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Addendum 1 for RFP 17-09 Electronic Health Records Software

Jessica Turner
Buyer, Procurement and Contract Services

RFP 17-09 is being amended to extend the opening date. Sealed bids will be received in the Office of the Director of Procurement Services, The University of Southern Mississippi, 118 College Drive #5003, Bond Hall, Room 214, Hattiesburg, Mississippi, until Tuesday, October 25, 2016 @2:00 p.m.

The following questions were submitted by vendors in regards to RFP 17-09 Electronic Health Records Software. The University’s answers are shown in RED.

1) Do you have any Residents that would be using the EHR? If so how many and in what capacity? No.

2) When shipping UPS or Fed-X can you please provide a phone number for the address you have listed or should we use the “Buyers” phone number for shipping purposes. If they are shipping items pertaining to the bid, use the Buyers phone number.

3) How many facilities are involved in this procurement? How many clinical providers (per definition above) per facility? 1. 11 total.

4) Do you currently have an existing EHR system? If so, please provide. Yes, PyraMed Health Systems.
5) Regarding your Data Conversion requirements, please provide the following:
   - EMR&PM Migration or just PM Migration? Both.
   - Will you (client) provide vendor with the legacy data? The client will provide the vendor with the legacy data.
     - If yes, in what format? Since we utilize an Oracle database, we would plan for the provision of data in the .csv format. However, if the new system is also a database, we may be able to facilitate data transfer of data through a database link.
   - Will the legacy system vendor assist with the data migration? No, we cannot depend on the legacy system vendor to assist with any part of the system migration including data migration.

6) Do you have a preference of hosting the application locally or are you looking for a vendor-hosted solution? Locally.

7) Do you want a single database linking all facilities or multiple databases, one for each facility? We would like to have a single database.
   - Data format (HL7, CDA, flat file, etc.) HL7
   - Data into EMR via interface Yes
   - Data out of EMR to the interface Yes
   - Real-time or batch? Real time

8) Can you provide more information on your current workflow? What are your pain points? Patients check in with front desk staff, nurse triages, and provider delivers care, laboratory service available if needed, pharmacy service available if needed.

9) Interoperability needs? Hospital systems, Immunization Registry, etc. No.

10) Will you require interfaces to specific devices? If so, which ones? If this is referring to devices such as blood pressure cuff or temperature monitor device, then no we will not need interfaces.

11) Regarding your in-house pharmacy:
    - What is the messaging standard? The data format is HL7.
    - Real-time or batch? Real time.

12) Regarding your Lab interface, please provide the following:
    - Data format (HL7, CDA, flat file, etc.) HL7
    - Data into EMR via interface HL7
    - Data out of EMR to the interface HL7
    - Real-time or batch? Real-time

13) Do you have a Radiology Lab? Yes.
    - Data format (HL7, CDA, flat file, etc.) None
    - Data into EMR via interface None
    - Data out of EMR to the interface None
    - Real-time or batch? None
14) Will you require an interface to an HIE, if so, which one? No.

15) Are you interested in Population Health? Do you want to capture: No.

16) Do you have the need for the following:
   • Are you interested in Patient Education? Yes
   • Kiosk Not at this time
   • Dragon Medical Not at this time
   • Dental Module No
   • Revenue Cycle Management for outside billing services No

17) Please explain your requirements for Billing.
   • What is your current in-house billing system? We currently process claims through an outsourced company, Availity. We are not looking to change this process at this time.

18) Do you have a go-live date that you are looking to meet? The bid has implementation dates for January 3rd. 13th so Go Live date would be January 17th.

19) Are you interested in Revenue Cycle Management? No.

20) Do you have an IT staff? Yes, the university has a central IT department that provides application support, network support, information security expertise, server system administration, database administration and project management.

21) Do you have any specific training requirements? Listed in the bid in section 6.7.

22) For Availity can you please provide:
   a. What info incoming? None
   b. What info outgoing? All information regarding the claim
   c. What format? 5010 Format

23) Oracle PeopleSoft Database, can you provide: We have patient data coming from Oracle PeopleSoft into the EHR and we have patient charges coming from the EHR going to the Oracle PeopleSoft database. The data moves back and forth using Oracle PeopleSoft Database Tables.

24) Is it mandatory for you to use First Databank? The pharmacy software, Propharm, does not require it. It is not mandatory but helpful in order to retrieve updated information, medication errors, and conflicting medications, as well as medication decision support tools.

25) On the functional review Question 35:
   a. Please clarify what is meant by this question: “Will the system allow for auto post for insurance plans?” Instead of hand entering insurance payments we’d like the payment to auto post. This is used only for internal university insurance plans.

26) In the functional review Question 32: “Will the system allow for a daily report populated by email?” What daily report(s) are you referring to? We’d like patient appointment list for each provider and transform errors between all interfaces.
27) Can you provide the location of the Provider Information for USM? One – Hattiesburg, MS campus.

28) Can you provide the specialties of the Provider Information for USM? Family/General Practice.

29) Is the RFP for the Health Center only? Are other clinics such as Counseling, Sports Medicine, or Disability Services included (or being considered for future inclusion) in the scope of services for this EHR RFP? Yes, Health Center only.

30) Please clarify if the Appendices are for informational purposes only, and for the “vendor of choice” to acknowledge and complete, or do you request that vendors complete and/or acknowledge them as part of the vendor response to the RFP? Confirmed, these are for informational purposes only and will be prepared once the award has been made. The vendor must acknowledge willingness to complete at time of award.
   a. Appendix a – USM – standard contract for services draft
   b. Appendix b – Determination form
   c. Appendix b – HIPAA business agreement of confidentiality
   d. Appendix b – PSA separate contracts

31) Please confirm, or clarify as needed, that RFP Section 4.10 (Confidentiality) affirms that all elements of a vendor’s submission will be held in confidence and are not subject to Open Records or Freedom of Information requests. We, as an agency of the State of Mississippi, are subject to the Mississippi Public Records Act, §25-61-1, et seq., Miss. Code Ann. 1972. If a public records request is made for any information provided to USM, we will promptly notify the vendor of such a request. We will make reasonable efforts to protect a vendor’s proprietary information by notifying the vendor when requests have been made to view such documents prior to disclosure, unless compelled by law.

32) In addition to treating students, faculty and staff, do you also treat dependents of students, faculty or staff? Yes, children 12 years of age or older, as well as spouses of students, faculty, and staff.

33) Please provide the # of FTE on Moffitt’s staff by role:
   a. MD 2
   b. NP/PA 2
   c. RN 1
   d. Other Nursing or Medical Technician 4
   e. Health Promotion 3
   f. Lab Technicians 2
   g. Pharmacy 2
   h. Radiology cross trained with the 2 lab techs
   i. Front Desk/Appointments/Administration 4
   j. Medical Records 4
   k. Billing 1
   l. Counselors
   m. Management (if not included above)
   n. Other ____
34) Please name the total concurrent user count, that is, the highest number of users expected to use the system at any one time on a normal busy day. Could range from 16-20.

35) What is the anticipated Bid Award Date? Within 2 weeks of closing.

36) If different from the Bid Award Date, what is the anticipated Contract Signature Date? (following contract negotiations) Within 2 weeks of Bid Award Date. This, of course, is dependent on negotiations.

37) Does USM have an internal EHR Implementation Project Manager identified and assigned? Yes.

38) Does USM have an internal EHR Implementation Decision Team (decision makers, key staff, Super Users and IT support) identified and assigned? Yes.

39) When does the Moffitt Health Center stop seeing patients in December? Last operational day is December 21st.

40) When does the Moffitt Health Center start seeing patients in January? First operational day is January 3rd.

41) Considering Thanksgiving, Christmas and New Year's holidays, what dates are the USM Project Manager and Decision Team available for Assessment, Implementation and Training in November, December and early January? We can begin November 1st until December 21st.

42) Given the involvement of many factors and parties beyond any EHR vendor’s control (multiple third party vendors for interfaces, data conversion, file transfers, UMS staff availability over the holidays, etc.), please define what would satisfy USM’s definition of a 'live' system by January 13, 2017? Fully functional and operational to our patients and our staff.

43) Is USM’s current vendor prepared to deliver a non-proprietary, flat file export of USM data in preparation for a data conversion to the EHR Vendor of Choice system in early January? The University will provide the data. See question #6.

44) Have Third Party Vendors (LabDAQ & ProPharm interfaces, etc.) been advised that they will be working with the EHR Vendor of Choice to meet the January 13, 2017 Go-Live target date? Not at this point.

45) Do you currently bill a Student Health Insurance Plan (SHIP)? Yes.

46) If so, how many SHIP claims are filed per month? On average we estimate 400 claims per month.

47) Do you require the import and/or export of insurance information from your SHIP Plan to/from the new EHR system? Export of claims.

48) How many third party insurance companies (non SHIP) do you participate with? 2

49) How many third party insurance claims (non SHIP) are filed per month? Estimated 1,000.
50) How many providers are credentialed billing providers? 4.

51) Is the faculty and staff demographic information and photos located in PeopleSoft? If not, is that information in another product accessible for the nightly import/export with the vendor EHR? The demographic and photos are located in PeopleSoft.

52) Are any device interfaces requested? (i.e.... EKG, Ultrasound, Welch Allyn) Not at this point.

53) Do you require a completely paperless immunization compliance process? Not at this point.

54) Would you want your recommended immunizations (Hep B, Meningococcal, Td) included with your required immunization (MMR x 2) in the immunization compliance process? Not at this time.

55) How many pc’s, tablets, devices (i.e....total workstations) do you currently have, and do you anticipate that will change with the deployment of the EHR Vendor of Choice system in 2017? Estimated 40 total, no change.

56) Do you require the EHR Vendor of Choice to be certified to ONC 2014 standards? No.

57) Vendor Hosted Datacenter and IT Questions We want the system to be hosted on premise. We will not consider a vendor hosted system.

58) When ePrescribing, do you require or prefer to get Medication history of students, faculty and staff, including those prescriptions not written on campus? No.

59) When ePrescribing, do you require or prefer to have access to Prescription Insurance Benefits? Preferred.

60) Do you require or prefer to have your ePrescribing system verify compliance – that is, if the prescription was ever picked up by the patient? No.

61) For ePrescribing, how many full time providers are there (>16 hours/week?) How many part time providers are there (<17 hours/week?) 4 Full time. 2 Part time.

62) How many of the prescribing providers will need to write scripts for controlled substances? 4.

63) What percentage of prescriptions are filled in the USM pharmacy through ProPharm? 90%.