REQUEST FOR PROPOSAL

Unified Communications & Patient Contact Center

A cloud phone and contact center platform to potentially replace VVHC's current vendor

Valley View Health Center

Lewis County Community Health Services · Chehalis, Washington

14	323	373	3
clinic and admin sites	user licenses	local phone numbers	counties served

RFP reference	VVHC-UCCC-2026-01
Issued by	Valley View Health Center
Issue date	November 4, 2026
Written questions due	November 16, 2026
Proposals due	December 11, 2026, 5:00 PM Pacific
Point of contact	Heidi Zipperer, Chief Administrative Officer · administration@vvhc.org

Confidential. Furnished to prospective respondents solely to prepare a proposal under the terms of this RFP.

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Confidentiality and Disclaimer

This Request for Proposal ("RFP") and all information in it are the confidential property of Lewis County Community Health Services dba Valley View Health Center ("VVHC"). They are furnished solely so that prospective vendors ("Respondents") can prepare a proposal. By accepting this document, a Respondent agrees to hold its contents in confidence, to use them only to prepare a response, and not to disclose them to any third party without VVHC's prior written consent.

This Confidential RFP is not intended in any way to disparage our current vendor. We recognize that VVHC has a somewhat unique and different network topology than many vendors have encountered, and our current vendor is not the only IT vendor who has had difficulty servicing our environment that includes many remote locations with less-than-desirable internet connectivity. We are persistently working to improve that connectivity, but it is a fact-of-life for us, and we want any bidder to recognize those conditions. All comments and information concerning current vendor must be kept confidential by any entity submitting a proposal, and they cannot be shared beyond those with a "need to know" strictly for purposes of developing a response, after which they are to be destroyed or removed from a participant's systems.

This RFP is not an offer or a commitment to purchase. VVHC may, at its sole discretion, amend, suspend or cancel this RFP; reject any or all proposals; waive informalities; request clarifications; negotiate with one or more Respondents; and make an award, or no award, in its best interests. Respondents bear all costs of preparing and submitting a proposal.

VVHC is assisted in this procurement by **Select Communications**, its technology advisor.

1. Introduction and Purpose

Valley View Health Center is seeking proposals for a modern, reliable, HIPAA-ready cloud communications platform that unifies its phone system (UCaaS) and its patient contact center (CCaaS). The selected platform may replace VVHC's current vendor, whose term ends **May 12, 2027**.

Our goal is simple: **every patient who calls reaches a person, or a promised callback, on the first try.** This RFP describes where we are today, what we need, and how we will compare proposals side by side.

VVHC prefers a single platform that delivers both phone system and contact center natively. We will consider a paired solution where the integration and support model is clearly stronger. A Respondent that can address only part of the scope should still respond and state clearly which components it is bidding.

VVHC has submitted this RFP to a select group of potential vendors of the services sought. VVHC reserves the right to reject any and all potential vendors, for any or no reason, and without explanation. We will endeavor to respond to any questions posed by any of the selected vendors, but we will circulate the response to each invited vendor at the time we respond to your inquiry so that everyone responding has the same information. At the conclusion of the process, should a vendor be selected among the applicants, we will inform all applicants of the conclusion of the process and inform them whether or not they are selected. We appreciate your time and effort.

How to read this RFP

Section 4 sets out what matters most to VVHC, in priority order.

Section 7 is the response matrix. Ten requirements are **must-haves**: a proposal that cannot meet them will not advance.

Section 8 lists the questions every Respondent must answer, and Section 10 the pricing format.

Respondents should price against the quantities in Section 6.

2. About Valley View Health Center

Lewis County Community Health Services dba Valley View Health Center, is a non-profit **Federally Qualified Health Center (FQHC)**. Headquartered in Chehalis, Washington, VVHC provides medical, dental, walk-in and pharmacy services across Lewis, Thurston and Pacific counties, to a largely rural and underserved population.

For a safety-net provider, the phone is the front door to care. Patients call to schedule, ask about results, request refills and reach their care team. Call reliability and call handling are not conveniences: they decide whether a patient gets seen.

Organization snapshot

Organization type	Federally Qualified Health Center (FQHC), non-profit, AAAHC accredited
Headquarters	Chehalis, Washington
Locations	14 clinic and administrative sites (Appendix A)
Employees	230 to 300
Phone users	323 licensed users and 373 local numbers today (Section 6)
Services	Medical, dental, walk-in care and pharmacy
Electronic health record	NextGen
Collaboration	Microsoft 365 and Microsoft Teams
Patient Access Center	Small central call center handling scheduling and patient access for the largest clinic (Chehalis) as well as overflow, when clinics are closed.

3. Current Environment and Why We Are Changing

VVHC moved from an on-premises phone system to a cloud platform in August 2020. The Patient Access Center (PAC) runs on a Contact Center; clinic and dental lines use ring groups. Most staff take calls on the desktop, web or mobile app, with some desk phones and headsets. The pharmacy runs its own separate IVR (AIS), which hands calls to the pharmacy team.

In October 2026, eleven VVHC leaders, including Regional Administrators, Service Line Administrators and the Patient Access Center (PAC) Manager, completed a structured evaluation of the current system. Their findings, together with patient incident reports, point to five areas of concern:

What is happening	What it means for patients and staff
Calls that fail	Dropped calls, dead air and outbound calls that never connect. In one case a patient was called four times, by three staff, over three days, and never reached.
Callers left waiting	Clinic ring groups roll to voicemail after 22 seconds, with no callback option and no queue position message. Unheard voicemails accumulate.
Routing to the wrong place	Callers are transferred after choosing a menu option. Lunches, training, and closures need manual workarounds. When a site loses service, callers hear silence.
No live visibility	Reporting is the lowest-rated area. Managers have no live view of who is available, and no easy count of abandoned calls or callback times.
Calls not recognized	Outbound calls do not display as Valley View Health Center on the caller ID and are often flagged as spam, so patients do not answer.

What works today, and must carry over

The desktop, web and mobile apps (“I love that I can answer calls on my computer without a handset”).

Voicemail delivered to email, and the choice of desk phone or headset.

The PAC’s contact center queues, callbacks and supervisor dashboard. The new platform must match these, then bring the same tools to clinic lines.

The incumbent is welcome to respond, but must show concrete, verifiable remedies for the problems above.

4. Project Goals

VVHC's priorities, in order, as set by leadership and confirmed by the October 2026 evaluation:

1. **Callback queues** on every patient line, not only in the contact center.
2. **Shorter holds and smarter routing**: true queues, named overflow, and fewer transfers.
3. **Easy routing changes** for lunches, training, weather and closures, made by managers without IT.
4. **Automatic outage failovers** so callers are never met with silence.
5. **Live queue visibility and reporting** that managers can act on.
6. **Patient texting tied to NextGen**, and voicemail transcription delivered to email.
7. **AI reception and routing** that sends callers to the right place the first time.
8. **Branded caller ID** that patients recognize, set up and maintained by the vendor.

VVHC also wants to keep and expand the web and mobile softphone, reuse the desk phones it already owns where possible, receive texts for staff sign-in codes (support MFA), and block unwanted numbers across all sites at once.

Constraints to design around

- **Rural connectivity.** Several sites sit on thin or single internet links. Designs must cope with low bandwidth and include a failover path. Cellular or satellite backup is already in use at some sites.
- **Staffing is the real limit.** Technology cannot replace people answering phones. Every overflow and callback must have a named owner, so calls never ring with no one responsible.
- **The pharmacy runs its own IVR (AIS),** and VVHC has limited ability to change it. Integration must fit around it.
- **Timing.** The current vendor contract ends May 12, 2027. VVHC prefers a phased, site-by-site cutover that starts well before that date over a single switch.

5. Scope of Services

Respondents should propose against the scope below and state clearly which components are included.

	Component	Description
A	**Cloud phone system (UCaaS)**	Cloud phone service for about 320 users across 13 sites: desktop, web and mobile apps; desk phone support; voicemail; auto-attendants; queues; paging; E911; and porting of all existing numbers.
B	**Contact center (CCaaS)**	Contact center for the Patient Access Center and, where licensing allows, clinic queues: callbacks, skills routing, IVR or AI reception, live and historical reporting, supervisor tools and call recording.
C	**Integrations**	NextGen EHR (screen pop and patient texting), Microsoft 365 and Teams, the pharmacy IVR (AIS), e-fax and telehealth.
D	**Messaging**	Two-way patient texting, broadcast alerts, branded caller ID with spam-flag monitoring, and SMS for staff sign-in codes.
E	**Implementation**	Discovery, call-flow design, configuration, testing, phased cutover, number porting, training and go-live support (Section 9).
F	**Support**	Onshore 24/7 support, service levels, a named account team and optional managed services.

6. Current-State Profile

The figures below are VVHC's current baseline, provided so Respondents can size and price a solution. VVHC IT will confirm final quantities during discovery, and Respondents will be able to confirm before final pricing.

6.1 Current Vendor

Current vendor	Contracted	Notes
Standard phone users	**310**	Calling, voicemail, desktop and mobile apps
Supervisor and reporting users	**4**	Analytics and supervisor access
Contact center agents	**9**	Patient Access Center; 6 in active use (Aug 2026)
Total user licenses	**323**	About 321 in active use, August 2026
Local phone numbers (DIDs)	**373**	323 assigned to users plus 50 additional numbers
Call recording, phone users	**294**	Recorded lines, 130-day retention
Call recording, contact center	**9**	Contact center seats, 130-day retention
Desk phones owned by VVHC	**249**	Polycom VVX 250, purchased 2020 (Appendix C)

6.2 Quantities to price

Price the following baseline. Where your licensing model differs, map it to these items and explain. Final counts will be confirmed in discovery.

Item	Quantity	Notes
Standard phone users	310	Apps plus optional desk phone
Contact center agents (PAC)	10	Nine today; state named vs concurrent
Supervisors with live view and reporting	4	Price an option for up to 10 (RAs and clinic leads)
Clinic queues with callback	15 sites	State whether these need contact center licenses
Local phone numbers to port (DIDs)	373	Plus main numbers and any toll-free numbers
Call recording	~300 lines	Minimum 130-day retention; state options
Desk phones to reuse or replace	249	Polycom VVX 250 (Appendix C)
Sites needing E911 dispatchable locations	15	Plus remote and mobile users

6.3 Sites and numbers

VVHC operates 14 sites; addresses are listed in **Appendix A**. Current numbers will be provided during discovery. Four local numbers at Tenino and Toledo could not be ported in 2020 and are listed in **Appendix B**; Respondents must confirm they can port them or provide numbers in those local exchanges.

7. Requirements and Response Matrix

Respond to every line. In the **Response** column enter **Y** (meets today), **P** (partially meets; explain), **R** (on the roadmap; give the date) or **N** (does not meet). In **Included or add-on?** state whether the capability is in the proposed license or costs extra, and name any third party. Answer "Y" only for capabilities available today on the platform you are proposing.

Must have	A proposal that cannot meet a must-have will not advance to demonstration.
Should have	Strongly weighted in scoring.
Nice to have	Differentiators that may decide a close evaluation.

7.1 Must have

#	Requirement	What VVHC needs	Response Y / P / R / N	Included or add-on?	Comments
M-1	**Callback queues**	Callers keep their place and receive a call back. They hear their queue position and estimated wait, and can choose to keep waiting, leave a voicemail, or request a callback. Must work on clinic and dental lines, not only in the contact center.			
M-2	**Routing that cuts hold time and transfers**	True queues in place of ring groups that roll to voicemail after 22 seconds; overflow to a named backup group; skills or role routing (any receptionist, any scheduler); easy transfer of a misrouted call back into a reception queue.			
M-3	**Easy schedule changes**	Managers switch a clinic's routing for lunches, trainings, weather or closures from a simple screen or a one-touch control, without calling IT. No dead air when a clinic closes.			
M-4	**Automatic outage failover**	If a site loses internet, power or service, its calls go automatically to the nearest clinic, then to the Patient Access Center or after-hours service, with a message to callers. A separate, documented route applies if the platform itself is down.			
M-5	**Call reliability**	Proven call quality on low-bandwidth rural links; no dead air; outbound calls that connect; contractual uptime of 99.999% with service credits.			
M-6	**Live queue view and supervisor tools**	Live board of calls waiting, longest wait and each person's status (available, on a call, on break); alerts when a queue has no one available or a wait passes a threshold; listen, whisper and barge.			

#	Requirement	What VVHC needs	Response Y / P / R / N	Included or add-on?	Comments
M-7	**Reporting managers can use**	Ready-made measures by site, queue and person: answered within a set time, abandon rate, wait, handle time, voicemail callback time, first-contact resolution. Combined and split views (for example medical plus dental). Scheduled reports by email.			
M-8	**Voicemail to email with transcription**	Every voicemail delivered to email with a transcript; separate boxes per group; alerts when a box is full or messages sit unheard; greeting required at setup and simple PIN handling.			
M-9	**Web and mobile softphone**	Keep and expand browser, desktop and mobile apps, with a desk phone or headset by user choice.			
M-10	**HIPAA readiness**	Signed Business Associate Agreement (BAA) at the proposed tier; encrypted calls, voicemail and recordings; role-based access; audit logs.			

7.2 Should have

#	Requirement	What VVHC needs	Response Y / P / R / N	Included or add-on?	Comments
S-11	**NextGen EHR integration**	Screen pop that identifies the patient; click to call from NextGen; update a patient's phone number. Describe supported methods for VVHC's hosted NextGen instance.			
S-12	**Patient texting**	Two-way texting from main clinic numbers; appointment reminders and broadcast alerts (for example weather closures) tied to NextGen; time stamps; consent and opt-out handled.			
S-13	**Branded caller ID**	Outbound calls display "Valley View Health"; numbers registered and monitored so carriers do not flag them as spam; vendor performs setup and ongoing registration.			
S-14	**AI reception and routing**	AI voice agent or speech menu that understands why a person is calling and routes them correctly the first time, with handoff to a live person on request.			
S-15	**Reuse of existing desk phones**	Vendor certifies VVHC's current handsets (Appendix C). Where a model is not supported, say so and price a replacement.			
S-16	**System-wide number blocking**	Administrators block a number or range across every site at once.			
S-17	**Texts for staff sign-in codes**	Staff numbers can receive SMS for multi-factor sign-in codes.			

#	Requirement	What VVHC needs	Response Y / P / R / N	Included or add-on?	Comments
S-18	**Local numbers at every site**	Port all numbers, including the four Tenino and Toledo numbers that could not be ported in 2020 (Appendix B), or provide numbers in those local exchanges.			
S-19	**Microsoft Teams**	Works alongside or inside Microsoft Teams; state whether native, Direct Routing or an add-on.			
S-20	**Pharmacy handoff**	Clean handoff to and from the pharmacy's separate IVR (AIS), which VVHC has limited ability to change.			
S-21	**Onshore 24/7 support**	U.S.-based support at all hours; named onboarding and account contacts.			

7.3 Nice to have

#	Requirement	What VVHC needs	Response Y / P / R / N	Included or add-on?	Comments
N-22	**Patient self-scheduling**	AI or text flow that books, confirms and waitlists through NextGen.			
N-23	**AI voicemail and call summaries**	Short summaries and call notes for staff.			
N-24	**Visual or text menu**	Callers choose a department from a menu on their phone screen.			
N-25	**Agent screen recording**	Supervisors review agent screens alongside call recordings, for training.			
N-26	**Secure pay by phone**	Card payments through the phone system without staff hearing card numbers.			
N-27	**Better hold experience**	Custom hold music with health-education messages.			
N-28	**Recorded-line notice and spam screening**	Recorded-line message on calls; filtering of unwanted sales calls.			

7.4 Technical, security and compliance

These platform requirements apply to every proposal. Items marked Must are pass/fail.

#	Requirement	What VVHC needs	Priority	Response Y / P / R / N	Included or add-on?	Comments
T-1	**Single tenant, central administration**	All sites and users on one tenant with a self-service admin portal and role-based delegation for VVHC IT.	Must			

#	Requirement	What VVHC needs	Priority	Response Y / P / R / N	Included or add-on?	Comments
T-2	**Multi-site E911**	Dispatchable location per site and per remote user; Kari's Law and RAY BAUM'S Act compliance.	Must			
T-3	**Full number porting**	Managed port plan for all 373 local numbers plus main and any toll-free numbers, with no loss of service at cutover.	Must			
T-4	**Redundant architecture**	Geographically redundant, carrier-grade data centers, ideally outside the West Coast seismic zone; documented recovery times.	Must			
T-5	**Encryption in transit and at rest**	SRTP/TLS for calls and messaging; encryption at rest for voicemail, recordings, transcripts and reports; enabled by default.	Must			
T-6	**Call recording and retention**	Recording for the contact center and about 300 recorded lines today; at least 130-day retention, configurable (state the maximum), with secure deletion.	Must			
T-7	**Security attestations**	Current SOC 2 Type II and/or HITRUST; reports available on request; documented breach-notification process.	Should			
T-8	**Identity and access**	Single sign-on (SAML/OIDC) with Microsoft 365; multi-factor authentication for administrators; audit log retention stated.	Should			
T-9	**U.S. data residency**	Patient information stored in the U.S.; list subprocessors with access to it.	Should			
T-10	**Network readiness and quality monitoring**	Network assessment and QoS guidance; call-quality (MOS) monitoring with proactive alerts; cellular or dual-WAN backup options for rural sites.	Should			
T-11	**Paging, fax and analog devices**	Overhead paging where needed; e-fax or a clean path to it; analog adapters for legacy devices during transition.	Should			
T-12	**Open API**	Documented API and webhooks for future integration and automation; state rate limits.	Nice			

8. Questions for Respondents

Answer each question in narrative form, concisely and specifically. Number your answers to match.

8.1 Questions every Respondent must answer

Q1. Show callback queues on a clinic line, not only in the contact center: queue position, estimated wait, and keeping the caller's place. Is this included, or a separate license?

Q2. How does a manager change a clinic's routing for lunch, training or a closure? Describe it as a non-technical user would do it.

Q3. Walk through what a caller hears and where the call goes when (a) one site loses internet, (b) one site loses power, and (c) your platform has an outage.

Q4. What call-quality results can you show on low-bandwidth rural links? What uptime do you commit to in the contract, and what credits apply?

Q5. Which supervisor and reporting features come with standard licenses, and which need contact center licenses? Price both for 310 standard users, 10 contact center agents and 4 supervisors.

Q6. Do you integrate with NextGen today? Name an FQHC or clinic customer using that integration for screen pop and patient texting.

Q7. How do you handle two-way patient texting: number registration, consent and opt-out, and HIPAA?

Q8. Do you provide branded caller ID and spam-flag monitoring? Who performs the setup and the ongoing registration?

Q9. What AI reception or speech routing do you offer? What does it cost, and can it hand off to a live person on request?

Q10. Do you support VVHC's 249 Polycom VVX 250 desk phones (Appendix C)? If not, what do you propose instead?

Q11. Can you port the Tenino and Toledo numbers listed in Appendix B? If not, can you provide numbers in those exchanges?

Q12. Do you sign a BAA at the proposed tier? Where is support based, and what hours is it available?

Q13. Can administrators block numbers system-wide, and can staff lines receive texts for sign-in codes?

Q14. How will your platform hand calls to and from the pharmacy's separate IVR (AIS)?

8.2 Company and experience

- Legal name, headquarters, years in business, ownership and financial stability. State whether you own and operate the platform or resell it; if reselling, name the underlying platform.
- Your experience with multi-site healthcare organizations, especially FQHCs and community health centers of similar size, and the number of healthcare customers and seats on the proposed platform.

8.3 References

- Three healthcare references of similar sizes, ideally multi-site FQHCs using both phone system and contact center (Appendix E).
- Describe one implementation that did not go smoothly and how you resolved it.

8.4 Platform, support and roadmap

- Your architecture, where VVHC's data would reside, and your redundancy model.
- Your support model: tiers, hours, how urgent healthcare issues are prioritized, the named account team, and average response and resolution times against your service levels.
- Your product roadmap for AI and healthcare features over the next 12 to 24 months.

8.5 Contractual

- Confirm willingness to sign VVHC's Business Associate Agreement and to negotiate service levels with financial remedies.
- State renewal terms, caps on price increases at renewal, and early-termination provisions.

9. Implementation, Migration and Support

Describe how you will move VVHC to your platform with **no disruption to patient access** and provide a sample project plan and timeline. VVHC's current service ends May 12, 2027; all sites must be live, with numbers ported, before that date.

- Discovery and validation of sites, users, call flows and numbers.
- Call-flow and contact center design workshops with VVHC leadership and Regional Administrators, including overflow and outage rules with a named owner for every queue.
- Build and testing on temporary numbers before any live cutover.
- A **phased, site-by-site cutover** with a rollback plan for each phase, starting with a pilot site.
- Number porting management, including the Tenino and Toledo numbers.
- Network readiness review, quality-of-service guidance and desk phone provisioning, including re-use of existing handsets where supported.
- Training for administrators, managers, front-desk staff and Patient Access Center agents, with on-site go-live support (state availability and cost).
- A post-go-live support period and the handover to steady-state support.

10. Pricing Proposal

Provide complete, transparent pricing in the format below. VVHC will contract at a **36-month or a 60-month term only**, so quote all recurring pricing at both terms. Include every one-time and recurring cost, and identify anything billed separately (for example BAA, encryption, premium support, texting, AI usage, recording storage or overage). Pricing must remain valid for 120 days from the proposal due date.

10.1 One-time costs

One-time item	Qty	Unit price	Extended
Implementation and project management			
Call-flow and contact center design			
Number porting			
Desk phones and devices (purchase option)			
On-site go-live support			
Training			
Other (specify)			
Total one-time			

10.2 Recurring monthly costs

Recurring item	Qty	Unit / month, 36-month	Unit / month, 60-month
Standard phone user			
Contact center agent			
Supervisor / reporting user			
Common-area or conference phone			
Clinic callback queues (if licensed separately)			
Patient texting and branded caller ID			
AI reception or speech routing			
Device rental (monthly option)			
Premium or healthcare support tier			
Recording storage			
Other (specify)			
Total recurring per month			

10.3 Total cost of ownership

Cost component	36-month term	60-month term
One-time costs (10.1)		
Recurring costs over the full term		
Total contract value		
Effective cost per month		

11. Evaluation and Scoring

A VVHC selection committee will score proposals with the weighted scorecard below. Must-have requirements (Section 7.1) and Must-technical items (Section 7.4) are pass/fail: they gate a proposal before it is scored. Shortlisted Respondents will be invited to a scripted demonstration (Section 12.3). VVHC is not obliged to select the lowest-cost proposal; the award will go to the best overall value.

#	Criterion	Weight	What we look at
1	**Patient access and call handling**	**25%**	Callback queues, routing, schedule changes, AI reception
2	**Reliability and outage failover**	**20%**	Rural call quality, uptime commitment, site and platform failover
3	**Total cost of ownership**	**15%**	Both terms compared; value, not lowest price alone
4	**Visibility and reporting**	**10%**	Live queue view, supervisor tools, manager-ready reports
5	**Integrations and messaging**	**10%**	NextGen, patient texting, Teams, pharmacy, caller ID
6	**Security and HIPAA**	**10%**	BAA, encryption, access control, attestations
7	**Implementation approach**	**5%**	Low-risk phased cutover, porting, training
8	**Support, references and stability**	**5%**	Onshore 24/7 support, healthcare references, roadmap
	Total	**100%**	

12. Process, Timeline and Submission

12.1 Timeline

Milestone	Target date
RFP issued to Respondents	Wednesday, November 4, 2026
Intent to bid due	Wednesday, November 11, 2026
Written questions due	Monday, November 16, 2026
VVHC answers shared with all Respondents	Monday, November 23, 2026
Proposals due (5:00 PM Pacific)	**Friday, December 11, 2026**
Shortlist notified	Friday, December 18, 2026
Scripted demonstrations	January 5 – 15, 2027
Reference checks and best and final offers	January 18 – 29, 2027
Award notification	Friday, February 5, 2027
Project kickoff	Week of February 15, 2027
Phased site cutovers	March – April 2027
All sites live; current service ends	**Before May 12, 2027**

VVHC may adjust these dates by written notice to all Respondents.

12.2 Submission instructions

- Submit proposals electronically, as a PDF, to the point of contact in Section 12.4 by the deadline. Late proposals may not be considered.
- Complete the response matrix (Section 7), the questions (Section 8), the pricing tables (Section 10) and Appendices D and E. A completed Word or Excel copy of the matrix is welcome alongside the PDF.
- Organize your response to mirror this RFP's section numbering.
- Direct all questions in writing to the point of contact only. Do not contact other VVHC staff or board members about this RFP. Answers will be shared with all Respondents.

12.3 Demonstrations

Shortlisted Respondents will receive a demonstration script built on VVHC's real call flows. It will cover, at a minimum: a clinic callback queue, a lunch-hour routing change made by a manager, a site outage, the live supervisor view, standard reports, and patient texting. Demonstrations must use the platform actually proposed. They will be scored by VVHC leadership, IT, the Patient Access Center, Patient Access Administrator, and a Regional Administrator.

12.4 Point of contact

Name	Heidi Zipperer
Title	Chief Administrative Officer
Email	administration@vvhc.org
Direct phone	(360) 330-9565
Mailing address	2690 NE Kresky Avenue, Chehalis, WA 98532
Physical address	2501 NE Kresky Avenue, Suite A, Chehalis, WA 98532
Website	www.vvhc.org

13. Terms and Conditions

- This RFP is not an offer or a contract. No obligation arises until VVHC signs a definitive written agreement.
- VVHC may amend or withdraw this RFP, extend deadlines or waive minor irregularities at any time.
- All materials submitted become VVHC’s property and will be handled confidentially to the extent practicable.
- Respondents must disclose any conflict of interest and any pending litigation material to their ability to perform.
- Pricing must remain valid for at least 120 days from the proposal due date.
- The selected Respondent must sign VVHC’s Business Associate Agreement before handling any patient information.

Appendix A. Site Directory

Users per site and current internet circuits will be confirmed by VVHC IT during discovery.

#	Site	Address	City (WA)
1	**Administration**	2616 NE Kresky Ave	Chehalis
2	**Chehalis Clinic**	2690 NE Kresky Ave	Chehalis
3a	**Centralia Primary**	1800 Cooks Hill Rd	Centralia
3b	**Centralia Walk-In**	1800 Cooks Hill Rd	Centralia
4	**Centralia Children's Dental**	711 Harrison Ave	Centralia
5	**Morton**	148 Division Ave	Morton
6	**Olympia**	3775 Martin Way E	Olympia
7	**Olympia CYS**	914 7th Ave	Olympia
8	**Onalaska**	1810 Hwy 508	Onalaska
9	**Pe Ell**	402 N Main St	Pe Ell
10	**Raymond**	300 Ocean Ave	Raymond
11	**Tenino**	273 Sussex Ave E	Tenino
12	**Toledo**	117 Ramsey Way	Toledo
13	**Winlock**	100 Cedar Crest Dr	Winlock
14	**Mary's Corner**	4254 Jackson Hwy	Chehalis

Appendix B. Current Licenses and Numbers to Port

Current platform

Platform	Phone system and Contact center)
In service since	August 2020
Current term ends	May 12, 2027
Licenses	310 standard users · 4 supervisor and reporting · 9 contact center agents
Phone numbers	373 local numbers (323 included with licenses plus 50 additional)
Call recording	294 user lines and 9 contact center seats, 130-day retention

Numbers not ported in 2020

These local numbers could not be ported when VVHC moved to its current platform. Respondents must confirm they can port them or provide numbers in the same local exchanges.

Site	Number	Required outcome
Tenino	(360) 264-5665	Port, or local number in exchange
Tenino	(360) 264-5666	Port, or local number in exchange
Toledo	(360) 864-4400	Port, or local number in exchange
Toledo	(360) 864-4239	Port, or local number in exchange

The full number inventory will be provided during discovery.

Appendix C. Existing Desk Phones

VVHC would like to reuse the desk phones it already owns. For each model, state whether your platform supports it (including firmware and any end-of-support dates), and if not, the replacement you propose and its price.

Make and model	Quantity	Location	Supported? (Y/N)	Replacement if not
Polycom VVX 250 (PoE) desk phone	249	All sites		
Headsets, sidecars, paging and analog devices	TBD	VVH Yealink HA64 Pro Duo UC wireless headset with touch screen EPOS Impact 1061 Teams w/ANC+ Stand-1001171 Poly Black Wire 3220 Poly Voyager		

Quantities are from VVHC's 2020 purchase. VVHC IT will confirm current counts and any other models during discovery.

Appendix D. Proposal Cover Sheet

Complete and place this sheet at the front of your proposal.

Respondent (legal name)	
Platform proposed	
Primary contact and title	
Email and phone	
Scope bid (A–F, Section 5)	
Single platform or paired solution?	
All must-haves met? (Y/N)	
Will sign VVHC's BAA? (Y/N)	
36-month total contract value	
60-month total contract value	
Authorized signature and date	

Appendix E. Reference Form

Provide three references. Duplicate this form for each.

Organization name	
Type (for example FQHC)	
Size (sites and users)	
Products used (phone system, contact center)	
Go-live date	
Contact name and title	
Contact email and phone	