

**Navajo Department of Health (NDOH) – Executive Office**  
**REQUEST FOR PROPOSALS (RFP)**  
**Health Management System**  
**ADDENDUM # 1**  
**BID NO. 26-03-4050DB**

**BID DATES:**       **OPEN: March 27, 2026   CLOSE: April 10, 2026 at 5:00 P.M. MDT**  
Any bids received after the closing date and time will not be accepted.

**DESCRIPTION:**       Navajo Department of Health – Executive Office  
Health Management System

**CONTACT PERSON:**   Sherry Brown, Department Manager II  
CHR Outreach Program – Navajo Department of Health  
Email: [sdbrown@navajo-nsn.gov](mailto:sdbrown@navajo-nsn.gov)  
Phone: (928) 871-6786

MUST IDENTIFY BID #, PRIORITY STATUS #, AND COMPANY NAME ON THE  
OUTSIDE OF ALL **SEALED BID** PACKAGE/ENVELOPE (UPS OR FEDEX)

**MAIL/DELIVER TO:**   The Navajo Nation Purchasing Services Department  
Administration Building No. 1 – 1<sup>st</sup> Floor  
2559 Tribal Hill Drive, Window Rock, AZ 86515  
**ATTN: Darren Begay, Purchasing Section**  
**ADDENDUM # 1**  
**BID NO: 26-03-4050DB**

Please **submit an original and two (2) copies** of your bid proposal in a sealed envelope and clearly mark in the outside of the envelope.

**NDOH – Executive Office**  
**REQUEST FOR PROPOSALS**  
**No. 26-03-4050DB**  
**Health Management System**

**A. PURPOSE OF THIS INVITATION**

The Navajo Department of Health (NDOH) seeks proposals from qualified vendors to design, develop, implement, and maintain an Integrated Health Management System to support patient data entry, centralized record management, automated notifications, and coordinated usage across multiple NDOH programs. The system will improve operational efficiency, enhance inter-departmental collaboration, ensure regulatory compliance, and strengthen patient and client engagement through secure, real-time communication tools.

This proposal presents a plan to design, develop, and implement a centralized referral and reporting hub for the Navajo Department of Health (NDOH). The system will connect 15 – 17 NDOH programs into one shared platform to improve coordination, reduce delays in care, and support better patient outcomes. The solution will allow staff to send, receive, and track referrals, while creating a single, unified record for each of the approximately 200,000 patients served. It will support about 700 authorized users with role-based access to ensure that each user can safely view and manage only the information needed for their role. The system will be designed for flexible use, allowing staff to securely access it from community locations, local service unit offices, and during home visits with clients, helping ensure timely and complete care in all settings.

The solution will be developed using a secure cloud-based or hybrid environment, based on NDOH preferences and data governance requirements. It will be accessible through secure web and mobile interfaces, with support for field-based work, including offline access when internet service is limited and secure syncing when connectivity is restored. The system will include tools to generate monthly, quarterly, and yearly reports, along with detailed patient-level reporting. Strong security measures such as data encryption, multi-factor authentication, and audit logs will be built into the system to protect sensitive information and ensure compliance with HIPAA and the Navajo Nation Privacy Act. Training, technical support, and a phased implementation plan will support successful adoption across all programs and service areas.

a. Schedule of RFP Activities

- **Advertisement Period:** March 27, 2026 – April 10, 2026
- **RFP Submittal Deadline:** April 10, 2026 at 5:00 P.M. MDT
- **Evaluation of RFP & Firm(s):** April 13, 2026
- **Final Selection of Firm(s):** April 15, 2026

**B. CONDITIONAL GOVERNING THE PROCUREMENT**

The Navajo Department of Health (NDOH) will comply with all federal and tribal laws and regulations pertaining to the procurement of these items. NDOH reserves the right to reject any Request for Proposals (RFP's), in whole or in part. The RFP is not a legal binding agreement, obligation, or contract and any cost incurred by the respondent in preparing, transmitting, presenting or modifying the RFP shall be the responsibility of the respondent. Indian preference will apply to this RFP as well as vendors who should indicate they are Navajo priority one or two vendors.

The Navajo Nation Department of Health is the responsible agency of the Navajo Nation government for this RFP. The NDOH is the lead agency to ensure that high-quality, comprehensive, and culturally relevant health care and public health services are provided on the Navajo Nation.

**C. SCOPE OF WORK**

**Department of Health – Health Management Database System**

**1. Objectives**

- Establish a centralized, secure patient database.
- Enable standardized patient data entry across departments.
- Provide automated alerts and notifications for patients and staff.
- Facilitate multi-department access with role-based controls.
- Ensure compliance with health data privacy and security regulations.
- Improve reporting, analytics, and decision-making capabilities.

**2. Scope of Services**

**System Design & Architecture**

- Requirements gathering and stakeholder consultation.
- Design of a scalable, modular system architecture.
- Cloud-based
- High-availability and disaster recovery framework.
- Interoperability with existing health systems (e.g., laboratory, pharmacy, billing).

### **3. Patient Data Entry Module**

#### **The system shall include:**

- Patient registration and demographic data capture.
- Medical history, diagnoses, and treatment records.
- Vaccination and immunization tracking.
- Chronic disease monitoring.
- Document upload and digital file storage.
- Validation rules to minimize data entry errors.
- Audit trails for all data modifications.

### **3.1 Notification & Alert System**

#### **The system shall provide automated notification capabilities including:**

- Appointment reminders (SMS, email, in-app notifications).
- Lab result availability notifications.
- Public health alerts and outbreak notifications.
- Internal staff alerts
- Customizable notification templates.
- Escalation workflows and follow-up tracking.

### **3.2 Multi-Department Access & Workflow Management**

#### **The system shall support:**

- Role-based access control (RBAC).
- Department-level dashboards.
- Shared patient records across:
  - Outpatient services
  - Inpatient services
  - Public Health Programs
  - Administration
- Workflow automation for referrals and case management.
- Interdepartmental messaging.
- Task assignment and tracking.
- Back up of Data

### **3.3 Reporting & Analytics**

- Real-time operational dashboards.
- Public health surveillance reports.
- Custom report builder.
- Export capabilities (PDF, CSV, Excel).
- Performance metrics and KPI tracking.
- Regulatory compliance reporting.

- Data flow documentation

### **3.4 Security & Compliance**

#### **The system shall include:**

- End-to-end encryption (data at rest and in transit).
- Multi-factor authentication (MFA).
- Role-based access controls.
- Comprehensive audit logging.
- Compliance with applicable health information privacy laws
  - HIPAA
  - Navajo Nation Privacy Act Compliance.
    - Data Sovereignty
- Secure backup and recovery mechanisms.

### **3.5 Training & Change Management**

- Development of user manuals and training materials.
- On-site and/or virtual training sessions.
- Train-the-trainer program.
- Post-deployment support and helpdesk services.

### **4. Deliverables**

- Functional and technical requirements documentation.
- System architecture design document.
- Configured and tested software system.
- Data migration plan and execution.
- User acceptance testing (UAT) documentation.
- Deployment plan.
- Training materials.
- Maintenance and support plan.

### **5. Project Timeline**

#### **The project will be executed in the following phases:**

1. Requirements Gathering & Analysis
2. System Design
3. Data flow map
4. Network flow map
5. Development & Configuration
6. Testing (Unit, Integration, UAT)
7. Deployment
8. Training & Go-Live Support
9. Ongoing Maintenance

## 6. GIS Platform, Data Sources, and Program Use

Geographic Information Systems (GIS) provide a structured method for collecting, analyzing, and visualizing data based on geographic location. For the NDOH CHR/Outreach Program, GIS will function as a quality improvement, planning, and decision-support tool that strengthens understanding of service coverage, access equity, and community-level health needs.

- Visualize CHR service areas, home visit coverage, and chapter boundaries
- Identify underserved, remote, or high-risk communities
- Analyze travel distance, road access, and terrain-related barriers
- Overlay chronic disease indicators and high-risk client data with service delivery
- Support emergency response planning (e.g., severe weather, public health events)
- Produce standardized maps and visuals for quality improvement reviews and leadership reporting

## 7. Maintenance & Support

- 12-month post-implementation support (minimum).
- Bug fixes and minor enhancements.
- System performance monitoring.
- Security patch updates.
- Optional long-term managed services agreement.
- 24/7 coverage

## D. PROPOSAL

Interested parties are invited to respond to this RFP. Questions should be directed via email to Sherry Brown, Navajo Community Health Representatives Outreach Program, Department Manager II at [sdbrown@navajo-nsn.gov](mailto:sdbrown@navajo-nsn.gov).

Proposals are due by 5:00 P.M. MDT, Thursday, March 26, 2026. Late submissions will not be accepted.

All parties responding to this bid are instructed to deliver or mail two (2) copies, and (one) 1 original to the following address:

The Navajo Nation Purchasing Services Department  
Administration Building No. 1 – 1<sup>st</sup> Floor  
2559 Tribal Hill Drive, Window Rock, AZ 86515  
**ATTN: Darren Begay, Purchasing Section**  
**ADDENDUM #1**  
**BID NO: 26-03-4050DB**

### 3. RESPONDENT REQUIREMENTS

Respondents must demonstrate:

- a. Compliance with the Navajo Business Opportunity Act (5 N.N.C. §§ 201 and 215), Navajo Business and Procurement Act (12 N.N.C. §§ 1501-1516), Navajo Nation Procurement Code (12 N.N.C. §§ 301-371), and Navajo Preference in Employment Act (15 N.N.C. §§ 601 et seq.). The NDOH may request clarification, additional information, or interviews. Proprietary information must be marked “PROPRIETARY” on each page.
- b. Capability to provide a fall detection device native to their business with connectivity features that enable direct communication between the patient and their family members.
- c. No waiver of Navajo Nation sovereign immunity is implied.
- d. Sensitive Date and information is properly handled and protected

### VI. PROPOSAL CONTENT AND REQUIRED INFORMATION

#### 1. Submit two (2) copies following this outline:

- a. Organizational letter expressing your interest and a brief description of your proposed services. Do not reveal or refer to the cost in this letter.
- b. Organization qualifications and project experience. Include references.
- c. Scope of Work
- d. Design
- e. Schedule, including proposed interview dates.
- f. Copies of licenses, certifications (NBOA Priority Status), insurance certificates, and other relevant documents.
- g. Subcontractor Information, if applicable
  - A. Subcontractor work should not exceed the majority of percentage of entire project.
- h. Costs to be submitted in a separate sealed envelope. Detailed breakdown of costs: Material, Labor, and other applicable costs; 6% Navajo Nation Sales Tax.
- i. Compliance: Any proposal that does not adhere to this format and does not address each specification, requirement, or scope of work as outlined, may be deemed nonresponsive and rejected on that basis.
- j. Instruction to offerors is to visibly mark on the outside of the proposal package, if applicable, the offeror’s priority status under the Navajo Nation Business Opportunity Act. It is the responsibility of the offeror to identify themselves as certified under the Navajo Nation Business Opportunity Act.
- k. Submittal of current W-9, and Suspension & Debarment forms (attached)

## VII. EVALUATION PROCESS

### 1. Evaluation Criteria:

- a. Qualifications, FDA approvals, and 5+ years' experience with integrated systems (25 points).
  - b. Quality of services, cultural sensitivity, and innovative technology (30 points).
  - c. Project schedule and feasibility (20 points).
  - d. Cost (separate envelope) (25 points).
2. Interviews may be conducted if needed, held in Window Rock, AZ.

*[Additional terms as required]*

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**NAVAJO NATION CERTIFICATION**  
**Regarding Debarment, Suspension, and**  
**Contracting Eligibility**

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
  - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
  - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
  - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
  - D. Violated contract provisions, including:
    - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
    - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
    - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant's request for consideration for a business opportunity.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Name of individual signing on Applicant's behalf (print)

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Title of individual signing on Applicant's behalf

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Signature of individual signing on Applicant's behalf

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Date