COUNTY OF MARIN

DEPARTMENT OF FINANCE
Excellent and responsive fiscal leadership.

Mina Martinovich, CPA
DIRECTOR

Janine Dictor
ASSISTANT DIRECTOR

Marin County Civic Center
3501 Civic Center Drive
Suite 225
San Rafael, CA 94903
415 473 6154 T
415 473 3680 F
CRS Dial 711
MarinCounty.gov/Finance

September 15, 2026

SUBJECT: Questions and Answers for Request for Proposals (RFP) – HHS – 2026 – 16 – Strategy Team: CalAIM

1. **Would you be able to share what systems/ products you are using for these? Can you also share your current IT setup?**

a. The County currently utilizes multiple systems and applications to support behavioral health, clinical, administrative, billing, reporting and related business functions, The County current EHR is Sapphire, supplemented by other county and third-party systems and interfaces. Sapphire is third party cloud-based web application. Relevant information regarding the County's current state environment, technical requirements, integrations and interoperability expectations, security requirements and functional needs is provided in the RFP and associated procurement documents. Vendors should base their proposals on the requirements contained in the RFP. Additional information determined by the County to be necessary for proposal preparation will be provided to all prospective proposers through the formal addendum process.

2. **Have you reviewed any platforms prior to the RFP?**

a. The County conducted market research and planning activities as part of developing its requirements and preparing the RFP. Any such activities were informational in nature and do not constitute a vendor selection, preference or evaluation under this procurement. All Proposals submitted in response to the RFP will be evaluated in accordance with the evaluation criteria and procurement process identified in the RFP.

3. **Can you confirm the RFP is currently available to view on the Marin County website?**

a. Yes. The RFP is currently publicly available through the County of Marin's designated procurement posting location per the RFP. Vendors are responsible for reviewing the official solicitation and any subsequent addenda, notices, questions and answers, or other procurement communications issued by the County per the RFP documents.

4. **What is the current system being used?**

a. The County's current Detention Health Electronic Health Record (EHR)

system is Sapphire. The County also utilizes other systems, applications, interfaces and data sources that support clinical, behavioral health, billing, reporting and administrative operations. Additional information regarding required integrations and the future-state environment is provided in the RFP.

5. **We received your RFP HHS-2026-16 for Electronic Health Record. The description states it includes Public Health as well as Behavioral Health and Jail Health, but the content does not seem to include any Public Health functionality or related questions. We were wondering if an additional RFP, specifically for the Public Health department and separate from this current one, would be published. We would be very interested in responding to that.**

a. The scope of RFP HHS-2026-16 is defined by the requirements, specifications and functionality contained within the RFP and it's associated attachments. Respondents should base their proposals on those requirements.
References to Public Health in the RFP description do not indicate additional Public health functionality beyond the requirements identified in the solicitation. The County is not requesting proposals under this RFP for Public Health functionality that is not specifically identified in the solicitation. Any future procurement for additional Public health systems or functionality, if pursued would be conducted separately in accordance with applicable County procurement requirements.

6. **Please identify the required ONC Health IT certification edition and certification criteria, state whether the proposed production solution must hold the applicable certification as of proposal submission or by go-live, and confirm whether certification held by an integrated subcontractor or platform component satisfies this requirement.**

a. The County requires the proposed EHR solution to be ONC-certified and to support the applicable ONC Health IT Certification Program requirements, including interoperability through open FHIR APIs, as described in the RFP. Respondents should identify the certification edition, applicable certification criteria, and current certification status of the proposed solution. If certification is satisfied in whole or in part through an integrated third-party component, the respondent must clearly identify that component, its certification status, associated dependencies, and any separate licensing or integration requirements. The County expects the production solution to satisfy all applicable mandatory requirements by implementation/go-live.

7. **Please identify the current Detention Health and BHRS applications, database technologies, available export formats, approximate record and document volumes, historical retention periods, and the scope of clinical, medication, consent, billing,**

audit, and unstructured data the selected vendor must migrate.

a. The County currently utilizes Sapphire for Detention Health and SmartCare for Behavioral Health and Recovery Services (BHRS). The County anticipates migration and/or archival requirements may include demographic, clinical, medication, consent, billing, audit, document, and other relevant historical information. Detailed data volumes, formats, retention requirements, and source-system capabilities will be validated during implementation planning and discovery. Vendors should describe their recommended migration approach, assumptions, pricing methodology, and any dependencies or limitations, including options for structured migration, document conversion, and legacy data archival/access.

8. **Please provide estimated counts for named and concurrent County users, clinicians, external CBO users and organizations, patient-portal users, facilities, annual encounters, annual claims, and expected API/interface transactions so vendors can propose comparable enterprise licensing.**

a. Final user and transaction volumes are being validated and may evolve over the life of the contract. Vendors should propose enterprise pricing consistent with the RFP's scalability requirements and clearly identify all licensing assumptions, user tiers, organizational or facility limitations, and incremental costs. As specified in the RFP, the County requires open FHIR API architecture with unlimited transactional capacity without volume-based transaction licensing fees. Any other volume-dependent pricing assumptions must be explicitly identified in the proposal and five-year total cost of ownership.

9. **For Tiburon JMS, SacValley MedShare, SmartCare, pharmacy, MMEF, CIE, and other required interfaces, please identify the required exchange standards, endpoint readiness, incumbent-vendor cooperation arrangements, testing environments, and which party will be responsible for third-party connection or transaction charges.**

a. The RFP identifies the County's priority integration environment, including Tiburon JMS, SacValley MedShare, CIE, SmartCare, pharmacy systems, MMEF, and other applicable systems. The County expects the selected vendor to use appropriate industry standards, including open FHIR APIs where applicable, while recognizing that the specific exchange method may depend on each recipient system's available capabilities. Detailed endpoint specifications, incumbent-vendor dependencies, test environments, and interface design will be finalized during implementation discovery. Vendors must identify all assumptions, third-party dependencies, and anticipated connection, licensing, transaction, or interface charges in their proposal and pricing.

10. **Please provide the target phased implementation and go-live**

schedule, including any required coexistence period, and define the acceptance criteria for offline charting, 24×7 detention operations, eMAR/EPCS, billing, data migration, and pre-go-live interface verification.

a. The County anticipates a phased implementation approach, with the detailed implementation and go-live schedule to be developed collaboratively with the selected vendor based on solution design, operational readiness, integration dependencies, testing, and migration requirements. Respondents should propose a recommended implementation approach and timeline, including any necessary coexistence with legacy systems. Prior to production go-live, applicable functionality will be subject to County validation and acceptance testing, including critical detention-health workflows and continuity of operations, medication management, billing, data migration, interfaces, security/access, and other applicable requirements.

Part I: Operational, Governance & Implementation Clarifications

11. **Initial Implementation Scope and Sequencing Please identify the County programs, facilities, and external partner organizations included in the initial implementation versus subsequent phases. Does the County have a preferred rollout sequence across Detention Health, Behavioral Health and Recovery Services (BHRS), Public Health, Enhanced Care Management (ECM), and other programs?**
Reference: Section II.C–E, pp. 4–5.

a. Proposers shall base their implementation approach and sequencing on the programs, functional requirements, and scope identified in the RFP. The County has not prescribed a final implementation sequence across all participating programs. Proposers should recommend a sequencing approach based on dependencies, operational readiness, risk, interoperability, and continuity of care, and clearly identify all assumptions. Final sequencing will be established collaboratively with the selected vendor during implementation planning and discovery.

12. **Community Partner Participation Approximately how many contracted community-based organizations (CBOs) are expected to participate initially and over the five-year term? Please distinguish organizations expected to use the EHR directly from those expected to exchange information or participate in referral and care-coordination workflows.**
Reference: Section II.D–E, p. 5.

a. Community based organizations' participation shall be addressed consist with the scope and requirements identified in the RFP. The County has not established a final, validated count or definitive list of external organizations that will require direct EHR access versus information exchange, referral or care coordination connectivity.

Proposers should describe their approach and clearly identify assumptions partner on-boarding, access, interoperability, licensing, implementation effort and pricing. Specific participation organizations and access models will be validated during implementation discovery.

13. **Existing Governance and Decision-Making Authority What governance structure will oversee cross-program workflow design, data-sharing policies, consent decisions, and implementation readiness? Please identify the County roles authorized to approve decisions and resolve differences among participating departments and external partners.**
Reference: Section V.B.5.1, p. 13; REQ-IMP-002.

a. The County will provide governance and executive oversight for the implementation and will designate appropriate County decision makers and subject matter experts. The selected vendor will be required to support governance, facilitate cross program design and decision making, document decisions and dependencies and escalate issues requiring County resolution consist with governance and implementation requirements in the RFP. Final governance roles, decision rights, escalation path and approval authority will be confirmed during implementation planning.

14. **County Resources Available for Implementation What County staff capacity will be committed to discovery, workflow design, privacy review, partner engagement, user acceptance testing, and training? Will the County designate program-specific subject-matter experts (SMEs) and a dedicated lead responsible for coordinating their participation?**
Reference: Section V.B.5.1–5.3, p. 13.

a. The County anticipates participation from appropriate program, clinical, operation and fiscal, privacy and compliance, information technology and other subject matter experts as required by the RFP. Specific resource assignment and levels of effort have not been finalized. Proposers should identify the County roles, resources, decision turnaround times and estimated levels of participation assumed or required by their proposed implementation methodology. Final staffing and participation expectations will be established during implementation planning.

15. **Existing Consent Policies and Data-Sharing Agreements What approved consent forms, data-sharing agreements, privacy policies, and role-based access policies are already in place across participating programs and partners? Does the County expect the selected team to assess and adapt existing materials, develop new materials, or both? Please clarify the County's responsibility for legal review and approval.**
Reference: Section V.B.2.1–2.3, p. 12.

a. The County has existing consent, privacy/security, role-based access,

and data-sharing materials, with additional data governance work underway. The selected vendor will be expected to assess existing materials and workflows, identify implementation-related gaps, and assist with adapting or developing operational and technical materials as needed. The County will retain responsibility for legal and policy determinations and final approval, in consultation with County Counsel, Privacy/Compliance, Information Security, and applicable program leadership.

16. **Operational Scope of Consent Revocation Please clarify the intended operational scope of immediate workflow suppression following consent expiration or revocation, including its effect on pending referrals, active care coordination, billing activities, and information already shared with external organizations. Will the County provide approved use cases and exception rules, or should their development be included in the implementation scope?**
Reference: Section V.B.2.2, p. 12; REQ-CON-002.

a. Existing consent policies comply with HIPAA, 42 CFR Part 2, and California Welfare & Institutions Code. The awarded vendor will assist in mapping these rules into system logic and role-based permissions. Final legal authorization remains under the jurisdiction of County Counsel and HHS Compliance. Revocation must immediately enforce dynamic data-masking and restrict real-time user access to protected records. Historical referrals, billing records, and audit logs generated prior to revocation must remain intact for audit compliance. Standard platform capabilities for granular consent logic must be detailed in vendor responses.

17. **Responsibility for External Partner Readiness How will responsibilities be divided among the County, the prime contractor, and participating organizations for partner outreach, participation commitments, agreement execution, workflow alignment, onboarding, and readiness approval? Are the named exchange partners already committed to participating, and will the County facilitate introductions and access to their operational leads?**
Reference: Section II.E, p. 5; Section V.B.5.1, p. 13.

a. External partner readiness is expected to be a collaborative responsibility. The County will provide appropriate sponsorship, facilitate introductions and participation where applicable and retain authority over County agreements and approvals. The selected vendor will be expected to support partner discovery, readiness assessment, workflow alignment, onboarding planning, technical coordination, training and implementation activities consistent with the RFP. Specific responsibilities, participating partners and readiness criteria will be finalized during implementation planning.

18. **Required Milestones and Funding Deadlines Beyond the anticipated contract start date, what implementation, go-live, expenditure, or grant-related deadlines must the proposed work plan meet? Please identify any milestones that must be completed by a fixed date and whether phased program or partner onboarding is acceptable.**
Reference: Section II.A–B, p. 4; Section IV, p. 11; Section V.B.5.1, p. 13.

a. The proposer shall use the contractual requirements, milestones, deliverables and schedule requirements contained in the RFP as the basis for their proposed work plan. No additional implementation, expenditure, grant, or program should be assumed unless specifically identified in the RFP or subsequent addendum. Proposers should identify schedule assumptions, dependencies, risk and any proposed phasing in their proposal

19. **Current-State Documentation and Discovery Expectations Will the County provide existing workflow maps, program policies, partner inventories, data-sharing assessments, and prior readiness findings? Which areas does the County consider sufficiently defined, and which require facilitated discovery and redesign by the selected team?**
Reference: Section V.B.1–2, p. 12; Section V.B.5.1, p. 13.

a. The County will make relevant existing documentation reasonably available during implementation. Proposers should not assume that current state workflows, partner inventories, policies, interfaces or readiness assessments are fully documented or represented the intended future state. The selected vendor will be expected to perform appropriate discovery, validation, gap analysis and future state workflow design consist with the RFP requirements.

20. **Custody-to-Community Care Transitions Which organizations and County teams currently own pre-release planning, community referrals, medication continuity, and follow-up after release? Please clarify the expected operational responsibilities during the required post-release workspace period, including responsibility for unexpected releases and incomplete handoffs.**
Reference: Section II.E, p. 5; Section V.B.1.3, p. 12; REQ-008.

a. Marin County Behavioral Health and Recovery Services (BHRS) oversees the Reentry Team responsible for CalAIM Justice-Involved pre-release care coordination and applicable post-release follow-up, in coordination with Detention Health, correctional partners, managed care plans, and community providers. BHRS/Reentry will retain operational responsibility for these services, including workflows for unexpected releases and incomplete handoffs. The selected vendor will be expected to configure the EHR to support these workflows, including care planning, referrals, alerts, task management, documentation, information exchange, and follow-up tracking. Detailed

workflows, roles, escalation procedures, and requirements for the post-release workspace period will be further defined and validated with County program staff during implementation.

21. **Training Scope and Delivery Expectations Please provide estimated training audiences by program and role, including external partners, supervisors, and County administrators. What are the County's expectations for onsite versus remote instruction, shift coverage, train-the-trainer delivery, and responsibility for onboarding new staff after go-live?**
Reference: Section V.B.5.3, p. 13; REQ-IMP-007.

a. Proposers will provide a comprehensive training approach consistent with the RFP, including assumption regarding audiences, delivery methods, role based training, shift coverage, train the trainer activities, administrative training, material and onboarding support. Exact training population and role counts have not been finalized and will be validated during implementation planning. Proposers shall clearly identify assumptions that affect staffing, scheduling, delivery, licensing, or pricing.

22. **Community Participation, Accessibility, and Language Needs Does the County expect the selected team to engage clients, individuals with lived experience, or community representatives in workflow and consent design? If so, please clarify the anticipated engagement activities, required languages and accessible formats, and responsibility for recruitment, interpretation, translation, and participant compensation.**
Reference: Section I.A, p. 3; Section II.E, p. 5; required equity questions, p. 13.

a. The County expects implementation activities to incorporate appropriate stakeholder engagement and accessibility considerations consistent with the RFP and applicable County requirements. The specific composition, frequency, and method of community or lived-experience participation have not been finalized. Proposers should describe their recommended approach and clearly identify assumptions regarding recruitment, facilitation, accessibility, interpretation, translation, and related services. No participant compensation should be assumed unless expressly authorized by the County.

23. **Business Readiness and Acceptance Criteria What criteria will the County use to approve operational readiness for each program and participating partner? Please clarify who will approve consent workflows, cross-program handoffs, training completion, and business acceptance testing, and whether the County has established measures for adoption and successful care coordination.**
Reference: Section II.E–F, pp. 5–6; Section V.B.5.1–5.3, p. 13.

a. The County will retain sole and final approval authority for operational readiness and acceptance of contractual deliverables; no deliverable is deemed accepted based on vendor self-certification. The selected vendor will be expected to develop and recommend detailed readiness criteria, testing and acceptance processes, training-completion measures, workflow-validation criteria, issue-resolution thresholds, and go-live readiness assessments consistent with the RFP. Final criteria will be reviewed and approved through County governance during implementation.

24. **Post-Go-Live Operational Support Beyond technical support, what level and duration of assistance does the County expect for partner onboarding, workflow refinement, consent-governance updates, and adoption support after go-live? Should these services be included in the required base scope or presented as separately priced options?**
Reference: Section II.B, p. 4; Section V.B.5, p. 13.

a. Proposers shall provide post-go-live support consistent with the requirements and pricing instructions in the RFP. Proposers shall clearly describe the level, duration, staffing, service activities, and assumptions included in the base proposal and separately identify any optional or additional services where permitted by the RFP. Specific post-go-live needs will be refined based on implementation sequencing and operational readiness, without reducing the awarded contractual scope.

25. **Requirements for Professional-Services Subcontractors For a subcontractor providing governance, workflow design, training, and partner-readiness services without hosting the EHR or operating production infrastructure, will the County consider insurance requirements proportionate to that scope? Please clarify the applicable cyber and technology professional liability limits and the process for requesting any adjustment.**
Reference: Section III.B, pp. 7–9.

a. All proposers and subcontractors must comply with the applicable contractual, insurance, security, privacy, and other requirements identified in the RFP and County contracting requirements. The County is not modifying, waiving, or pre-approving any adjustment to those requirements through this response. Proposers shall identify proposed subcontractors, their roles, and any assumptions in accordance with the solicitation requirements. Nothing in this response modifies the insurance requirements stated in the RFP. Any proposed exception must be clearly identified in the proposal and will be evaluated only to the extent permitted by the solicitation and County contracting requirements. No exception or adjustment is approved or implied by this response.

26. **Community Information Exchange (CIE) Participation and Scope The RFP references integration with local Community Information Exchanges (CIEs). Please identify the specific CIE platform(s) or organization(s) the County expects the selected solution to connect with and clarify:**

a. Please refer to the County's responses to questions 27-30 below, which collectively address the requested clarification regarding Community Information Exchange (CIE) participation, anticipated scope, workflows and integration expectations.

27. **Does the County already have an established CIE relationship and participation agreement, or should the selected team include assistance with establishing that relationship?**

a. The County has not yet selected a specific Community Information Exchange (CIE) platform or established a formal CIE participation agreement. Marin County is currently exploring regional CIE opportunities and potential partnerships. The selected vendor may be expected to support technical planning and integration once a CIE approach is identified; however, the County does not currently anticipate that the EHR vendor will be responsible for establishing or negotiating the County's CIE participation agreement.

28. **What priority workflows should the connection support (e.g., closed-loop referrals, shared care planning, social-needs information exchange, or service-status updates)?**

a. Anticipated CIE use cases may include closed-loop referrals, social-needs information exchange, care coordination, and service-status updates; specific workflows and participating organizations will be determined as the County's CIE strategy develops. CIE integration is not anticipated to be a dependency for initial EHR go-live and may be implemented in a subsequent phase. Vendors should identify any assumptions, dependencies, or additional costs associated with future CIE integration.

29. **Which community organizations currently participate, and is onboarding additional organizations within the selected team's scope?**

a. Because a specific CIE has not yet been selected, participating community organizations have not been defined. The County does not currently anticipate that onboarding community organizations to a CIE will be within the selected EHR vendor's scope. Any EHR configuration or technical support necessary to enable exchange with participating organizations will be defined during implementation.

30. **Is the CIE connection required at initial go-live or planned for a subsequent phase?**
Reference: Section II.E, p. 5; Section V.B.1.4, p. 12.

a. CIE integration is not anticipated to be a dependency for initial EHR

go-live and may be implemented in a subsequent phase. Vendors should identify any assumptions, technical dependencies, or additional costs associated with supporting future CIE integration.

Part II: Technical Sizing, Licensing & Transaction Volume Metrics

31. **User Licensing & Headcount Distribution Please provide the estimated user counts required across all County divisions and participating partner agencies:**

- **Estimated Peak Concurrent Users: _____**
- **Total Named System Users: _____**

a. The County does not currently have validated counts for peak concurrent users or total named system users at the level requested. Proposers shall use the scope, functional requirements, program information, and other information contained in the RFP and addenda as the basis for their proposals. Proposers shall state reasonable assumptions for licensing, capacity, implementation effort, and pricing and identify all volume-dependent tiers, thresholds, unit rates, minimum commitments, and overage charges. Counts will be validated with selected vendor during implementation discovery. Proposers shall clearly identify the pricing methodology applicable to changes in user counts, including applicable tiers, unit rates, minimum commitments, thresholds, and overage charges. Any post-award pricing impact shall be governed by the final awarded contract.

32. **Rendering Provider Census (Full-Time vs. Part-Time Breakdown Please provide the rendering provider's type, status (full-time or part-time), and service they provide:**

a. Below is an estimate of rendering providers by type. We're unable to get a breakdown of Full-Time vs. Part-Time at the time of this Q&A.

Table 1. Estimated Users by Category

User Category	**Count of Users (Estimate)**
Mental Health	25
Registered Nurse	16
Care Coordinators	5
Psychiatrist	3
Nurse Practitioner	2
Licensed Vocational Nurse	2
Dental	2
Medical Doctor	1
Total	**56**

33. **Organizational Billing Entities, Tax IDs & Service Locations Tax Identification Numbers (TINs) & Billing NPIs: How many distinct Tax IDs (EINs) and Type 2 Organizational NPIs are**

currently used across the County's billing departments (e.g., separate TINs for the Mental Health Plan, Drug Medi-Cal, Public Health, or Correctional Health)?

a. There is 1 Tax ID (TIN) for all county services and approximately 17 Type 2 Organizational NPIs currently used across the Marin County Health and Human Services billing departments.
There is 1 Tax ID (TIN) for all county services and approximately 17 Type 2 Organizational NPIs currently used across the Marin County Health and Human Services billing departments.

34. **Service Delivery Locations:**
How many physical service locations, clinic suites, administrative hubs, and detention health units require configured master scheduling templates and unique billing place-of-service (POS) codes?

a. The County currently anticipates that the solution will support two correctional facilities and at least five HHS service locations. Additional locations, including the Crisis Stabilization Unit (CSU), may be considered, but their inclusion in the implementation scope has not yet been determined. Not all locations will necessarily require unique scheduling templates or billing place-of-service (POS) configurations; final requirements will be validated during implementation planning and discovery.

35. **How many mobile outreach units, crisis response vehicles, or telehealth-only service locations operate under these facilities?**

a. The County does not currently have a finalized count of mobile outreach units, crisis response vehicles, or telehealth-only locations requiring separate configuration. Vendors should clearly identify any pricing or technical assumptions based on the number or type of locations.

36. **Annual Encounter & Clinical Service Volumes**
Please provide the estimated annual encounter volumes:

a. The County does not currently have a validated, consolidated estimate of annual encounter and clinical-service volumes across all in-scope programs at the level requested. Proposers shall use the scope and requirements in the RFP and clearly state assumptions used for solution sizing, performance, storage, licensing, implementation effort, and pricing. Proposers shall also identify capacity tiers, thresholds, unit rates, and overage charges. Available volumes will be validated during implementation discovery.

37. **Revenue Cycle, Claims & Eligibility Transaction Volumes**
Please provide average monthly transaction volumes to support clearinghouse and EDI processing estimates:

- **Monthly Electronic Claims Volume (EDI 837P / 837I):**
- **Monthly Eligibility Verification Volume (EDI 270/271):**

- Average monthly real-time and batch electronic eligibility inquiries: _____ transactions / month

- **Monthly Electronic Remittance Advice (EDI 835):**
- Average monthly electronic remittance transactions / ERA files processed: _____ files / month

a. The County does not currently have validated, consolidated monthly transaction volumes for EDI 837P and 837I claims, EDI 270 and 271 eligibility inquiries, or EDI 835 remittance files across all in-scope programs. Proposers shall state reasonable assumptions used for clearinghouse and EDI sizing, interfaces, licensing, implementation effort, and pricing. Proposers shall identify all transaction-based tiers, thresholds, unit rates, minimum commitments, and overage charges. Available volumes will be validated during implementation discovery.

38. **Diagnostic Laboratory Vendors & Requisition Volumes**
Laboratory Vendors: Which reference laboratories, hospital laboratories, or public health labs are currently utilized or require bi-directional electronic interfaces (e.g., Quest Diagnostics, Labcorp, Marin County Public Health Laboratory, MarinHealth Medical Center)?

a. The County's currently available information identified Quest Diagnostics as a laboratory vendor associated with an electronic interface, the interface's current configuration, implementation status and operational us have not be fully validated. MarinHealth has also been identified as a potential interface need; however, its current configuration, implementation status and technical requirements have not been fully validated. The County does not have a validated, complete inventory of all current or future laboratory interfaces, including public health laboratory interfaces. Proposers shall prepare their responses in accordance with the issued RFP and applicable addenda and shall clearly document reasonable assumptions reading required interfaces, applicable standards, configuration, implementation, testing, third-party dependencies and all associated costs. Detailed interface configurations workflows and other implementation level information will be validated and refined, as applicable, during implementation planning with the selected vendor, consistent with the requirements of the RFP, applicable addenda and resulting contract. Proposers remain responsible for identifying all interface-related pricing dependencies and associated cost.

Monthly Laboratory Ordering & Result Volumes:

Monthly laboratory ordering and result volumes have not been fully validated and are not available at this time. Proposers should clearly document reasonable assumptions regarding anticipated interface volumes, required interfaces and standards, configuration, testing, third-party dependencies, and associated costs.

39. **Digital Cloud Faxing & Electronic Prescribing Volumes**
    Monthly Digital Cloud Fax Volume:
    Average monthly inbound fax pages received (referrals, clinical records, authorizations): _____ pages / month
    Average monthly outbound fax pages transmitted (care plans, consults, record disclosures): _____ pages / month

a. Validated monthly inbound and outbound fax volume data is not currently available. Proposers shall prepare their responses in accordance with the issued RFP and applicable addenda and shall clearly document reasonable assumptions sufficient for technical and cost evaluation. Assumptions shall identify volume thresholds, licensing tiers, usage-based charges, third-party dependencies and any other pricing or capacity drivers associated with the proposed electronic/cloud fax solution. Detailed volumes, configurations, workflows and other implementation level information will be validated and reading required interfaces, applicable standards, configuration, implementation, testing, third-party dependencies and all associated costs. Detailed interface configurations workflows and other implementation level information will be validated and refined, as applicable, during implementation planning with the selected vendor, consistent with the requirements of the RFP, applicable addenda and resulting contract. Proposers remain responsible for identifying all interface-related pricing dependencies and associated cost.

40. **Automated Client Reminders:**
    Average monthly automated appointment and follow-up notifications (SMS / Voice / Email): _____ messages / month

a. Validated enterprise-wide monthly volume data for automated appointment and follow-up notifications across County programs and communications methods, including SMS, voice and email is not currently available. Proposers shall prepare their responses in accordance with the issued RFP and applicable addenda and shall clearly document reasonable assumptions sufficient for technical and cost evaluation. Assumptions shall identify volume thresholds, licensing tiers, usage-based charges, third-party dependencies and any other pricing or capacity drivers associated with the proposed electronic/cloud fax solution. Detailed volumes, configurations, workflows and other implementation level information will be validated and reading required interfaces, applicable standards, configuration, implementation, testing, third-party dependencies and all associated costs. Detailed interface configurations workflows and other implementation level information will be validated and refined, as applicable, during implementation planning with the selected vendor, consistent with the requirements of the RFP, applicable addenda and resulting contract. Proposers remain responsible for identifying all interface-related pricing dependencies and associated cost.

41. **What will be the volume and number of historical data that will need**

to be migrated into the new EHR?

a. The County's current EHR vendor is unable to provide a discrete storage-volume estimate (e.g., GB/TB) specific to Marin County because the existing EHR operates within a shared database/ data store using logical tenant separation. As a result, a Marin County specific physical data-storage volume is not presently available.
To assist proposers in understanding the potential scale and composition of historical data that may be subject to migration, conversion, archival or continued access requirements, the incumbent vendor has provided the record-count estimates show in the table below.
The current system contains approximately **40,243 patient records** and approximately **1,315,686 total records** across the identified data categories.
The table provides:
- Active patient-associated record counts;
- Inactive patient-associated record counts;
- Total estimated records by record type; and
- Estimated distribution of those records by age:
  - 0-5 Year: approximately 457,700 records
  - 5-10 years: approximately 407,839 records
  - 10+ years: approximately 450,147 records

The record categories reflected in the table include:
- Patients
- Form responses
- Documents
- Task/appointments
- Medication orders
- Vital orders
- Diagnoses
- Vital results
- Laboratory results
- Immunization records

The age-based figures are estimates rather than validated record-level migration counts. These figures are intended to provide proposers with a reasonable indication of the relative size and age distribution of the existing dataset for proposal planning purposes.
The County is providing the full table as the best currently available information regarding the size and composition of the historical EHR dataset. These figures should not be interpreted as representation or guarantee that all identified records will be migrated into the replacement EHR.
The final disposition of historical information including whether information is migrated into the production EHR, converted into another format, retained in an archive, maintained in a legacy-access environment , or otherwise preserved will be determined during implementation based on factors including
- County record retention requirements

- Clinical and operational access requirements
- Applicable legal, regulatory, privacy and compliance requirements

Proposers should clearly identify in their proposal any assumptions, exclusions, dependencies, limitations or pricing thresholds associated with data conversion and migration, including assumptions regarding:

- Number and type of records to be converted
- Years of historical data included
- Structured versus unstructured data
- Documents and attachments
- Data extraction and transformation
- Mapping requirements
- Data cleansing and deduplication
- Test conversions
- Reconciliation and validation
- Cutover conversion
- Historical data archival
- Read-only access to historical information
- Additional migration increments or volume based charges
- Any incumbent vendor assistance or dependencies required to complete migration

The County anticipates that detailed migration scope and final migration quantities will be validated through discovery and implementation planning with the selected vendor. The County will work with the selected vendor and incumbent EHR vendor, as appropriate, to further define source data, extraction requirements, record disposition, conversion rules, validation processes and the final migration strategy.

The following record count information is provided for informational, planning and proposal estimating purposes and represents the best information currently available to the County:

				Estimated Totals by Record Age		
RecordType	ActivePatCount	InactivePatCount	Total	0-5 Years	5-10 Years	10+ Years
PATIENTS	433	39,810	40,243	14,000	12,475	13,769
FORM_RESPONSES	15,081	153,799	168,880	58,750	52,350	57,780
DOCUMENTS	4,065	46,985	51,050	17,759	15,825	17,466
TASKS_APPTS	16,851	194,281	211,132	73,448	65,447	72,236
MED_ORDERS	26,518	128,294	154,812	53,856	47,989	52,967
VITAL_ORDERS	4,600	84,181	88,781	30,885	27,521	30,375
DXs	225	2,137	2,362	822	732	808
VITAL_RESULTS	31,798	558,846	590,644	205,473	183,089	202,082
LAB_RESULTS	715	6,623	7,338	2,553	2,275	2,511
IMMUNIZATION_RECS	56	388	444	154	138	152
Grand Total	**100,342**	**1,215,344**	**1,315,686**	**457,700**	**407,839**	**450,147**