ITS Mississippi Department of Information Technology Services

DRAFT RFP No: D-3679
Request for Comment

INVITATION: Comments and input on the attached draft specifications for RFP No. 3679 will be received at this office until February 7, 2012 **@ 3:00 p.m.** Central Time. RFP No. 3679 will be issued by ITS at a future date for the acquisition of the products/services described below for University of Mississippi Medical Center - MedCom Division.

The development and implementation of a Mobile Tele-Assist System (MTAS) that serves the University of Mississippi Medical Center and emergency medical providers throughout the state of Mississippi.

The Vendor must submit comments and input, and direct inquiries to:

Donna Hamilton
Technology Consultant
Information Technology Services
3771 Eastwood Drive
Jackson, MS 39211
(601) 432-8114
Donna Hamilton@its.ms.gov

Comments may be submitted by email as described herein or may be delivered to the street address shown above. If delivered to the street address shown, the following must be typed on a label affixed to the package in a clearly visible location:

COMMENTS SUBMITTED IN RESPONSE TO
DRAFT RFP NO. D-3679
due February 7, 2012 @ 3:00 p.m.,
ATTENTION: Donna Hamilton

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Craig P. Orgeron, Ph.D.
Executive Director, ITS

Draft Specifications: Overview and Instructions

The Mississippi Department of Information Technology Services (**ITS**) is releasing Draft Specifications for Request for Proposals (RFP) Number D-3679 in conjunction with the Mississippi Office of the Governor, on behalf of the University of Mississippi Medical Center – Mississippi MED-COM. This RFP is for the development and implementation of a Mobile Tele-Assist System (MTAS) that serves the University of Mississippi Medical Center and emergency medical providers throughout the state of Mississippi.

ITS is releasing the specifications for this RFP in draft form to provide the business community an opportunity to review the specifications and to provide technical and business feedback on the content, format, clarity, and any other aspects that are relevant to this procurement, prior to the formal release of the RFP. The State encourages vendors to submit written comments about this Draft RFP. The State's intent is to issue an RFP in a final form that is open and competitive, within the business requirements the State has determined are required to meet the State's objectives.

The RFP Committee believes this draft accurately represents the needs of the State and that the requirements are substantially complete and in compliance with the Broadband Telecommunications Opportunities Program grant under which this project will be funded. All areas of the Draft RFP, however, are subject to change based upon responses received, additional research by the RFP committee, and input from regulatory entities. The State will carefully read and consider all input received and will incorporate input the State believes is beneficial to obtaining the best MTAS solution. The State will not respond to vendor comments or questions during the Draft RFP review period. The State may, however, at its sole discretion, ask for clarifications or additional information in response to submitted comments.

Reviewers should note that the draft RFP requires the use of the Mississippi Wireless Information Network (MSWIN) as the network transport components for the solution, including the Long Term Evolution (LTE), Land Mobile Radio (LMR), and microwave backhaul components of MSWIN. This approach is consistent with the requirements of the BTOP grant under which this project will be funded.

The inclusion of any particular comment or recommendation in the final RFP is solely at the State's discretion, which shall have final authority for determining the scope and direction for this project. For input to be considered in finalizing the RFP, **ITS** must receive all comments by 3:00 p.m. Central Time, February 7, 2012. Comments may be emailed to donna.hamilton@its.ms.gov or delivered as instructed on the cover page.

Comments may be in the form of introductory or summary narrative, not to exceed five pages, as well as comments interspersed in the requirements document. Interspersed comments should be clearly highlighted and must succinctly address a specific outline point or points. The total of interspersed comments may not exceed ten pages.

ITS anticipates that Final RFP Number 3679 will be released on or about March 13, 2012, with the mandatory Web Vendors Conference held in late March. The RFP process will also include

a post RFP release opportunity for vendors to submit written questions regarding the content of the RFP, with the State providing an official written response. All information concerning the RFP will be posted to the **ITS** website at the following link:
http://www.its.ms.gov/rfps/3679.shtml

The State of Mississippi appreciates the efforts of the Vendor community in reviewing and providing feedback on this Draft RFP.

Public Records Requirements

Vendors should be aware that any information in a comment submitted in response to this Draft RFP may be subject to disclosure or reproduction under the Mississippi Public Records Act of 1983, defined in Section 25-61-1 et seq. of the Mississippi Code Annotated. All disclosures of comments will be made in compliance with the **ITS** Public Records Procedures established in accordance with the Mississippi Public Records Act. The **ITS** Public Records Procedures are available in Section 019-010 of the **ITS** Procurement Handbook, on the **ITS** Internet site at: http://dsitspe01.its.ms.gov/its/procman.nsf/TOC4?OpenView or from **ITS** upon request.

As outlined in the Third Party Information section of the **ITS** Public Records Procedures, **ITS** will give written notice to any affected Vendor of a request to view or reproduce the Vendor's comments or portion thereof. **ITS** will not, however, give such notice with respect to information incorporated into the RFP upon the State's review of a Vendor's input.

SECTION VII
PROPOSAL SUBMISSION REQUIREMENTS

1. How to Respond to this Section

1.1 Beginning with Item 2.1 of this section, label and respond to each outline point in this section as it is labeled in the RFP.

1.2 The Vendor must respond with "ACKNOWLEDGED," "WILL COMPLY" or "AGREED" to each point in this section. In addition, many items in this RFP require detailed and specific responses to provide the requested information. Failure to provide the information requested will result in the Vendor receiving a lower score for that item, or, at the State's sole discretion, being subject to disqualification.

1.3 "ACKNOWLEDGED" should be used when no vendor response or vendor compliance is required. "ACKNOWLEDGED" simply means the vendor is confirming to the State that he read the statement. This is commonly used in the RFP sections where the agency's current operating environment is described or where general information is being given about the project.

1.4 "WILL COMPLY" or "AGREED" are used interchangeably to indicate that the vendor will adhere to the requirement. These terms are used to respond to statements that specify that a vendor or vendor's proposed solution must comply with a specific item or must perform a certain task.

1.5 If the Vendor cannot respond with "ACKNOWLEDGED," "WILL COMPLY," or "AGREED," then the Vendor must respond with "EXCEPTION." (See Section V, for additional instructions regarding Vendor exceptions.)

1.6 Where an outline point asks a question or requests information, the Vendor must respond with the specific answer or information requested.

1.7 In addition to the above, Vendor must provide explicit details as to the manner and degree to which the proposal meets or exceeds each specification.

2. Mandatory Provisions in Technical Requirements for this RFP

2.1 Certain items in the technical specifications of this RFP are MANDATORY. Vendors are specifically disallowed from taking exception to these mandatory requirements, and proposals that do not meet all mandatory requirements are subject to immediate disqualification, at the sole discretion of the State.

2.2 Mandatory requirements are all items prefaced with "MANDATORY:" throughout this Section VII, as well as item 2.3 below. If an outline point is

identified as "MANDATORY," all sub-items below that point are also mandatory.

2.3 On-site attendance at the Vendor Conference (date to be determined) is mandatory for any Vendor who intends to submit an RFP response. No exceptions will be granted to this requirement. Any proposal received from a Vendor who did not have an authorized representative at the Vendor Conference will be rejected.

2.3.1 To access the mandatory Vendor Web Conference, Vendor must contact the state contact listed on the cover page of this RFP via email no later than 2:00 p.m. Central Time [date to be determined] to receive instructions on how to enter into the web conference.

3. General Overview and Background

3.1 *MED-COM* - MED-COM provides emergency communications for University of Mississippi Medical Center (UMMC) and emergency medical providers throughout Mississippi. Designed to function as a service to the emergency medical response agencies, hospitals and first responders of Mississippi, MED-COM averages hundreds of calls for assistance each month and provides a single point of contact for approximately 1,300 emergency transfers into UMMC and other tertiary care facilities each year. Located on the campus of UMMC in Jackson, Mississippi, MED-COM is staffed twenty four hours a day, seven days a week with experienced paramedics and emergency medical technicians. Operationally, MED-COM is divided into the following four areas:

- Transfer Center Operations - MED-COM is the coordination center for all emergency patient transfers into UMMC. Answering calls from hospitals across Mississippi and western Louisiana, MED-COM personnel provide a single point of contact for statewide referral to facilitate a timely acceptance of critical patients. MED-COM also assists hospitals in arranging out-of-state transport of burn patients to area burn centers.
- Statewide Disaster Support - Following Hurricane Katrina, the need for a state-wide, centralized, emergency medical communications center was realized by UMMC and by the Mississippi State Department of Health (MSDH). Mississippi MED-COM was designed to serve as a daily communications center for routine and emergency transfers throughout Mississippi that could be quickly adapted to meet the needs of hospitals and emergency response officials during disasters. MED-COM has access to systems such as MSDH's State-Wide Medical Assets Resource Tracking Tool (SMARTT), which gives access to every hospital in the state and their bed status, services offered, and disaster preparedness status. MED-COM also has access to the Mississippi Hospital Association's satellite communication system, as well as the National Warning System (NAWAS) disaster phone system. Mississippi MED-

COM stands ready 24/7 to provide any needed assistance in coordinating patient transport, assisting with patient placement, and supporting emergency response personnel in responding to disasters or Mass Casualty Incidents (MCI) throughout Mississippi. Mississippi MED-COM will provide communication interoperability of available resources at the request of first responding agencies.

- Regional EMS Coordination - MED-COM personnel have access to multiple critical communication systems during emergencies. This allows MED-COM personnel to provide early notification to the adult and pediatric emergency departments and trauma surgeons. This allows for better continuity of care and assurance that the patients get directed to the services and hospitals that can manage their injuries in the most efficient manner possible. Mississippi MED-COM can provide real-time updates on bed availability and resource availability to incident commanders in the field managing a multi-patient incident or Mass Casualty Incident. UMMC provides on-line and off-line medical assistance to paramedics across Mississippi. MED-COM is capable of assisting EMS personnel in contacting medical control facilities through many different communications systems available.
- Air Transport - MED-COM is responsible for all flight planning and flight communications for UMHC's AirCare 1 and AirCare 2. MED-COM is responsible for all inter-facility transfers and scene flights. MED-COM also coordinates all Helicopter EMS traffic into and out of UMMC.

3.2 *MSWIN* - In June 2007, the State of Mississippi executed a contract with Motorola Inc. for a Project 25 (P25), 700 MHz integrated voice and data (IV&D) trunked land mobile radio (LMR) system consisting of 137 RF sites, and a loop protected route redundant digital microwave transport network (See Figure 3.1, page 9). The system, which is referred to as the Mississippi Wireless Information Network (MSWIN), is designed to provide voice radio communications to 97% State area coverage reliability, statewide seamless roaming, and alternate routing between wide area controllers. The LMR data gateway will be accessed via the state's MSWIN microwave network. To date, 94 sites have been completed and are operational. The remaining sites have been acquired and approved for construction, with an expected completion by Q4 2012.

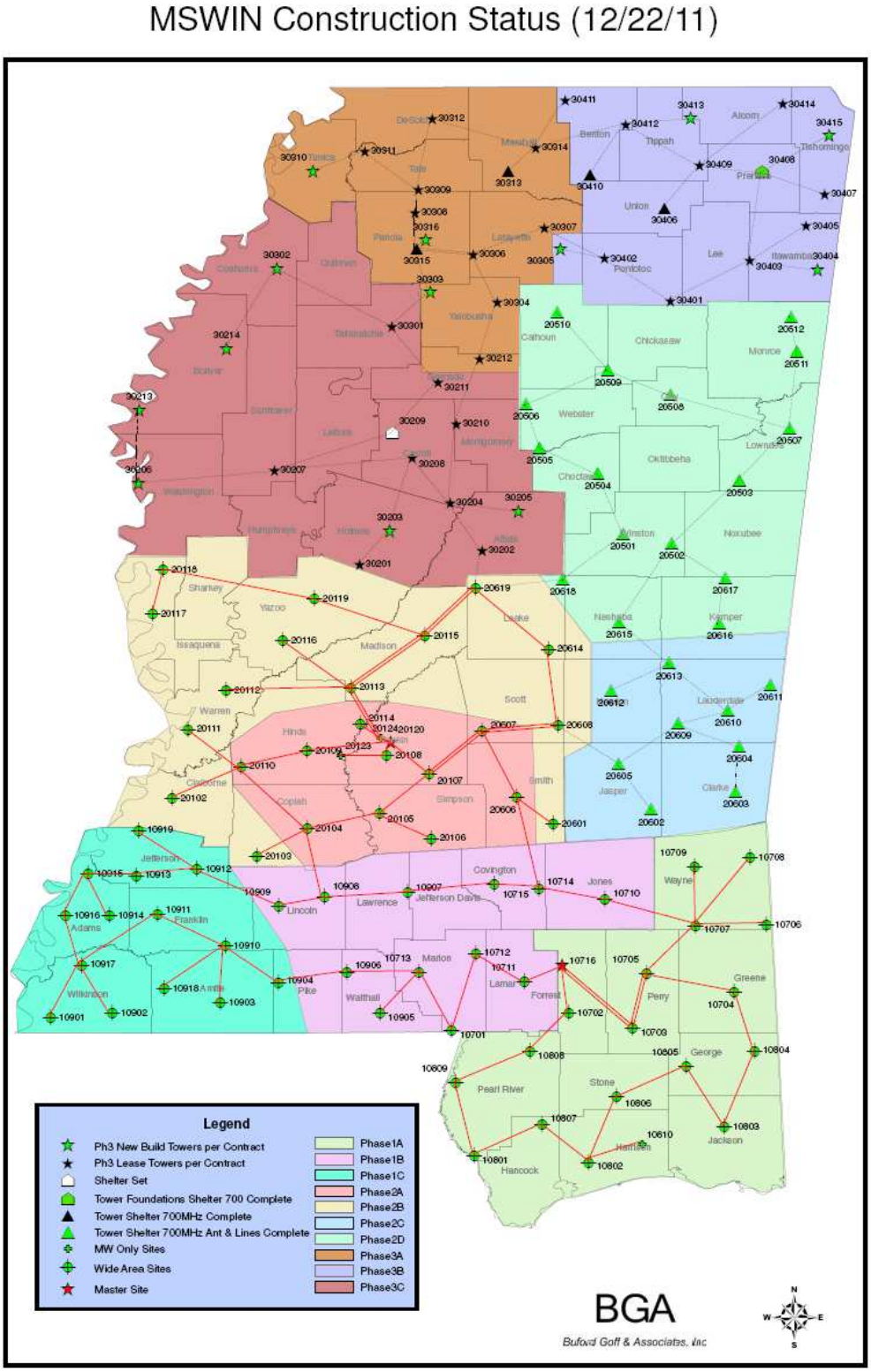
MSWIN Construction Status (12/22/11)
Legend
Ph3 New Build Towers per Contract
Ph3 Lease Towers per Contract
Shelter Set
Tower Foundations Shelter 700 Complete
Tower Shelter 700MHz Complete
Tower Shelter 700MHz Ant & Lines Complete
MW Only Sites
Wide Area Sites
Master Site
Phase1A
Phase1B
Phase1C
Phase2A
Phase2B
Phase2C
Phase2D
Phase3A
Phase3B
Phase3C
BGA
Buford Goff & Associates, Inc

Figure 3.1

In August of 2011, the State of Mississippi executed a contract with Motorola to add long term evolution (LTE) data capabilities to the MSWIN system. The MSWIN LTE broadband data system is based on the 3GPP LTE release 9 standards and the key interfaces. Radio Access Network equipment will be installed at 137 sites throughout the state. Additional sites are being added as funding is available to supplement coverage performance of the network. The LTE core data gateway will be accessed via the state's MSWIN microwave network.

3.3 *MED-COM Mobile Tele-Assist System (MTAS)* – Consistent with its mission to improve levels of patient care by providing EMS responders, patients, and physicians with increased access to information and reducing time to treatment, MED-COM is seeking assistance from the vendor community to develop, test and deploy a Mobile Tele-Assist System (MTAS) that will improve patient assessment capabilities, facilitate appropriate transport, and improve treatment outcomes.

MTAS will contain three distinct components that function as an integrated system. These components are defined as the Responder Component, the MED-COM Component, and the Communications Manager Component. A brief description of each component follows. Additional requirements for each component are contained in Sections 5 thru 7. Refer to Figure 3.2 on page 12 for a conceptual diagram of the MTAS network.

- Responder Component – Currently, there is no direct connectivity between the ambulances and MED-COM for either voice or data transmissions. All communications between first responders and MED-COM is via mobile phones over a commercial carrier.

  MED-COM personnel envision that the new Responder Component will function as a collection point and information distribution manager for data in the emergency responder vehicle. The Responder Component will interface directly with the MED-COM Component via the Communications Manager that will be used to manage the transmission of patient information to MED-COM. The Responder Component will be required to support a wide range of monitoring equipment contained in the ambulance and transmit various data files. The Responder Component must be capable of communicating with MED-COM to receive patient care, destination information and medical oversight information if necessary. The Responder Component will eventually be deployed to 342 ambulances throughout the state as part of this project.

- MED-COM Component –The MED-COM Component is envisioned to function as a repository for data file collection, support information processing and review, and coordination of appropriate response. MED-COM envisions that the core equipment (i.e. – servers/repository) will be located at either the state's Data Center or at MED-COM's

Communication Center. MTAS Operator Terminals located at the MED-COM communications center located at the UMMC campus and connected to the MED-COM Component Repository.

- Communications Manager Component – The MTAS Communications Manager will be a mobile message management solution that enables secure connectivity and seamless roaming across any combination of MSWIN LTE and MSWIN LMR networks, or cellular networks as backup to MSWIN. The Communications Manager must integrate with the Responder Component and be able to determine the best network available for data transmission and be capable of providing store and forward functionality in the event there is no network coverage. MED-COM envisions that EMS personnel will be able to move freely between secure and non-secure networks without losing connection to MED-COM or other EMS providers or hospitals. The Communications Manager may be a software component, a separate hardware component, or a combination of hardware and software.

  The Communications Manager Component selects the transport medium. The MSWIN LTE subsystem is the preferred or primary network as it provides the highest data rates. The LMR subsystem is to be used as the secondary network of choice. If the LTE and LMR networks are not available for any reason, then a carrier based cellular network can be used as a backup. If no network is available then the MTAS application (i.e. – Responder Component) will store patient data or messages and deliver when the vehicle enters data system coverage.

  The Communications Manager Component must be certified or validated as operational on the MSWIN vendor's LTE and LMR networks. Specific tests and demonstrations will be required during the development and field testing cycles of project timelines.

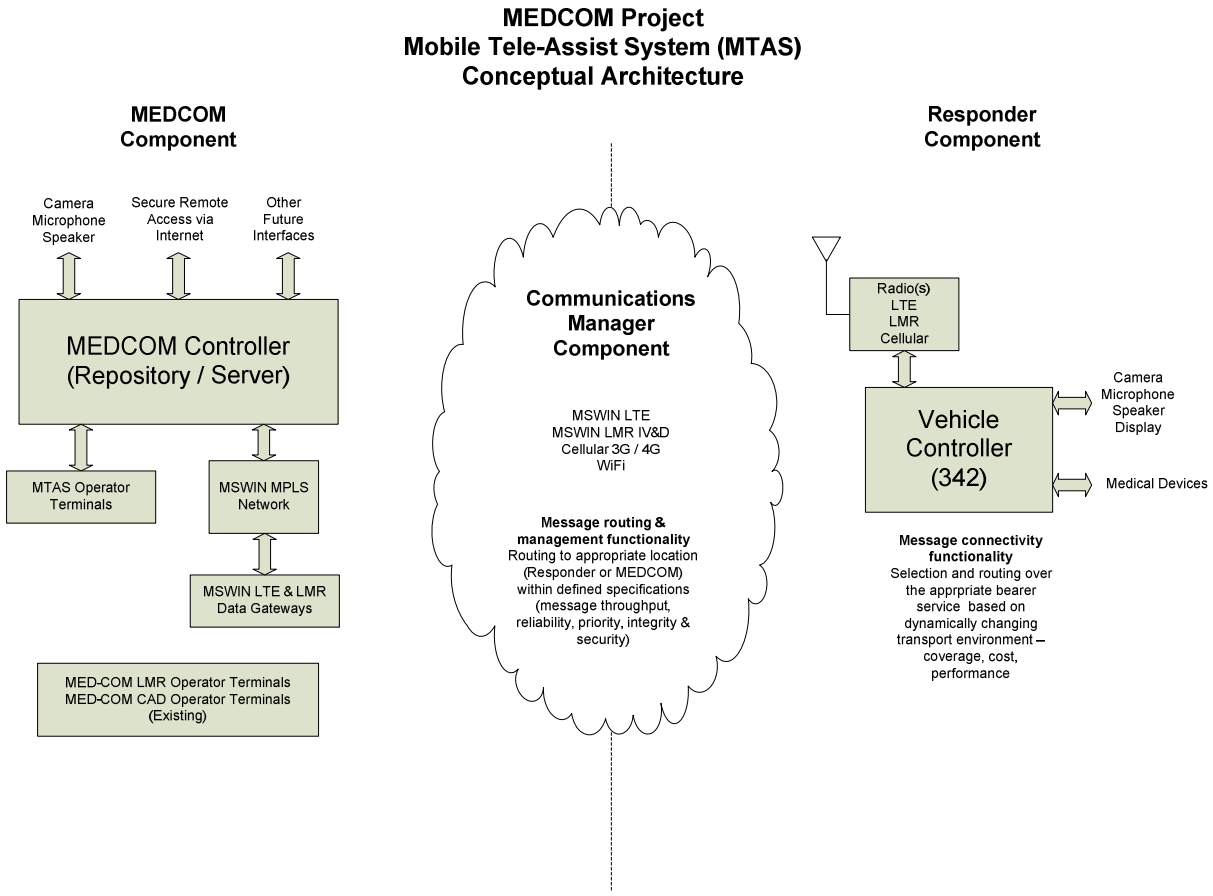

Figure 3.2 – MTAS Architecture Components

3.4 MANDATORY: Regulatory Compliance - All MTAS functionality, information transfer, and records management/storage shall be compliant with applicable regulations (i.e. – HIPAA).

4. Responder Component Technical Specifications

The Responder Component shall consist of a base package (Tier 1), which is defined as providing the functionality and equipment as defined in this section to collect, transmit and display data for static data files from the medical equipment in the responder vehicle, such as 12 –Lead EKG data, and patient identifiers. An enhanced package (Tier 2) will also be available. Tier 2 functionality is defined as Tier 1 plus the ability to transmit real-time streaming data, such as video, audio and live telemetry from medical equipment.

ARCHITECTURAL ELEMENTS

4.1 MANDATORY: Provide a ruggedized Mobile Data Terminal (MDT) with ancillary equipment that provides required support for MTAS application operations, including data entry, information display, medical device communications, and MSWIN LTE radio communication, MSWIN LMR

radio (data) communications, and cellular radio (data) operation. The MDT will have touch screen technology, keyboard, monitor and mouse will be mounted in the responder unit. Sufficient data ports shall be available for connection of medical monitors, video cameras, audio interfaces, and network connection devices (LTE modem, 4G/3G Cellular network connection, LMR Modem, WiFi connection), microphone and headset connection for audio transmissions.

4.2 MANDATORY: Provide the responder component equipment to support the applications display, data entry, audio, and video capabilities defined below. All Responder equipment will be supplied for a fixed mount configuration (not portable or removable).

4.3 MANDATORY: The MDT will be mounted in the front or the rear of the responder unit based on the agency's preference. The vendor must propose an optional Tier 1a and Tier 2a configuration that has an optional keyboard, monitor and mouse for ambulance services which already have their own data systems installed in the front of existing responder units (i.e. – use existing MDTs in the vehicles).

4.4 MANDATORY: All equipment provided as part of the Responder Component shall not interfere with any existing medical equipment or other operational equipment in the responder vehicles. Installations shall be performed to avoid modification to any existing configurations.

4.5 MANDATORY: Vendor is to supply to the State the recommended hardware specifications for the MDT and provide a corresponding price for recommended configuration on a per unit basis.

4.6 Figure 4.1 on page 14 shows a conceptual responder component architecture.

Responder Component
Conceptual Architecture

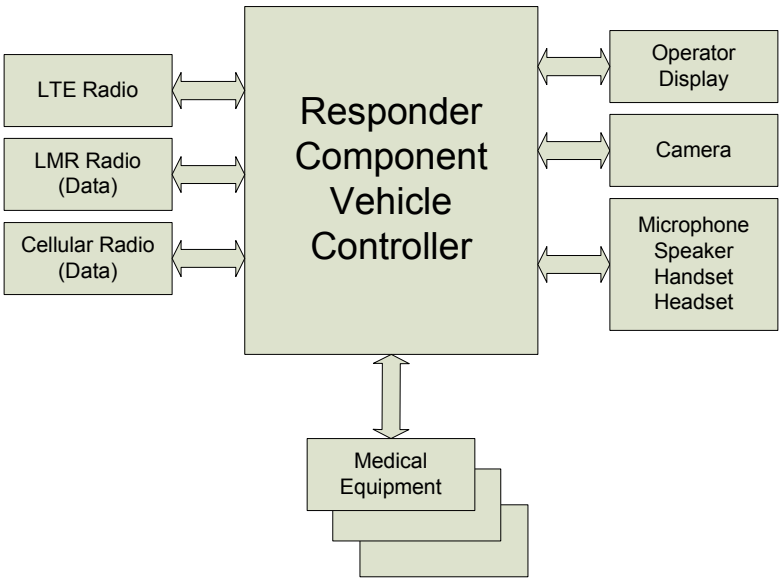

Figure 4.1

4.6.1 MANDATORY: Interfacing with the Communications Manager Component (Section VII, Item 6) to ensure fast, reliable, and secure transmission of data over the MSWIN networks.

4.6.2 MANDATORY: Interfaces with the most common brands of medical monitoring devices used in the field including, but not limited to, Phillips, Zoll, Propaq, and Physio-Control (inclusive of all licensing agreements as applicable) for receiving data transmissions.

4.6.3 MANDATORY: Interfaces with MSWIN radio components (LTE radio, LMR radio (data) equipment and cellular radio (data) equipment).

4.6.4 MANDATORY: Interface with the MED-COM Component described in Section VII, Item 5 to provide the exchange of data as required by MED-COM Operations.

4.6.5 MANDATORY: Interface with the audio and video equipment that supports the MED-COM operator remote support functionality. The video and audio tele-assist component must provide a flexible bidirectional link between the ambulance and the MEDCOM operators.

FUNCTIONAL ELEMENTS

4.7 MANDATORY: Simplified data entry for creation of activity/event records such as the easy addition of patient identifiers (i.e. – auto generated), event identifiers, demographics, 12-Lead data, and other data fields as necessary to support MTAS operations.

4.8 MANDATORY: Touch screen operations for easy use and control of system functions.

4.9 MANDATORY: Transmission and local display of static12-Lead reports. Reports transmitted in standard PDF formats or other formats to minimize data transmission requirements to MED-COM from the scene or en route.

4.10 MANDATORY: Transmission of live medical telemetry/data from portable vital sign monitors that support this function.

4.11 MANDATORY: Capability of connecting to other medical devices such as portable Ultrasound units.

4.12 MANDATORY: Providing EMS personnel with information relative to the status of data transmissions at a glance.

4.13 MANDATORY: Providing end-to-end HIPAA compliant processing, storage and transmission of all patient related data and 12-Lead reports.

4.14 MANDATORY: Equipped for protecting stored data against unauthorized changes or deletions from the responder operator.

4.15 MANDATORY: Equipped for supporting customizable user fields.

4.16 MANDATORY: Equipped for automatically recognizing and receiving data and files from different brands of monitors upon connection.

4.17 MANDATORY: Equipped for retaining a history of 12-Lead report acquisitions including the date and time stamp of when the reports were collected, where the reports were sent, and by whom they were sent.

4.18 MANDATORY: Provide services for user authentication and password protection.

4.19 MANDATORY: Interfacing with a standard internet email client for sending and receiving information (i.e. – POP3, IMAP, etc.).

4.20 MANDATORY: Internet access with the capability of being limited by MED-COM MTAS administrators.

4.21 MANDATORY: Video and audio equipment must operate in a wide range of environmental conditions. The human interface must be feature rich yet simple allowing medical personnel to focus on patient care.

4.22 MANDATORY: Minimum functions include bidirectional audio and video (patient/EMT to/from MED-COM operator)

4.23 MANDATORY: Streaming audio and video to support video conferencing and tele-presence.

4.24 MANDATORY: Wireless headset capability for the responder application.

4.25 MANDATORY: Video operations in typical patient compartment, (i.e. - with floor illumination of 15 foot candles intensity, measured along the centerline of the clear floor. Primary cot illumination is 35 foot candles of measured on at least 90% of the cot's surface area.)

4.26 MANDATORY: Video camera equipped with auto iris, auto focus, auto white balance, optical and/or mechanical pan, tilt zoom to aid in patient diagnosis.

4.27 MANDATORY: Video camera equipped with adaptive video coding (H264 standard) to compensate for changing rf transport bandwidths.

4.28 MANDATORY: Audio and video buffering to support continuity during session management functions.

4.29 MANDATORY: Functionality for saving medical data files to external devices (i.e. - USB drives) for manual distribution by medical personnel, under MED-COM administrative controls.

4.30 MANDATORY: Chat capability from the Responder Component to and from MED-COM component.

5. MED-COM Component Technical Specifications

The MED-COM Component is envisioned to provide the application display/distribution for the Responder Component information, processing for coordination of medical response, and function as repository for data file collection/management. MED-COM envisions that the equipment (i.e. – servers/repository) will be located at either the state's Data Center or at MED-COM's Communication Center, with MTAS Operator Terminals located at the MED-COM Communications Center located on the UMMC campus.

Currently, MED-COM has four console positions that support 12 communications specialists. Med-Com will be expanded in the near future to contain two additional console positions and up to 6 additional communications specialist. Operator equipment (entry, display, audio, video, etc.) will be provided as required at each MED-COM operator position (Qty. 6).

Connectivity to the MSWIN LTE and LMR data gateways and the necessary bandwidth to support the MTAS applications will be provided through the State's provisioning of the MSWIN microwave network and associated MPLS routers.

ARCHITECTURAL ELEMENTS

5.1 MANDATORY: The Vendor will provide six MTAS Terminals (PCs) to access the MTAS System. MTAS Terminals will be standard PCs with a current version of Windows operating system and appropriate CPU, memory, storage, and ports to support MTAS operations.

Vendor is to supply to the State the recommended hardware specifications for the MTAS Terminal and provide a corresponding price for the recommended configuration.

5.2 MANDATORY: The Vendor will provide MTAS servers with appropriate peripheral devices to adequately support the MTAS application, including the equipment for a repository for the audio and video Responder records generated by MTAS. The MTAS servers can be Unix or Windows based machines with appropriate CPU, memory, storage and ports to support MTAS operations.

Vendor is to supply to the State the recommended hardware specifications for the servers to provide the repository and operator functionality, and provide a corresponding price for the recommended configuration. The recommended server configuration shall be equipped to support a minimum of 12 operator positions.

5.3 MANDATORY: Provide the functionality to store, maintain, and manage the medical records (i.e. – repository) created by the Responder or MED-COM operator.

Vendor is to supply to the State the recommended hardware specifications for the repository server and provide a corresponding price for the recommended configuration to support a minimum of 12 operator positions, and 500 Responder Units.

5.4 MANDATORY: All equipment provided as part of the MED-COM Component shall not interfere with any existing medical equipment or other operational equipment in the Med-COM communications center. Equipment installations shall be performed to avoid modification to any existing operator configurations or as agreed with MED-COM.

INTERFACES

5.5 MANDATORY: Integration of disparate communications sources (e.g., LTE data devices, LMR data devices, cellular data devices, e-mail, and limited Internet) into a consolidated medical operator terminal/console.

5.6 MANDATORY: Integration to the repository/data logging device to archive call activity and data transmissions received and/or forwarded by MED-COM.

5.7 MANDATORY: Accept 12-Lead information, patient information, video, audio, and telemetry from the Responder Component

5.8 MANDATORY: Capability to connect and provide information transfer to and from the three supported networks listed below that the responder component will have available (i.e. MSWIN LTE, MSWIN LMR Data and Commercial Carrier Cellular Networks).

FUNCTIONAL ELEMENTS

5.9 MANDATORY: Provide camera, headset, microphone, and speaker to support an audio/video interface to the Responder Component.

5.10 MANDATORY: Equipped to receive and display static 12 Lead data files from the responder component medical equipment.

5.11 MANDATORY: Equipped to receive and display live telemetry from the responder component.

5.12 MANDATORY: Capability to receive medical data files from other medical devices such as portable Ultrasound located in the Responder Component.

5.13 MANDATORY: Video and audio equipment to support the bidirectional audio and video Responder Component (MED-COM operator to/from patient/EMT)

5.14 MANDATORY: Streaming audio and video to support video conferencing and tele-presence.

5.15 MANDATORY: Provide services for user authentication and password protection.

5.16 MANDATORY: Interfacing with a standard internet email client for sending and receiving information (i.e. POP3, IMAP, etc.)

5.17 MANDATORY: Wireless headset capability for the MED-COM operator application.

5.18 OPTIONAL: Ability to provide video operations in MED-COM's operations center illumination conditions.

5.19 MANDATORY: Controls for the Responder video camera equipped with auto iris, auto focus, auto white balance, optical and/or mechanical pan, and tilt zoom to aid in patient diagnosis.

5.20 OPTIONAL: Video camera equipped with adaptive video coding (H264 standard) to compensate for changing rf transport bandwidths.

5.21 MANDATORY: Audio and video buffering to support continuity during session management functions.

5.22 MANDATORY: Functionality for saving medical data files to external drives (i.e. – USB) for manual distribution by medical personnel, under MEDCOM administrative controls.

5.23 MANDATORY: Chat capability from the MED-COM Component to/the Responder Component

5.24 MANDATORY: Capability of storing and transmitting static EKG, Live Telemetry and Other Medical Data files.

5.25 MANDATORY: Capability of receiving simple medical information and demographics from the Responder Component.

5.26 MANDATORY: Ability to connect voice, video and data transmissions to patient care records.

5.27 MANDATORY: Storing multiple 12-Lead transmissions and creating reports sufficient to support quality assurance reviews.

5.28 MANDATORY: Large touch-screen controls for ease of use by MED-COM personnel.

5.29 MANDATORY: Headset integration with easy answer capability.

5.30 MANDATORY: Support for supervisory call monitoring.

5.31 MANDATORY: Support for supervisory MTAS terminal viewing and monitoring.

5.32 MANDATORY: Store, display, and forward 12-Lead information to service providers via email, fax or hardcopy.

5.33 MANDATORY: Support for online, remote access (via Internet) to medical records (i.e. - 12-Lead information) via the MTAS network.

5.34 MANDATORY: Customizable reports to support the development of call summaries, QA reviews, and statistical analysis.

5.35 MANDATORY: Document management capabilities to manage MED-COM's operational procedures, treatment protocols, equipment manuals, etc.

5.36 MANDATORY: Customizable data input screens.

5.37 MANDATORY: Automatic date and time-stamps for all new or modified information.

5.38 MANDATORY: Ability to develop voice, data or video material for training purposes.

6. Communications Manager Component Specifications

The Communications Manager Component shall manage the communications channels (primary LTE, secondary LMR, and back-up cellular carrier based) to deliver the application data in the most bandwidth efficient manner practical. This component may be contained in a combination of hardware and software as required to provide communications management functionality.

The Communications Manager Component must be certified or validated as being fully functional and operational using the MSWIN vendor's LMR and LTE networks.

ARCHITECTURAL ELEMENTS

6.1 MANDATORY: MTAS solution shall provide integrated services using the MSWIN LTE network including interfaces, roaming, security, encryption, quality of service, and priority services provided by the 3GPP standards based LTE system.

6.2 MANDATORY: As the Communications Manager Component selects the transport medium, the LTE subsystem is the preferred network as it provides the highest data rates. The LMR subsystem is envisioned as the secondary network of choice. If the LTE and LMR networks are not available for any reason, then the Communications Manager Component supports use of carrier based cellular networks that can be used as a backup. If no network is available then the application will store patient data or messages and deliver when the vehicle enters data system coverage.

INTERFACES

6.3 MANDATORY: Accept and Transmit 12-Lead information, patient information, video, audio, and telemetry from the Responder Component to the MED-COM Component

FUNCTIONAL ELEMENTS

6.4 MANDATORY: Maintain session continuity (i.e. – secure single sign-on) that supports application integrity and functionality for handoff between eNodeBs on the LTE network, between P25 LMR stations, and between the LTE network eNodeB RAN and the P25 LMR network elements.

6.5 MANDATORY: Provides MTAS administrators the ability to assign priorities for application specific traffic. Priority assignments shall consider

the availability and performance characteristics of the available transport mediums and optimize delivery of application data.

6.6 MANDATORY: Provides MTAS administrators control over Quality of Service for traffic at the application specific level.

6.7 MANDATORY: Provide data encryption and authentication to protect data from being accessed by unintended recipients.

6.8 MANDATORY: Providing end-to-end HIPAA compliant storage and transmission of all patient related data and 12-Lead reports.

6.9 MANDATORY: Provide Store and Forward functionality to support message integrity during session management of the rf network.

7. System Components, Software Compatibility and Integration

7.1 MANDOTORY: MTAS shall work as an integrated system that supports Mississippi's emergency medical responders and the MED-COM staff supporting emergency response. The vendor shall describe the components, interfaces, information flow, and functionality that comprise an integrated MTAS system.

7.2 MANDATORY: The Vendor shall furnish and install system components and/or software, together with any and all associated equipment provided, as an integrated system that will operate in accordance with the technical specifications and representations stated in this RFP.

7.3 MANDATORY: Software delivered and programmed will be compatible with all components in the system as well as uniform and transparent in operation throughout the entire statewide system.

8. Technology Roadmap

8.1 MANDATORY: Vendor must provide a summary of its current products/applications and/or platforms and future projections of products/applications or platforms it plans to deliver for supporting MTAS. The technology forecast should be based on Vendor's knowledge of existing and forecasted health/medical rules and regulations as well as wireless industry trends and the impact to mobile medical applications and standards.

8.2 MANDATORY: Areas to be presented and addressed shall include, but not be limited to, the following:

8.3 MANDATORY: Backward and forward product compatibility. Forward product compatibility is defined as products that will be compatible with or without upgrade, with new products or systems contained in the Vendors Technology Roadmap.

8.4 MANDATORY: Planned obsolescence of the proposed solution's life-cycle to include system component availability, maintenance support, and software support

8.5 MANDATORY: Anticipated proposed product life-cycle, and the alternatives and options for MED-COM's MTAS technology refresh.

9. Project Plan

Vendor should review the Preliminary Statement of Work (SOW) included as Exhibit C to this RFP and prepare and submit, as part of Vendor's proposal, an initial Statement of Work that includes, but is not limited to the following:

9.1 MANDATORY: Detailed Design Review

A detailed design review process will be conducted by the State and Vendor after contract signing to finalize the technical details of each component of MTAS. This process shall result in a Detailed Design Plan (DDP) which will be signed by the Vendor and the State. At a minimum this DDP shall include, but not be limited to, architecture, network configuration, IP addressing scheme, software components (database, security software, portal, etc.), data storage devices, and equipment necessary to make the system fully functional.

9.2 MANDATORY: Vendors Proposed Project Schedule

Each Vendor must include in the proposal a preliminary project schedule. Total statewide implementation must be completed by June 30, 2013. The Vendor's proposed project schedule must provide for completion of all software and hardware development activities, factory/lab testing, field testing, documentation development, equipment installation, training and statewide deployment in 342 ambulances, 90 hospitals, and at MED-COM.

9.3 The Vendor's proposed preliminary project schedule must be prepared using Microsoft Project and depict the major project activities, resources, durations, and milestones. Vendor should provide both a printed and electronic copy of the schedule as part of their proposal. At a minimum, the preliminary schedule must include the following major activities and milestones.

Activity No.	Activity Description
1	Contract Execution
2	Detailed Design Review
3	Software Development
4	Hardware Development
5	Factory/Lab Testing
6	Acceptance Testing
7	Equipment Installation

8	Training
9	Statewide Deployment
10	Project Close Out

That State has provided a Preliminary Project Timeline in Exhibit A that contains preliminary project milestones from the State's perspective.

10. Vendor Project Organization

The State is seeking the services of a Vendor or multi-vendor team with extensive expertise and experience related to the development of data systems for remote field/vehicle based medical applications, control center, and medical support capabilities. The State desires to contract with an established company specializing in the deployment of wireless medical applications and possessing an experienced, skilled, and knowledgeable staff of IT specialists, engineers, project managers, and other qualified professionals to comprise a team of individuals who can successfully provide all the products and services outlined this Section VII. Any prime Vendor partnering with other solution providers is required to submit a signed copy of the partnering agreement(s) between the parties as part of the response to this RFP.

10.1 MANDATORY: Corporate Information

10.1.1 The Vendor must provide information on the corporation to include parent Corporation and any subsidiaries if appropriate.

10.1.2 The Vendor must describe the corporate organization size and organizational structure and state whether the Vendor is based locally, regionally, nationally or internationally as well as its relationship to any parent firms, or subsidiaries.

10.1.3 If incorporated, the Vendor must provide the name of the state of incorporation. (Note: in order to execute a contract, the Vendor's firm must be licensed in the state of Mississippi on or before the date the contract is executed).

10.1.4 The Vendor must provide a copy of its most recent annual report, including consolidated balance sheets and related statements of income, stockholders' or partners equity, and changes in financial position, for each of the three fiscal years preceding the end of the most recent fiscal year; or a credit rating number from an industry-accepted credit rating firm; or the report of an auditor's unqualified opinion of the financial stability of the firm.

10.2 MANDATORY: Project Staffing Plan

10.2.1 The Vendor must develop and include in the proposal a project-staffing plan that identifies assigned key project personnel and clearly defines the organization that will design, develop, and

deploy the system. Staffing plan shall identify a reporting structure for problem escalation and resolution. The Project Manager shall be identified that has responsibility to oversee and manager all aspects of the project.

10.2.1.1 The Vendor must provide resumes and references for each key individual to be assigned to the project. Resumes must reflect qualifications and recent experience relevant to the scope of work indicated in this RFP. Each resume must include at least three references that can be contacted to verify the individual's qualifications and experience. For each reference, list the individual's name, title, company name or organization, email address, mailing address, and telephone number. Resumes for key personnel to be supplied by subcontracting with other organizations must also be provided. Resumes must be limited to two pages per person.

10.2.1.2 Methodology of interfacing with the State (documentation, project meetings, reports, schedule monitoring) including exchange of information and documentation management.

10.2.1.3 Named Project Manager to be onsite during Deployment Phase

10.2.2 Upon award, the Vendor must commit the proposed key personnel by name for the duration of the project. All project personnel, both key and others, must have previous experience appropriate to the proposed project assignment. Technical personnel must possess all requisite skills appropriate to their assignments.

10.2.3 Key individuals must be available to work on the project upon contract execution. The State expects all named individuals to remain with their respective assignments as called for in the project staffing plan except for extreme circumstances beyond the Vendor's control. Any replacement or substitution of Vendor's project staff requires approval from the State prior to replacement or substitution.

10.2.4 The Vendor's Project Manager must be empowered to authorize changes to the contract and work in concert with the State Project Manager on the design, implementation, and commissioning of the system.

10.2.5 State Resources Required

The Vendor shall identify State personnel resources that will be required to align with its proposed project team to ensure an effective project design, implementation, and commissioning of the system during all phases. Included in the Vendor's recommendation for State project personnel, shall be titles, such as Project Manager, etc., skill sets, educational requirements, certifications/endorsements, and an estimate of the percentage of time the identified State resources will need to be dedicated to the project.

11. Testing and Acceptance

This section describes the State's requirements for testing and acceptance of MTAS. As a condition of acceptance by the State, the Vendor and the State shall jointly perform application and equipment demonstrations and systems testing to prove the MTAS functionality as defined by the technical and functional specifications defined in Section VII, Items 4 through 6. Testing and demonstrations shall consist of factory/lab testing and field testing. The Vendor shall acknowledge and agree that all testing must involve and include actual components being implemented in the proposed solution unless otherwise agreed to by the State. Detailed test plans for factory/lab testing, field testing, and acceptance testing will be developed by the Vendor and reviewed and approved by the State prior to execution.

11.1 MED-COM requires development, demonstrations, and testing using the deployed and configured MSWIN LTE and LMR equipment.

11.2 MANDATORY: Factory/Lab Testing

The Vendor testing and acceptance shall conform to the following general outline of Functional, Operational and Specification Testing for each of the following.

11.2.1 Communications Manager Component

11.2.2 Responder Component

11.2.3 MED-COM Component

11.3 MANDATORY: Field Testing

The Vendor testing and acceptance shall conform to the following general outline of Functional, Operational and Specification Testing for each of the following.

11.3.1 Communications Manager Component

11.3.2 Responder Component

11.3.3 MED-COM Component

11.4 MANDATORY: Test Plans

The test plans shall consist of procedures, check lists, forms, test equipment requirements, and recommended State personnel involvement. The tests shall be conducted to completely verify all features, functions, and specifications of MTAS. Test plans shall be prepared for:

1) Factory/Lab Tests

2) Field Tests

Test plans for each of the tests shall be developed by the Vendor and submitted to the State for approval, and modified by mutual agreement. After agreement the Vendor shall modify the test accordingly. Tests will not be considered valid tests unless the test plan has received prior written State approval. All tests will be monitored by the State and only State monitored tests shall be considered valid.

11.5 MANDATORY: Testing Documentation

All tests executed shall be documented according to the approved test plans. All records kept during the Testing and Acceptance Process shall be made available to the State at any time and provided to the State as part of the System deliverable documentation.

The documentation shall consist of: 1) Test Checklists, which shall be based on the specification and functional criteria for system hardware and software, 2) Test Exception Reports which shall contain test items that failed and require corrective action or resolution, 3) Data sheets displaying the inputs and outputs from the testing process, and 4) A record of items observed during the tests.

11.6 MANDATORY: Testing Checklist(s)

Test checklists shall be associated with a particular type of equipment or feature test and shall be filled out during the testing. Each test shall be based on the specification or functional criteria, and shall either receive a Pass or Fail as determined by the State. These test checklists shall be a running record of the status of the tests. The associated set of test checklists for all system components shall be assembled into a binder and provided to the State for future reference. Each test checklist form shall contain: 1) The component being tested, 2) Date test was performed, 3) List of all tests, 4) The expected level or result for each test, 5) The measured result to be manually recorded, 6) Pass/Fail box to be approved by the State, 7) An Exception Report identifier if a Fail, and 8) A signature block(s) for the Vendor and the State's representative(s).

11.7 MANDATORY: Test Exception Report

The Test Exception Report shall be a record of all items that did not meet the terms and conditions of this contract and require corrective action or resolution. This information shall be kept electronically to allow for sorting and reporting the items as required. All Exception Report items shall be addressed until each item has been resolved. Exception Report resolution shall be associated with the System Acceptance Milestones.

As a cover sheet the Exception Report will have signature blocks for Vendor and State Project Director execution related to final closeout of the Exception Report.

12. Training

The Vendor shall develop a comprehensive training program for UMMC personnel and UE personnel for instruction in the use of MTAS.

12.1 MANDATORY: UMMC Training

The Vendor shall train 20 UMMC staff as designated by the State in a classroom environment and to a sufficient level to allow the personnel to operate the system hardware and software in an efficient manner and make informed decisions about system operations. Vendor shall make user training and system manager training available to UMMC personnel.

UMMC training shall include, but not be limited to the following:

- System Operation
- System Coverage and operational impacts
- Safety Items
- Proper Operation of Equipment
- Use of Menu Items (as applicable)

12.2 MANDATORY: UE Training

Vendor shall develop a training program and training materials for UE training purposes. The training package shall include on-line training modules and “help” modules for Responder operators. Training in the use of the Responder Equipment (hardware and software) shall include, but not be limited to the following:

- System Operation

- System Coverage and operational impacts
- Safety Items
- Proper Operation of Equipment
- Use of Menu Items (as applicable)

12.3 MANDATORY: Materials

The Vendor shall develop and provide materials suitable for each type of training and provide them as a deliverable to be reviewed and accepted by the State. Training materials shall include handout documents, visual aids, video and/or audio demonstrations, personal computer software simulations demonstration hardware, and testing materials.

The Vendor shall provide any other materials, which the State and the Vendor jointly agree are necessary for the training of MTAS users.

12.4 MANDATORY: Scheduling

The Vendor will have sole responsibility for scheduling of the personnel to attend classes, and the times and locations of the classes. The State and the Vendor will jointly agree to provision of the facilities for all training.

13. Warranty and Post Warranty Maintenance Program

13.1 MANDATORY: The Vendor shall provide Warranty and Post Warranty Maintenance Program services for MTAS. The Program services shall cover all installed equipment for MTAS to include:

- All hardware and software installed in ambulances or other first responder units
- All hardware and software installed at MED-COM
- All hardware and software installed at the hosting site (the State Data Center, MED-COM or Troop C)

The Program services shall be categorized as follows:

- 2 Year Base Warranty Period
- 3 Year Optional Post Warranty Period (Total of 5 years)

13.1.1 During the Warranty and Post Warranty periods, all devices should be replaced with an 'Exchange' unit and shipped for depot maintenance. A local vendor service shop should remove the defective vehicular mounted units and/or MED-COM operator

units, install an exchange unit, and ship the defective unit for repair.

13.1.2 During the Warranty and Post Warranty periods, all software should be kept at the current release level. Installation, configuration, and scheduling of software upgrade is the responsibility of the vendor with prior review and approval by the State.

13.1.3 Vendor should submit a preliminary Warranty and Post Warranty SOW as part of their proposal. The final SOW will be negotiated during contracting phase of this procurement.

13.2 MANDATORY: 2 Year Base Warranty Period

Vendor shall provide all inclusive Warranty Period services commencing upon the achievement of Final System Acceptance.

Vendor shall fully describe the 2 Year Warranty Period for all system elements to include services for remedial and preventative maintenance as well as response times, resolution times, and criteria for troubleshooting and return to service of system components and critical system infrastructure.

13.3 MANDATORY: 3 Year Optional Post Warranty Period

Vendor shall provide an all inclusive Post Warranty Maintenance and Inspection Program for:

- Three – 1 year periods commencing upon completion of the 2 year warranty period

14. Operations Support Program

14.1 MANDATORY: General

Vendor shall provide Warranty and Post Warranty Operations Support Program services for MTAS on a 24x7 basis for the MTAS infrastructure and 8x5 basis for the MTAS UE equipment. Any more than 5 UE device failures in a Mississippi Highway Patrol (MHP) district at one time will be considered an infrastructure failure and will need 24x7 support. The Operations Support Program services shall include the following services:

- System Administration
- Network Monitoring, Management, and Control
- Network Security Monitoring
- Performance Monitoring and Report Generation
- Remote access for maintenance and diagnostics support

- Help Desk
- System Monitoring and Maintenance Dispatch
- Database Back-up, Restoration, and Storage
- Disaster Recovery
- Fleet Management (Unit provisioning, ID assignments and programming/configuration)

The Vendor shall assign, manage, and direct ample, trained, and properly equipped personnel resources for performance of the Operations Support Program.

Program services shall be categorized as follows:

- Operations Support Program – 2 Year Base Period
- Operations Support Program – 3 Year Optional Period

14.2 MANDATORY: Operations Support Program – 2 Year Base Period

Vendor shall provide all inclusive Operations Support Program services commencing upon the achievement of the Final System Acceptance.
Vendor should submit a preliminary Operations Support Program SOW as part of their proposal. The final SOW will be negotiated during contracting phase of this procurement.

14.3 MANDATORY: Operations Support Program – Optional Periods

Vendor shall provide an all inclusive post warranty Operations Program services (an extension of the 2 Year Base Period) for:

- Three – 1 year periods commencing upon completion of the 2 Year Base Period (Total of 5 years)

15. Evaluation Criteria

An evaluation committee comprised of MED-COM representatives and **ITS** staff will judge the merit of the proposals received in response to this RFP in accordance with the general criteria described below. The sole objective of the evaluation committee shall be to recommend the Vendor whose proposal is most advantageous to the State, price and other factors considered. All information provided by the Vendors and other information available to MED-COM/**ITS** will be used to evaluate the proposals. The specifications within the RFP represent the minimum performance necessary for response.

15.1 Each proposal shall provide a straightforward concise description of Vendor capabilities and technical offerings to satisfy the requirements of the RFP. Vendor emphasis for the proposal should be on completeness and clarity of content. To expedite the evaluation of proposals and ensure qualification of the proposal, it is essential that the Vendor follow the format and instructions outlined in this document.

15.2 Vendor should include all information that will clearly explain the manner and degree to which their proposal meets the requirements of the RFP.

15.3 All proposals will be subjected to a multi-step quantitative evaluation, generally described below, by the evaluation committee. Proposals satisfying the evaluation criteria in a given step will qualify for the subsequent step. Those failing to meet the criteria in a step may be immediately disqualified. The proposal with the highest score at the conclusion of the evaluation will be selected as the lowest and best response to this RFP.

15.4 Evaluation Process

15.4.1 Step I – Proposal Validation
Proposals will be reviewed to ensure all specifications have been properly addressed, furnishing the information needed to facilitate a proper technical, financial, and background evaluation. In the situation where a proposal is found to require minor clarifications, the Vendor will be contacted and given the opportunity to remedy. Proposals that do not adhere to the specifications, contain consistently vague responses, or omit essential information will be disqualified from further evaluation.

15.4.2 Step II – Technical Evaluation
Each category and/or item will be scored. Proposals that score less than 75% on the technical evaluation, exclusive of cost, may be eliminated from further consideration. The rationale follows that offerings that do not substantially meet technical requirements do not merit consideration, regardless of pricing advantages or discounts offered by the Vendor.
Listed below, in no particular order are some factors that may be considered by the project evaluation committee:

15.4.2.1 Vendor Information, including but not limited to:

- Organization
- Staff
- Sub-Contractors
- Qualifications
- Financials
- Experience
- References
- Cooperation and responsiveness during the proposal process
- Service and support for existing clients
- Background and perceived industry standing

15.4.2.2 Project Management including, but not limited to:

15.4.2.2.1 Preliminary Project Work Plan / Schedule –

- comprehensiveness and completeness
- proposed ability to rapidly develop (customize) and deploy project
- Project structure
- Approach / Methodology
- Change Control / Issues Resolution Strategy

15.4.2.3 Functional Requirements including, but not limited to:

- Completeness of system
- Software upgrade strategy
- Documentation
- Training Strategy

15.4.2.4 Technical Solution including, but not limited to:

- System Architecture
- Functionality of Responder Component
- Functionality of MED-COM Component
- Functionality of Provider Component
- Functionality of Communications Manager Component
- Installation / Implementation
- Testing
- Performance
- Disaster Recovery / Contingency Plan
- Post-implementation warranty, maintenance, and operations support programs

15.4.2.5 Closeness of fit to the RFP requirements including, but not limited to:

- Overall compliance with the defined functional and technical specifications
- Vendor's perceived understanding of the functional and technical requirements
- Vendor's ability to comply with the scope of the work to be performed
- Vendor's ability to communicate their understanding and compliance via the thoroughness of the responses and the overall completeness of the proposal
- Perceived Risk to the State
- Vendor Presentations / Demonstrations (optional)

15.4.3 Step III – Cost Evaluation.

The cost scores will be calculated using **ITS**' standard cost formula. Life-cycle cost (implementation + 5 years) includes but is not limited to the following categories:

- Base system initial acquisition fees
- Ongoing licensing fees
- Service fees
- Support and maintenance
- Hardware and software costs

15.4.4 Added Value – Product(s) or service(s) exclusive of the stated functional and technical requirements, provided to the State at no additional charge, which, at the State's sole discretion provide benefit to the project or the State. All proposals will be evaluated for Added Value items, which can be awarded up to 5 points. Added Value points will be added to the final score of those proposals that advance to Step IV.

15.4.5 Step IV – Final Quantitative Evaluation.

The cost and technical scores plus any potential added value points will be combined to render the final score to determine the Vendor(s) who will be designated as finalists. At the State's option, finalist Vendors may be asked to provide oral presentations / demonstrations, be available for interviews and / or provide a site-visit reference for access by State staff.

15.4.5.1 Oral Presentations At the State's option, the evaluation team may request oral presentations, demonstrations or discussions with any Vendor for the purpose of clarification or amplification of information presented in any part of the proposal. Although oral presentations may be requested, they will not be accepted in lieu of a written proposal. Vendors should be prepared to present their proposal within ten business days of notification. Each presentation must include the key personnel identified in this RFP and be facilitated by the proposed Project Director. Proposed key team members must participate in the oral presentation.

15.4.5.1.1 Presentations will be made in Jackson, Mississippi at a location to be determined by MED-COM and will be conducted at no cost to the State.

15.4.5.1.2 Vendors will be provided up to four hours to:

15.4.5.1.2.1 Present their understanding of the project;

15.4.5.1.2.2 Describe their approach to project execution and management;

15.4.5.1.2.3 Present the proposed technical architecture of the system; and

15.4.5.1.2.4 Answer any State questions arising from the presentation or review of the proposal.

15.4.5.1.3 The State reserves the right to audio/video tape the Vendor presentations. The taped recording will become an official addendum to the Vendor's proposal.

15.4.5.1.4 Following the Vendor presentation, the evaluation committee will reassess the proposal and revise scoring as necessary to reflect a better understanding of the proposal.

15.4.5.2 Interviews

At the State's option, the Vendor's proposed key personnel could be interviewed by the evaluation committee to assess their grasp of issues raised in this RFP and their ability to communicate an understanding of project needs. Proposal scores may be reassessed based upon the evaluation committee's assessment of the interviews.

15.4.5.3 Site Visits

At the State's option, Vendors that remain within a competitive range must be prepared to host a demonstration at a reference site of an accepted and operating system similar in size and complexity to that being proposed. Site visit must be conducted within fifteen calendar days of notification. For the proposal, Vendor must identify potential reference systems that would be amenable to hosting a visit by the evaluation committee.

SECTION VIII
COST INFORMATION SUBMISSION FORM

1. Cost Proposal

1.1 General

The Vendor's cost proposal shall include all costs to completely engineer, furnish and install, optimize, test, train the users, and perform warranty and post warranty maintenance for the system proposed.

The Vendor shall submit cost data for the proposed system using the formats provided. Cost data shall be presented in hard copy and accompanying electronic copy in Adobe Acrobat latest version and Microsoft Excel Spreadsheets latest version. Vendor must clearly describe his file naming schema and structure. The content of the Vendor's cost proposal shall be based upon the stated requirements and the costs proposed to the State of Mississippi.

2. Cost Components

2.1 General

The cost components of the proposed system shall consist of representative elements (table to be provided). For all cost categories, the Vendor shall provide a detailed description that fully identifies each item of equipment proposed and that is easily cross-referenced to additional information provided.

2.2 System Integration

The Vendor must include all costs for System Integration.

2.3 Warranty/Maintenance

The Vendor must include all costs for System Warranty/Maintenance for up to 5 years.

2.4 Retainage

To secure the Vendor's performance under the contract, the Vendor agrees that the State shall hold back a retainage (amount to be determined) of each amount payable including amounts payable under Change Orders, subject to successful performance of the entire MTAS project. Each amount payable shall be derived from a project schedule mutually devised by all parties documenting each major milestone or deliverable and the prorated portion of the project cost applicable to the deliverable. Retainage payment will be held until final acceptance of MTAS project.

2.5 Performance Bond

The Vendor must include the price of a performance bond or irrevocable bank letter of credit with its RFP proposal. If required, the cost of the bond or letter of credit must be shown as a separate line item in the *Cost Information Submission*. The performance bond or letter of credit must be procured at the Vendor's expense prior to the execution of the contract and may be invoiced to University of Mississippi Medical Center after contract initiation only if itemized in the *Cost Information Submission* and in the executed contract. **The final decision as to the requirement for a Performance Bond or Irrevocable Bank Letter of Credit will be made upon contract award and is at the State's sole discretion.**

EXHIBIT A
Preliminary Project Timeline

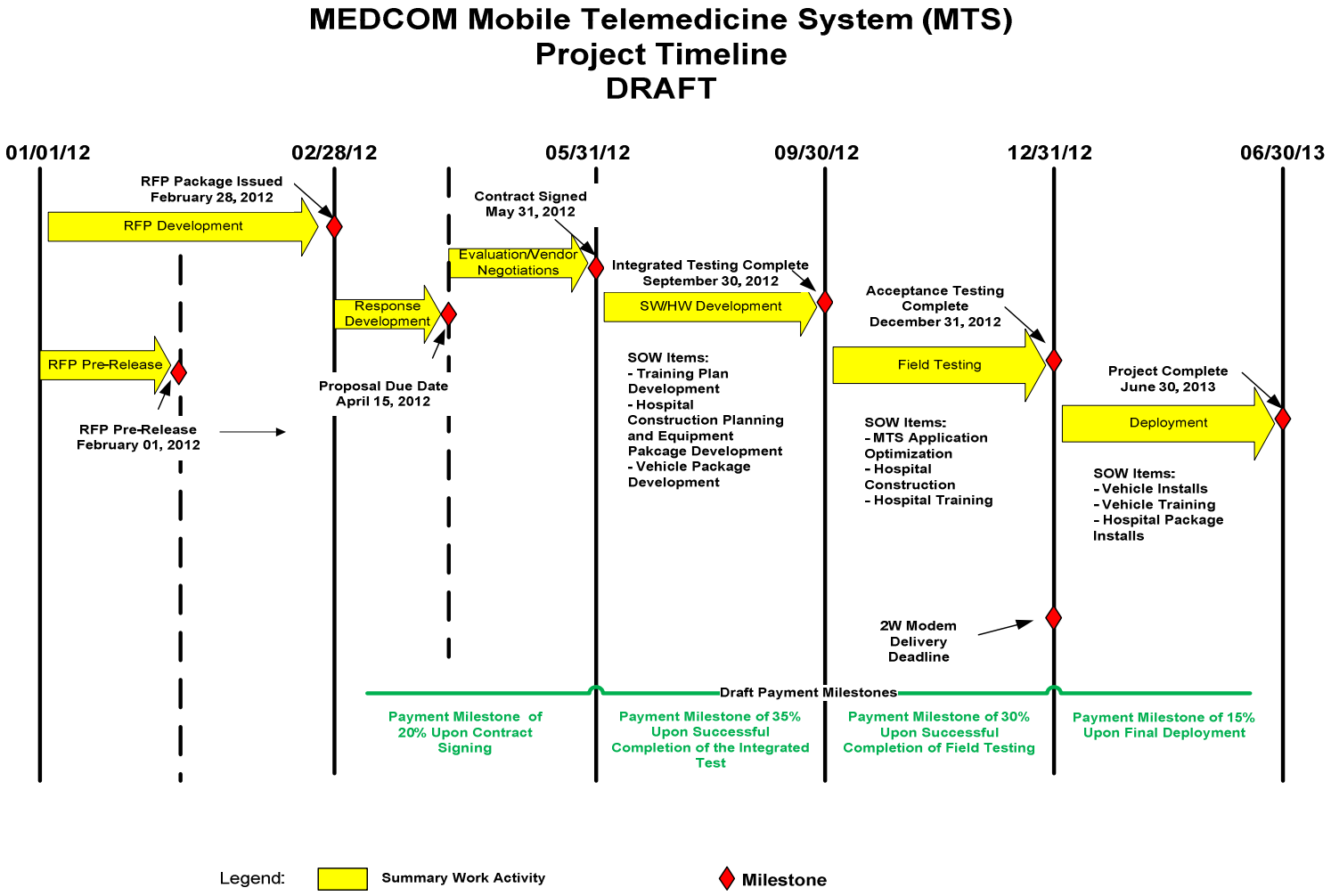

EXHIBIT B
System Diagram

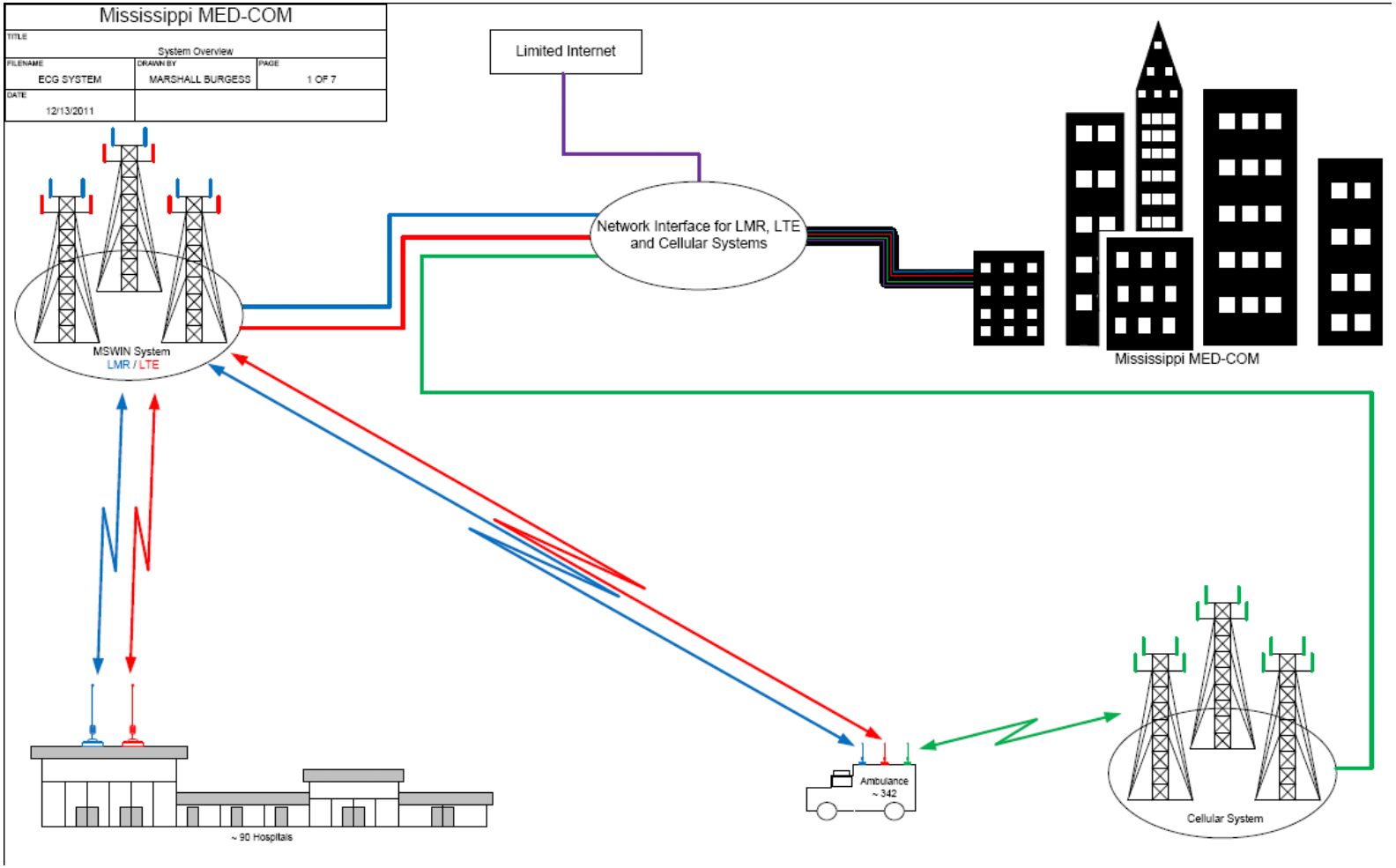

EXHIBIT C

Preliminary Statement of Work (SOW)

To be Developed.