



**SNHD-9-RFP-16-010
ADDENDUM A03**

REQUEST FOR PROPOSALS (RFP) No.: SNHD-9-RFP-16-010

TITLE: ELECTRONIC HEALTH RECORD (EHR) MANAGEMENT SOFTWARE & SUPPORT SERVICES

ADDENDUM ISSUE DATE: April 14, 2016

CLOSING DATE & TIME: ON OR BEFORE 4:00 p.m. PST April 22, 2016

Information for Proposers

The following information is provided to answer questions raised by potential proposers.
This Addendum #A03 contains five pages in total.

1. Can we add a 1 page value add section of solutions that could be added above and beyond what is requested? **Yes, the RFP requests identification of any additional modules or systems that may be of interest.**

2. For the following testing responsibilities, what will SNHD be responsible for versus what the vendor will be responsible for? **See answers in-line with the numbered sub-questions below:**
 - a. Perform unit testing - SNHD
 - b. Development of system test scripts - Vendor, with SNHD input
 - c. Perform system testing - SNHD
 - d. Development of regression test scripts - Vendor
 - e. Perform regression testing - Vendor
 - f. Development of integration test scripts - Joint
 - g. Perform integration testing - SNHD

3. Regarding the Interfaces that are listed in Appendix E, can all of these systems be interfaced via standard HL7 interfaces or will customized interfaces need to be built? And if so, which systems will require customized interfaces? **Vendor to investigate and recommend as part of the implementation**

4. Does the department have an interface engine? If so what engine are you using and what are the specs? **Yes, Mirth Connect (we are adept at using it).**

5. Data migration See answers in-line with the numbered sub-questions below:
- a. What types of data will we be migrating? Patient demographics and encounters
 - b. We understand that three years of data will be migrated, but what is the volume of data that will need to be migrated? Cannot provide a precise figure, but the legacy systems consume a total of 50 Gb. 11% of patient records and 22% of encounter records relate to the last three years.
 - c. How many records? 167,006 patients and 187,492 encounters
6. Regarding the training, what type of training approach is preferred? Will the vendor be required to do all end user training or will the train the trainer approach be accepted? Also, can training be done at one single location or will it need to be done at each location separately? End-user training by the vendor is required. This can be provided at one central location.
7. Does SNHD prefer to have all facilities go live at the same time, or a rolled out approach? SNHD prefers all physical locations to go live at the same time, but to have the option to roll out different Nursing programs (FP, TB, etc.) separately, in a phased approach
8. In terms of the Cost Proposal, Appendix C, can you please clarify what exactly you mean by the follow terms and what all you expect to be included in the pricing for these sections: See answers in-line with the numbered sub-questions below:
- a. Project management? Costs for vendor-supplied project management services, to include scheduling of vendor resources, development of an implementation schedule, creation of Risk Register and Issue Log, status reporting, etc.
 - b. Programming? Costs for vendor-supplied customization of programming code, including any required compiling, linking and documentation
 - c. Configuration? Costs for vendor implementation specialist/consultant time spent on configuring the system, for example, setting billing options in the software
 - d. Needs Analysis? Costs for vendor investigation of existing SNHD requirements, business processes and data, and documentation of revisions required to business processes, system configuration, and/or any customization of the system, that is required to meet SNHD's requirements
9. You have 5 providers, are those 5 all doctors? I also wanted to make sure that the 145 nursing and clinical support staff didn't include any nurse practitioner's or physician assistants that bill under their own name or prescribe medicine. In addition, other than the 5 providers, do any of the other staff members sign off on patient encounters, treatment plans, etc.

Count	Type	Description
2	Accounting	Individuals providing support for Health District medical billing functions.
5	Nursing Management	Responsible for clinical and nursing program management
6	Community Health Management	Responsible for external data exchange
5	Providers	Individuals providing preventive, curative, promotional and/or rehabilitative health care to patients
145	Nursing clinical and support staff	Individuals providing patient registration, appointments management and clinical services to patients
8	Disease Investigation	Individuals providing counseling and education services to patients
8	Chronic Disease Prevention	Individuals reporting on population-based data
3	Informatics	Individuals providing external data exchange and data query / data mining support for the Health District.
3	Information Technology	Individuals providing technical and reporting support for the Health District.

- We have a total of 9 providers
- They are also included in the headcount of 145 Nursing clinical and support staff
- We have 76 Nursing staff who can sign off on patient encounters, treatment plans, etc.. They too are included in the headcount of 145 Nursing clinical and support staff

10. Please confirm: Number of clinical providers: our pricing model is based on the number of clinical providers who deliver patient care, rather than the number of system users. Can you please give the number of providers based on the definitions below for cost estimate purposes:

“Providers” mean those Physicians, Nurse Practitioners, Physician Assistants, Audiologists, Optometrists, Therapists, Occupational Therapists, Physical Therapists, Music Therapist, Speech Therapists, Massage Therapists, Chiropractors, Anesthesiologists, Psychologists, Dentists, Hygienists, Licensed Social Workers, Midwife, Nutritionists, Dietitians, Counselors, Mental Health Practitioners, Neurophysiologists, Nurses that provide patient care, and Podiatrists employed by or under contract with Customer to provide services within the medical field. The term Provider shall not include Customer personnel employed by or under contract with Customer as office managers, secretaries, or other administrative staff, and (hereinafter referred to as “Customer Personnel”).

Please include the number of FTE and part-time providers as well. 9 FTE providers

11. How many Nurses (not including Nurse Practitioners as we consider NPs providers)? **76**
12. What products are needed (eCW assumes EMR & PM unless otherwise stated) **Both**
13. Cloud or Customer hosted? **Customer hosted preferred**
14. What system does The Health District need interfaces with? You mention MPI, Data Exchanged and application integrations. Also Lab and ADT inbound. Please confirm.
 - **LIMS (Lab) –**
 - **PHARM --**
 - **ADT (outbound)/ORDERS (bi-dir)/RESULTS (inbound)/CHARGES (inbound)**
15. Any pop health items needed? If so, which ones and for which program? **Not yet.**
16. Care Planning? **Yes. Please note Appendix A, items 172 through 184.**
17. Would the District be interested in analytics? **Yes. eBO**
18. How many systems will you need data migration from? **Two – WebIZ and WebTB. Please see Appendix E to the RFP for details.**
19. Do you need televisits? How many locations? If there are many locations, is the District looking for training at each location or will it be centralized? **Televisits are not required, but please note Appendix A, items 97 and 98, relating to Directly Observed Therapy (DOT). We do videoconferencing for DOT via Skype today, open to other solutions.**
20. Any other custom items needed? **Possible, relating to integrating with external systems.**
21. *Please confirm that there is only one Attachment A that eCW needs to respond to.

*The RFP refers to an Attachment A, Scope of Work; Attachment A, Data Migration Tolerances, but they are not included in the proposal package.

Please forward copies of Attachment A, Scope of Work; Attachment A, Data Migration Tolerances if eCW needs to respond to each. **There is only one Attachment A to the RFP. The other inclusions in the text of “Attachment A” represent sample language within the Sample Contract (Attachment C)**
22. Due to page limitations, will you accept a minimum amount of Exhibits? **Yes**

23. Would the District please clarify/reason for the following requirement 6.3:

6.3 Describe how your implementation approach addresses "non-configuration" technical changes, such as might occur with code or table modification. Provide at least five (5) samples of documentation from previous projects representative of this approach. Please provide examples of documentation relating to customization done for previous customers, including revised programming code and alterations to database table structures.

24. Do you have behavioral health as a specialty? **No**
25. Are you participating in an ACO, PCMH, or interested in reporting on HEDIS quality measures? **No**. Do you bill for CCM services? **No**.
26. Please supply interface specifications: HL7, CCD/A, flat-file? And any additional details that you can provide. **We are in the very early stages of our Lab and Pharm systems implementations (RFP/Discussion), therefore we cannot provide these specifications.**
27. What is the maximum number of concurrent users at any one time?

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All Addenda will become a part of the Contract Documents.
