

DANVILLE-PITTSYLVANIA COMMUNITY SERVICES
RFP#2023EHR
REQUEST FOR PROPOSAL- ELECTRONIC HEALTH RECORD MANAGEMENT
SYSTEM

ADDENDUM #1- Responses to Questions Received by Noon, September 27, 2023

Addendum #1 posted September 27, 2023 on procurement page of DPCS website with the following attachments:

- 1. Revised Attachment E- EHR Solution Business Requirements Posted 9-27-2023**
- 2. RFP#2023EHR- Billing and Claims Volume Data Posted 9-27-2023**

The following clarifications, modifications, and questions shall be incorporated to the above referenced solicitation:

Each Question is numbered below and the DPCS responses to each question are in [blue font](#).

- 1) Can you please provide detailed responses for the below questions:

of counties served [2](#)

of sites served [Sites referenced in Sections 2.2 and 2.3](#)

of named users (# of users that need a login to the EHR) [300](#)

of concurrent users (maximum # of users that would be accessing the EHR at the same time) [100](#)

of contracted provider (organizations) [1 telehealth psychiatrist, 2 telehealth clinicians via Iris Telehealth, 19 telehealth psychiatrists via Array \(for Crisis services only\) recording clinical services within our current EHR for which we bill. We have various contract providers in our Intermediate Care Facilities for the Medical Director, Nursing, Dietician, and Psychology components of these bed days billed for which these contractors record notes only.](#)

of contracted providers users that would need access to a portal [22-30](#)

of beds per bed-based site or total # of beds

of inpatient hospital beds (if any) [0](#)

of detox beds [0](#)

of beds (residential) [41](#)

of methadone dispensing sites (if any) [0](#)

of telehealth providers [26](#)

of telehealth hours per month [252](#)

of prescribers [24 \(recently added the 19 Array providers\)](#)

of prescribers of controlled substances [24](#)

of non-prescribers (staff that prep medication orders/prescriptions) [25](#)

of mobile users that would need disconnected access in the field [100](#)

of psychiatrists do you have that document E&M services [5](#)

of primary care doctors that document E&M services [5](#)

of medical doctors they have [estimate 5 with future services to be provided](#)

- 2) Can you provide a list of the specific lab vendors that you need to connect with?

[Only LabCorp](#)

- 3) Do you need to connect to syndromic surveillance registry? [yes](#)

- 4) Do you need to connect to the immunization registry? [yes](#)
- 5) How many billable NPIs do you have? (billing NPI, not rendering, the # of providers you put in box 33a on an 837) [see the Attachment 'Billing and Claims Volume Data'](#)
- 6) What is your estimated claim volume per month (across all payers, all sites)? [see the Attachment 'Billing and Claims Volume Data'](#)
- 7) How many sites have onsite or dedicated pharmacies? [1, confirmed](#)
- 8) If other pharmacies are required, please provide the following information, if possible: [No other onsite pharmacies.](#)
 - Who owns these pharmacies?
 - Are these pharmacies licensed as inpatient, outpatient, or both?
- 9) Do you require ASAM Continuum integration? [Yes](#)
- 10) Is there a need to connect to one or multiple HIEs? If yes, please list specific connections. [Yes, Virginia HIE, PMP, others in the future](#)
- 11) For implementation of the EHR, do you have a projected timeline of when you want to be live on the new EHR? [12 months from contract finalization](#)
- 12) Will there be a centralized team who will manage implementation and ongoing support for the project/solution similar to what you have in place today? [Yes](#)
 - If yes, how large is this team? [16](#)
- 13) What are the top three (3) pain points with the current EHR System that should be resolved in the new system? [Remote Access, Poor User Experience, Interoperability](#)
- 14) Can you please provide an estimated timeline for the following RFP events outlined: oral presentations, negotiations, and award? [Depending on number of responses, we anticipate the evaluation of the responses, including extensive reference checks to take approximately 60 to 90 days from the due date of the responses. The next 60-90 days we anticipate to be software demonstrations by those top rated vendors passing round one evaluations. We are unsure of the number of days of software demonstrations as there will be several components that have to be shown and then evaluated by our group and could possibly result in second round demonstrations. The final phase will be grading to determine the top ranked offeror and then negotiations with the top ranked offeror. We anticipate 30 or more days for this phase based on other CSB experience. If we cannot negotiate with the top ranked offeror, then we will proceed with negotiations with the second ranked offeror. After the award of the contract, we anticipate at least one year to implement a new system and realistically, it could be 18 months based on past experience. These are the best estimates we can give at this time.](#)
- 15) Is DPCS open to "riding" / utilizing another VA CSB's contract to expedite negotiations/contracting? [Yes, provided cooperative procurement language was included in the other CSB's RFP.](#)

16) **1.0 General Information**

1.1 Purpose

Can you define the word "consolidate" in this context? [A single system that incorporates electronic medical record, billing, and consumer information systems into one product.](#)

17) In document Attachment E - EHR Solution Business Requirements; for your question: "Ability to provide messaging and query capability from a pharmacy to a prescribing provider" what messaging and information query capabilities are you expecting from external pharmacies? What is your current process to retrieve this information? [Current process is done via fax. We expect secure direct messaging between pharmacies and prescribers.](#)

18) In document Attachment E - EHR Solution Business Requirements; for your question: "Ability to include a notification to the prescribing provider of a filled prescription" Are you getting these notifications from external pharmacies today? Are you expecting these notifications from external or internal pharmacies? [Not currently receiving. Yes we expect these notifications.](#)

19) In document Attachment E - EHR Solution Business Requirements; for your question: "Ability to update the medication history for a client when a prescription filled notification is received" How are you receiving these notifications with your current system? [Not currently receiving. We expect this to be integrated into the EHR solution](#)

20) In Attachment E, the numbering is out of order (starting at question #799) and some of the numbers are duplicated. Does this need to be corrected? [We apologize for the numerical error and are posting a revised Attachment E with the correct numbers.](#)

21) Will DPCS provide an excel version of Attachment E for vendors to respond in? [No](#)

22) In the pre-bidders conference, DPCS indicated all 9 attachments should be included in the offeror's response. In reviewing Attachment H & Attachment J, we are uncertain on the type of response DPCS is expecting to see for these two documents. Can DPCS clarify how offerors should respond? [Attachment H & J are informative items only, no questions.](#)

23) Will DPCS confirm the requested Virginia Contractor License and Classification and Specialty Codes only apply to Contractor's that provide building and construction work? Please confirm this does not apply to the services requested in this RFP. [This does not apply to this RFP.](#)

24) Is DPCS expecting the entire RFP, including sections that are informational (such as, Sections 1 & 2), to be included in the Vendor's response? [Yes](#)

25) Please provide the number of Eligibility Checks\month: [Performed as needed daily or monthly manually through the Medicaid website and communications with commercial insurance payors.](#)

26) Please provide the number of Appointment Reminders\month: [approximately 800](#)

27) Please provide the number of telehealth providers: [See prior telehealth count](#)

28) Please provide the number of Dragon Speak users: [5](#)

29) Will DPCSB accept electronic signatures for forms? [Yes](#)

30) In section 3.1, BJ, DPCSB mentions wanting a lower cost of ownership, can DPCSB share information about your budget for this product? [No](#)

31) Several integrations have been listed including HMIS, BHL, CARS, and the CCS Software. Has DPCSB confirmed with the vendors of these products they will accept integrations with EHRs? [The new EHR will be required to interface with DBHDS' reporting systems](#) Some systems referred to in section 3.2 will not require full integration, but instead information export; however, at this time due to changes being implemented by DBHDS, we are unsure of all the required system integrations other than CCS.

32) Can DPCSB provide information about DPCSB's IT staffing strategy to support the implementation process? [No expected changes.](#)

33) Will DPCSB implementation team be internal DPCSB employees or will you include external resources as well? [Internal](#)

34) Can you provide additional context around 3.2 A.u. "product is compatible with most up-to-date versions of Microsoft Office products within 60 days of release"? [An EHR vendor must provide an update to any required Office suite plugin within 60 days of a version update.](#)

35) In ID #6, can you provide us examples of scenarios for severity levels? [Low, Medium, High](#)

36) Can you provide additional information about the type of information you'd like to prefill for ID#48? [Any available information](#)

37) In ID #201, DPCSB mentions TriZetto as your clearinghouse. Is DPCSB open to using other clearinghouses if the vendor offers integrated clearinghouse services in their product? Related, the RFP indicates that Finance bills most commercial insurance via paper claims, with some exceptions. Can more information be provided related to how the clearinghouse is used vs. why paper claims are submitted to certain payers? [DPCS is open to using another clearinghouse vendor. Paper claims are submitted in cases in which there are very few claims to an insurance payor as it's less time consuming to print and mail than set up the payor in the clearinghouse and then set up the electronic billing form layout in our EHR to meet the insurance company's specific requirements.](#)

38) In ID# 235, can you provide examples of the type of custom reporting DPCSB requires? [If client had same incident in the significant event during a three month period, it would alert with a customized report for further outside analysis.](#)

39) In Question 624, are the crisis hotline notes captured within an external system or will they be housed in the EHR as well? [Currently external, but subject to change.](#)

40) For question 332, will DPCSB want all client records copied from production de-identified or will a subset of client charts be sufficient. [All client data](#)

41) For question 39, do note templates need to be created at the user level? [No, at the service level](#)

42) Does DPCSB need the ability to view scoring from previous assessments or pull scoring in from previous assessment? [Yes](#)

43) For questions 44-47, can DPCSB provide specific examples of data elements needed for autofill? [Pull current treatment plan goals into the Quarterly Review so progress can be documented for each goal. Pull service information onto the onsite visit tool form.](#)

44) We understand proposal submission due date is Thursday, October 12, 2023 2:00 PM, EST. Would the CSB consider a 2-week extension to the due date? [No](#)

45) Under section 2.3, the RFP indicates that services are provided directly by DPCSB staff and through contracts with private vendors in the community. Does DPCSB require that the solution manage invoicing/remit payments to these private vendors? [No](#)

46) Section 3.1, A, e, stated that “the offeror’s plan should include the development of Internal organizational controls that promote adherence to applicable federal and state laws and regulations”. Should vendors read this as a requirement of the vendor or system and can additional information be provided? [Yes and the only additional information that can be provided is DPCS has various federal and state regulations to follow for records, billing, service provision, compliance, etc..](#)

47) Can more information be provided about the type and level of documentation currently being done to support your ICF/IID residential services? [Currently, all of this documentation is on paper and will need to be electronic with the new EHR. This documentation includes but is not limited to MARs, Support logs, communication logs, ISPs, support plans, annual summaries from contracted providers, annual and quarterly summaries from outside contracted providers, daily logs, body check sheets, outside doctor visits and medical records, etc.](#)

48) Can you clarify that the items listed in section 3.1 Project Goals and Requirements, B are general business goals and vendors will not be expected to ensure these goals are met? [Vendor response should indicate their proposed product could meet all expectations listed.](#)

49) Does DPCSB have a desired time frame/overall duration for the implementation? [See the response in #14 in the previous set of questions.](#)

50) Can DPCSB provide more information on the amount of onsite project meetings expected of the vendor’s implementation team? [Not at this time.](#)

51) Section 3.2, SOW suggests that the “contractor will be expected to participate extensively in process design efforts...and restructuring of processes to best leverage the system’s capabilities”. Will DPCSB provide vendors with fully detailed “current state” documentation or will the vendor be expected to work with DPCSB to develop current and future state/to be documentation as part of the implementation? If so, can DPCSB provide additional information about the scope and duration of this activity? [DPCS has provided as much relevant information into the RFP as possible at this time.](#)

52) Section 3.2 SOW, item X lists medical equipment which DPCSB desires the EHR to interface. Can information be provided about which staff and how many staff use the ECG+ stethoscope and at how many locations? [Possibly two sites, and ten staff.](#)

53) Section 3.2 SOW, item Z states that vendors should include “plans for migrating documents from the existing E.H.R., and potential risks”. Can DPCSB provide additional details about the volume of this type of unstructured data? Will DPCSB be responsible for extracting this data and ensuring proper naming conventions to match patient identifiers?

[DPCS expects vendor to help with a crosswalk for migrating data. DPCS IT Staff will be involved but not solely responsible for data migration. DPCS also has a rather large accumulation of pdf documents for each individual that will need to be migrated or integrated into the new EHR.](#)

54) Can more information be provided related to the anticipated type, volume and scope of data to be migrated from the ACT Access Database, Credentialing Spreadsheet (Excel), Client Authorization Spreadsheets (Excel), Profiler and CASIE? Can specifications for each be provided? [The credentialing spreadsheet is a list of each licensed provider, NPI number and other relevant information such as dates and payors credentialed. The Authorization spreadsheet contains all the relevant data for authorizations submitted, to which payor, dates, authorization numbers and confirmation data, etc. in order to have information ready to provide the payors when receiving](#)

authorization related denials on remittances. From current EHR, DPCS would like to migrate as much data as possible from service recordings, treatment plans, past admission/discharges, all demographic information, etc. DPCS would also like as much data as possible to flow to or from CASIE which is the prevention database where all of the services, demographics, and documentation lives.

55) Is it anticipated that all required training aids and documentation will be provided in electronic form? **Yes**

56) In order to comply with section 4.2, E, should offerors submit a complete redacted proposal? Or make content as proprietary in the original proposal? **Proposal should be complete and not redacted. Vendors should list any proprietary information in Attachment F**

57) Has DPCSB evaluated any EHR products to date and if so, which products? **No**

**DANVILLE-PITTSYLVANIA COMMUNITY SERVICES
RFP#2023EHR
REQUEST FOR PROPOSAL- ELECTRONIC HEALTH RECORD MANAGEMENT SYSTEM**

ADDENDUM #1 - Responses to Questions Received by Noon, September 27, 2023

Addendum #1 posted September 27, 2023 on procurement page of DPCS website with the following attachments:

- 1. Revised Attachment E- EHR Solution Business Requirements Posted 9-27-2023**
- 2. RFP#2023EHR- Billing and Claims Volume Data Posted 9-27-2023**

Note: A signed acknowledgement of this addendum must be received by this office either prior to the due date of the responses to the RFP or attached to your response to the RFP. Signature on this addendum does not substitute for your signature on the original bid document. The original bid document must be signed.

Sincerely,

Mary Beth M Clement, CPA

Mary Beth Clement, CPA
Director of Finance
Danville-Pittsylvania Community Services
mclement@dpcs.org
434-799-0456 ext 3078

Name of Offeror

Title

Signature of Offeror

Date