric into a harmonized set of activities that reduce the cost and time-to-market of health information technology interoperability. By integrating and streamlining the technical, policy and operational components necessary to participate in a common and secure health network, the NHIN offers a method of effective and cost

efficient health information exchange, especially for the mature health information exchange or federal agency that has a need to exchange information with many entities. An operational and viable NHIN will greatly increase the demand for and success of health information exchange adoption, and enable organizations to implement approved standards and achieve meaningful use targets associated with the exchange of health information.

HITECH also authorizes the establishment of several new grant programs, contracts and studies that will address the prerequisites described above and promote wider adoption of HIT.

The priority grant programs and contracts are fundamental to realizing the promise of meaningful use of HIT that leads to improved quality, efficiency and safety of health care. Under the HITECH Act, an eligible professional or hospital is considered a "meaningful EHR user" if they use certified EHR technology (i.e., EHRs certified against the functional criteria) and standards adopted by the Secretary, including but not limited to e-prescribing and the electronic exchange of information for the purposes of quality improvement, such as care coordination. In addition, eligible professionals and hospitals must submit clinical quality and other measures to HHS.

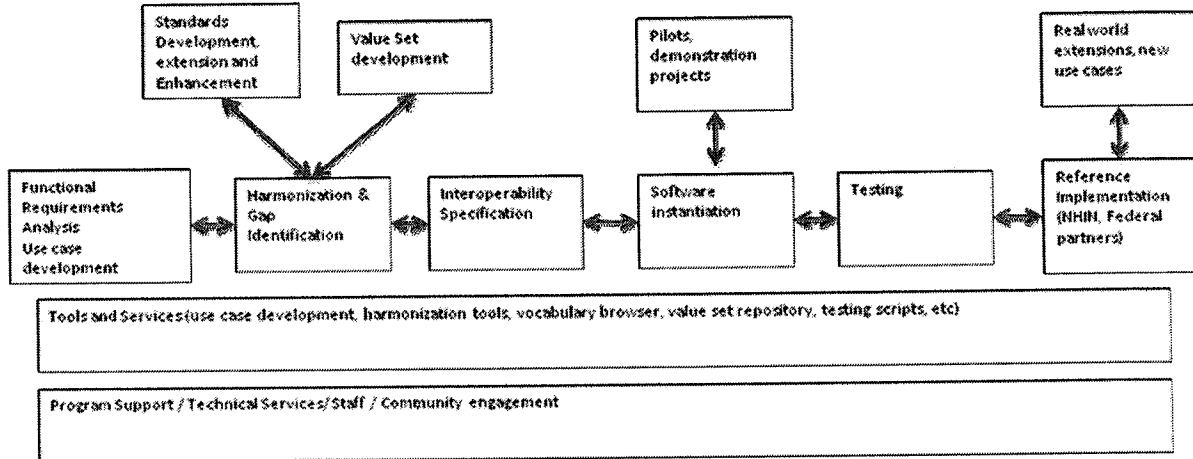
Meaningful use incentives will be available to health care providers beginning in FY 2011 based on their Medicare and Medicaid coverage status and other statutorily defined factors. This includes eligible health care professionals and acute care hospitals and takes into consideration adjustment factors for children's hospitals and critical access hospitals. The detailed criteria to qualify for meaningful use incentive payments will be established by the Secretary of HHS through the formal notice-and-comment rulemaking process.

The HITECH Act also requires these meaningful use criteria to become more stringent over time. In 2015, providers are expected to have adopted and be actively utilizing an EHR in compliance with "meaningful use" or they will be subject to financial penalties under Medicare. The information exchange requirements for the meaningful use EHR incentives, as specified in the regulation currently under development, will inform a strategic framework for this program. Any goals, objectives, and corresponding measures of meaningful use that require HIE over time will be the reference point for the developers and users.

A key component of "meaningful use" is certified electronic health records and key certification criteria are that the electronic health record is interoperable and adheres to standards adopted by the Secretary. ONC has developed an interoperability and standards framework that has several key steps and NHIN is a critical component of the framework. The overview of framework is provided below.

Overview of Standards and Interoperability Framework

Interoperability/Standards processes



Each task will fit into ONCs Standards and interoperability framework. This framework is meant to establish a sustainable set of tools and processes that will streamline and coordinate the development of standards and interoperable software solutions to support the goals of the ONC.

For each task, there will need to be coordination with other tasks in the process. Tasks such as community engagement or architectural support may span multiple tasks.

This framework is a life cycle for the development of standards and interoperability specifications and is meant to establish a sustainable set of tools and processes that will streamline and coordinate the development of standards and interoperable software solutions to support the goals of the HITECH Act. The standards and interoperability framework will support all ONC programs and effort in increasing adoption of health IT across the entire health care enterprise.

This framework can be effective only when each task is well coordinated with other tasks in the process i.e., the output from a task can be a critical input to another task. Some activities may focus only on a single task within the framework; whereas certain activities such as community engagement and architectural support may span multiple tasks. Therefore it is important that all contractors working on various tasks within this framework collaborate with others.

Widespread adoption and meaningful use of HIT is one of the foundational steps in improving the quality and efficiency of health care. The appropriate and secure exchange

of information is a critical enabler of a high performance health care system. The overall purpose of the ONC programs is to facilitate and expand the secure, electronic movement and use of health information among organizations according to nationally recognized standards.

The purpose of this project is to develop NHIN Demonstrations and Emergent Pilots. Although a reference implementation and interoperability standards provide value to the community through a thorough assessment of the technology, support for established standards, and vetting within the HHS, consumer, and other stakeholders, these are refined and extended through real-world pilots and demonstrations. This is the equivalent of taking a new medical therapy out of a controlled clinical trial, and assessing the value of that therapy in a real world setting. These real-world pilots evaluate not only the technology and standards, but also provide a test-bed to evaluate the interaction of technology, participation agreements, interim governance, implementation support, and operational infrastructure required to support interoperability among healthcare stakeholders. To support refinement of the reference implementation and interoperability specifications, ONC will fund limited, but real world demonstration pilots. These activities will provide the necessary implementation feedback on problems; risks and lessons learned to standards harmonization and specifications refinement processes. This is the final step of feedback to the standards development process, and will provide real-world vetting for the standards activities.

The Contractor must exercise and enforce all applicable Department of Health and Human Services (HHS) regulations and directives, and will need to coordinate with public and private organizations, stakeholder groups and industry in accomplishing these tasks.

The Contractor shall maintain a level of technical expertise necessary to satisfy the requirements of executed task assignments.

7. Government Furnished Information: The relevant information about NHIN can be found on the ONC website <http://healthit.hhs.gov/NHIN>

8. Government Furnished Property: None.

9. Place of Performance: All contractor personnel will be required to work offsite at the contractor's designated facilities as directed.

10. Rights in Data: All data produced under this task order is the property of the Government. The Contractor agrees not to disclose, verbally or in writing, information pertaining to the results or findings of work (including data base files, analyses, draft or final papers and reports) for the period of this task order without obtaining prior written approval of the COTR. The Contractor must request approval in advance (minimum 21 days prior to release) and in writing, specifying: who or what is generating the request for advance information; when and how project results/information would be released; and what information would be released. Failure to receive response from the COTR does not constitute approval for releasing information.

Statement of Work

The contractor shall complete the following tasks. These tasks include, but are not limited to:

1. Contract-Level and Task Order (TO) Management
2. Establish and Manage a Process for Performing NHIN Demonstration and Pilots
3. Plan NHIN Demonstrations and Pilots
4. Demonstrate NHIN Capabilities
5. Provide Real World Feedback

The contractor selected for this program will be required to cooperate with an ONC funded contractor who will be performing a global evaluation to assess the combined impact of the HITECH programs.

Objectives/outcomes to be accomplished by the contractor for the Specification of Tasks below include, but are not limited to:

Task 1 - Contract-Level and Task Order (TO) Management

1.1 Contract-Level Program Management

- Provide the technical and functional activities at the contract level needed for program management of this SOW including productivity and management methods such as quality assurance, configuration, work breakdown structure and resource management.
- Coordinate organizational requirements, manage projects and schedules, and report progress/issues to the Contracting Officer Technical Representative (COTR).
- Provide the centralized administrative, clerical, documentation and other related functions.

1.2 Task Order Management

Prepare a Task Order Management Plan describing the technical approach, organizational resources and management controls to be employed to meet the cost, performance and schedule requirements throughout the period of performance of this task order.

1.3 Post Award Meeting

Meet with the COTR and other ONC staff, within two (2) weeks of award, to discuss the objectives of the contract and any related project issues. A written agenda for the meeting shall be prepared by the contractor and sent to the COTR three (3) days prior to the meeting.

1.4 In Progress Review Support

Provide a monthly progress report monitoring the task management, oversight, and configuration management applied to the task order.

Task 2 – Establish and Manage a NHIN Demonstration and Pilots Process

The contractor shall establish a process for soliciting and awarding bidders tasks for performing NHIN Demonstrations and Pilots. Initiation of demonstrations and pilot will occur through established NHIN processes and governance. The project COTR will be responsible for tasking the contractor with new demonstrations or pilots.

Demonstration/Pilot details will be documented in the form of a technical direction letter (TDL). The TDL will provide the necessary technical and business requirements and constraints for the contractor to execute the demonstration/pilot. Upon receipt of the TDL, the contractor shall exercise the process established to support this contract.

2.1 – Establish and Manage a Demonstration and Pilot Process

- The contractor shall establish a process to be used for performing NHIN Demonstrations and Pilots.
- Upon approval of the process plan and receipt of a TDL for specific Demonstration or Pilot, the contractor shall manage one or more concurrent or overlapping NHIN Demonstrations/Pilots.
- For each completion of a NHIN Demonstration/Pilot the contractor shall document and provide a “NHIN Demonstrations/Pilots Lessons Learned” documenting the findings of the investigation.
- During execution of and at the completion of a NHIN Demonstration/Pilot, the contractor shall provide feedback into the Standards and Interoperability Framework. The specific feedback required will be specified in the TDL.

Task 3 – Plan NHIN Demonstrations and Pilots

- For each NHIN Demonstration/Pilot the contractor shall plan and publish a work plan and milestones of NHIN demonstrations. The contractor should plan for at least 4 demonstration/pilots per year.
- Develop and maintain NHIN Demonstration schedules and plans, updated regularly, summarizing the progress, issues/risks, and expected outcomes for the demonstration/pilot.
- Work with Specifications Factory and other teams to integrate timing of demonstrations with releases of NHIN specifications.

Task 4 – Demonstrate NHIN Capabilities

- Develop demonstrations and pilots of NHIN capabilities between at least two separate entities involving the exchange of health information.
- Provide publicly available demonstrations of the developed functionality at venues negotiated with the project COTR.
- Make records of the demonstrations freely available for publication by the NHIN program.

Task 5 – Provide Real World Feedback

- Provide feedback into the NHIN processes on problems, risks, issues, and modifications necessary to NHIN specifications and standards as revealed by the real world demonstrations and pilots.

Provide lessons learned report summarizing the relevant findings and any recommendations for each demonstration or pilot.

Software funded by the demonstrations and pilots will be distributed free of charge under an open license. The means of distribution will be determined by the COTR.

Additional Guidance for COTR: Technical Direction Letters

Clarification of specific performance requirements and technical direction will be provided by the COTR to the contractor in multiple written Technical Direction Letters (TDLs) to be issued to the contractor Project Manager as needed over the period of performance. The TDLs will serve to clarify and supplement requirements, specify deliverable content, details regarding meeting dates, etc. described in this SOW. The TDLs, upon issuance, will supplement this task order SOW. The contractor responsibilities, due dates, performance requirements and deliverables stated in the TDLs will become a binding part of the task order and will have the same force and effect as if they had been a part of this original task order SOW. In no case shall a TDL require work outside the scope of this SOW or direct work that will cause the contractor to exceed the total not to exceed price for either labor or other direct costs in the task order. In no case shall a TDL require the contractor to incur costs over and above the total not to exceed amount of the task order. In the event the contractor believes a TDL exceeds the scope, price or funding of the task order, they shall immediately bring this to the attention of both the CO and COTR in writing.

Items to be Delivered and Delivery Schedule:

All deliverables must be provided to the COTR in electronic format, unless otherwise specified, according to the appropriate schedule. Items specified for delivery are subject to the review and approval of the COTR before final acceptance. The COTR will respond to submitted deliverables within 2 weeks of their receipt. The contractor shall make revisions as deemed necessary by the COTR.

Deliverables Schedule

Deliverable	Deadline
TASK 1: Contract-Level and Task Order Management	
1.2 Task Order Management Plan	Draft – 15 days after award, Final – 30 days after award, update as required
1.4 Monthly Reports	Monthly, on 10th business day
Task 2: Establish and Manage a Process for Performing NHIN Demonstrations and Pilots	
2.0 Demonstration and Pilot Process	Within one month after award
2.1 Demonstration and Pilot Plan	Prior to each demonstration/pilot
2.1 Proceedings Record	As Needed
2.1 NHIN Demonstrations/Pilots Lessons Learned	At completion of each demonstration/pilot
2.1 NHIN Demonstration/Pilot feedback	At completion of each demonstration/pilot
TASK 3: Plan NHIN Demonstrations and Pilots	
3.0 Demonstration and Pilot Schedule and Plan	2 months after award, then monthly updates
TASK 4: Demonstrate NHIN Capabilities	
4.0 NHIN Demonstrations/Pilots	At least 4 annually
4.0 Record of demonstrations	Within 1 week of each demonstration/pilot
TASK 5: Demonstrate NHIN Capabilities	
5.0 Lessons Learned Paper	Within 1 month of each demonstration/pilot

Performance Requirements

The Performance Requirements Summary (PRS) below lists requirements that the Government will evaluate. The absence of any task order requirement from the PRS shall not detract from its enforceability nor limit the rights or remedies of the Government under any other provision of the contract, including the clauses entitled "Inspection of Services" and "Default".

Required Tasks	Task Standard	Method of Surveillance	Standard to be Met
Task 1.2 Task Order Management Plan	Technical approach described in the Task Order Management Plan is effective for managing organizational resources and management controls to be meet cost, performance, and schedule requirements throughout task order execution.	The COTR will review and provide comments	Plan is comprehensive and submitted in a timely manner and submitted 15 days after award and final includes COTR comments
Task 1.4 Monthly Reports	Monthly reports provide detailed information on the effectiveness and accomplishments of task management, oversight, and configuration management applied to the task order and relative outcomes	The COTR will review and provide comments	Reports are submitted on time includes COTR comments
Task 2.1: Establish and Manage a Process for Performing NHIN	Process is effective for performing NHIN	The COTR will review and provide comments	Process is established within one

Required Tasks	Task Standard	Method of Surveillance	Standard to be Met
Demonstrations and Pilots	demonstrations and pilots		month of award
Demonstrations and Pilots Plan	Plan is well documented and is in accordance with Task 2.1.above	The COTR will review and provide comments	Plan is submitted one week prior to demonstration/pilot
Proceedings Record	Record documents meetings for NHIN Demonstration/ Pilot	The COTR will review and provide comments	Proceedings record is comprehensive and submitted in accordance with the COTR's direction
NHIN Demonstrations/Pilots Lessons Learned	Document lessons learned into the Standards and Interoperability Framework in accordance with the guidance specified in the TDL.	The COTR will review and provide comments	Document is submitted in a timely manner
NHIN Demonstrations/Pilots Feedback	Document feedback into the Standards and Interoperability Framework after each demonstration/pilot in accordance with the TDL.	The COTR will review and provide comments	Feedback is submitted in a timely manner
Task 3: Demonstration and Pilot Schedule and Plan	NHIN Demonstration schedules and plans are updated regularly, and	The COTR will review and provide comments	Documents are submitted in a timely manner

Required Tasks	Task Standard	Method of Surveillance	Standard to be Met
	summarize the progress, issues/risks, and expected outcomes for the demonstration/ pilot.		
TASK 4: Demonstrate NHIN Capabilities	Develop demonstrations and pilots of NHIN capabilities between at least two separate entities involving the exchange of health information	The COTR will review and provide comments	Documents are submitted in a timely manner
Task 5 Lessons Learned Paper	Lessons learned paper summarizes relevant findings and any recommendations for each demonstration or pilot.	The COTR will review and provide comments	Documents are submitted in a timely manner

Performance Requirements

Incentives

Performance Incentives: The PRS outlines the criteria and performance objectives against which this task order will be evaluated. Based on the results of the quality assurance determination, the following performance incentives may be invoked at the discretion of the Government:

Positive Incentives may be applied if the quality assurance determination finds that the Contractor has exceeded expectations.

1. If performance has exceeded minimum standard for 4 months, reduce Government oversight of contractor reporting.

2. If performance exceeds standard, record details in the quality assurance determination and make available for past performance evaluation.

Negative Incentives may be applied at the discretion of the Government if the quality assurance determination finds that performance falls below the standard:

1. If performance is below identified minimum standards, details will be recorded on the quality assurance determination and made available for past performance evaluation.
2. If performance is below minimum standards as set forth in the PRS, Government oversight of Contractor reporting will be increased.
3. If performance is below minimum standards, the Government can require the Contractor to perform remedial work at the Contractor's expense.

INSTRUCTIONS TO OFFERORS

The Government intends to award a task order using National Institutes of Health (NIH) Information Technology Acquisition and Assessment Center's (NITAAC) contracting vehicle.

This is American Recovery and Reinvestment Act procurement. Pursuant to FAR 52.204-11, American Recovery and Reinvestment Act - Reporting Requirements. Contractors are required to register by April 1, 2010 and file their first report by April 10, 2010, at www.FederalReporting.gov.

THIS OPPORTUNITY IS AVAILABLE ONLY TO NITAAC CONTRACT HOLDERS

The offeror is expected to show a thorough understanding of the proposed tasks as specified in the Statement of Work (SOW). The proposal should address the specifications in the SOW, not simply repeat the language.

Technical proposals must be limited to a maximum of 25 single-spaced pages using font sizes no smaller than 12-point for volume text and no smaller than 8-point, single-spaced for text within graphics, tables, headers, and footer. The pitch shall be Times New Romans in Word format (MS Word 2003). All pages should be numbered. Any pages over 25 will not be considered. The page limit excludes resumes and past performance references and can be single-spaced. Resumes or CVs are only required for key personnel. Brief biographical sketches of other personnel may be provided and do not count against the 25 page limit.

In preparing their technical proposal and business proposal offerors are requested to follow the proposal format and content suggestions detailed below:

A. Organization of Proposal: Each offer shall consist of two separately packaged proposals:

1) A technical proposal (to include at least five past performance references) and 2) a business proposal. All information necessary to judge the technical soundness and management capabilities of the offeror will be contained in the technical proposal. The business proposal will contain all information related to the determination of the costs associated with each of the project tasks. The technical proposal shall not contain any reference to specific costs, but resource information (e.g., staff hours) may be included so that the offeror's understanding of the scope of the work may be evaluated.

Before providing further instructions, special note is in order to clarify what is expected in the offeror's technical proposal. The tasks and suggestions presented herein are intended as a guide to prospective offerors. The successful contractor is expected to be innovative in the approach recommended. The information presented is not intended to restrict an offeror's proposal or to stifle creativity.

A.1. Organization of the Technical Proposal: The technical proposal shall contain:

1. Cover Page – Including the name of the proposing organization, author(s) of the technical proposal, the RFP number, and the title of the RFP should appear on the cover. (Excluded from the 25 page limit)
2. Table of Contents: Provide sufficient detail so that all important elements of the proposal can be located readily. (Excluded from the 25 page limit)
3. Introduction: The introduction should be a one or two page summary outlining the proposed work, the Offeror's interest in submitting a proposal, and the importance of this effort in relation to Offeror's overall operation. (Excluded from the 25 page limit)
4. Technical/Management Approach
5. Personnel Qualifications and Expertise
6. Discussion and Understanding of the Project
7. Past Performance (Excluded from 25 page limit)

A.2. Organization of Business Proposal

The Offeror shall submit a Business Proposal using a format that provides: Pricing for the list of labor categories (key personnel list in the RFP), hours, rates, and pricing for all proposed materials, and necessary travel (if applicable). The text portions of the Business Proposal should be single-spaced.

B. Technical Evaluation Criteria (Technical Merit).

The evaluation will be based on the completeness, thoroughness and demonstrated capabilities of the prospective Offeror in relation to the needs of the project as set forth in the RFP. Each proposal must document the feasibility of successful implementation of the requirements of the RFP. The Offeror should show that the objectives stated in the RFP are understood and offer a logical program for their achievement. Offeror's must submit information sufficient to evaluate their proposals based on the detailed criteria listed below. Specific evaluation factors, together with the relative weights of importance are listed below. Offeror's should provide information on all of the following criteria.

1. Technical/Management Approach – 35 points maximum
2. Personnel Qualification and Expertise – 35 points maximum
3. Discussion and Understanding of the Project – 30 points maximum

