RESPONSE TO QUESTIONS SUBMITTED REGARDING REQUEST FOR PROPOSAL FOR EHR

1. Will there be an opportunity to respond with follow-up questions after the response date?

    We will allow follow-up questions until close of business November 7, 2022. Responses to follow-up questions will be posted by close of business November 18, 2022.

2. How soon can we request demo dates after the proposal due date?

    January 2, 2023

3. Does the Center provide any inpatient mental health services?

    No, other than Crisis Respite

4. Will your Center be reporting to NOMS?

    Yes

5. Does the Center provide primary care?

    No; Not beyond Preventative Screening at this time

6. How many psychiatrists does the Center have?

    2

7. How many prescribers does the Center have?

    5

8. How many non-prescribers does the Center have? (Non-prescriber is anyone other than a prescriber who needs access to e-prescribing. This may include nurses, system administrators, clinic managers or others would need access to e-prescribing.)

    5

9. Would the Center of Life Resources be able to provide its annual revenue for 2021?

    Not at this time.

10. How many prescribers does the Center have (not prescribing controlled substances)?

    0

11. How many prescribers can prescribe controlled medications and would use EPCS?

    5

12. Will the Center connect with a Health Information Exchange (HIE)?

    No, not at this time, but may need ability later on.

13. How many Center staff, who work in the community, would utilize a disconnected mobile solution that would enable access to the NEW EHR system?

    196

14. How many IP/Residential facilities do you operate? How many beds in each facility?

    2 ICF/IDD 13 beds each; 1 Respite facility 10 beds; 1 HCS residential 4 beds

15. Does your facility provide Medicated Assisted Treatment services?

    Planning to in the near future.

16. Given you partner with multiple contractors for BH services, are you a Managed Care Organization that works with a group of doctors or other 3rd party providers that you authorize the service and they invoice you to adjudicate and pay claims?

    No

17. Can you clarify on what CSSRS assessments will be needed?

The full C-SSRS Screener and C-SSRS with SAFE-T Protocol.

18. How would you like vendors to provide an estimated cost when selecting item #2 in Attachment H-Functionality Requirements?

Price by Interface

19. Does your organization currently utilize single sign-on (SSO) or Security Assertion Mark-up language (SAML)? Are you looking SSO or SAML in the new EHR application?

No; SSO

20. How many staff will be DSM-5 users?

8

21. What is your current IT staff? What technical capabilities are currently being used?

Desktop and Windows Server Administration; No SQL or Web Services Specialist

22. Do you want to be able to send secure date (CCD files and PDF's) using a direct messaging system to connect to other organizations securely? If so, how many users would you want to permission access?

Yes; 6

23. Are you interested in connecting via an established interface with Bamboo Health (formerly Appriss Health + PatientPing) for PDMP (Prescription Drug Monitoring Program) functionality?

Yes, want to prescribe meds directly from EHR

24. What human resource management system do you use? Would you be interested in a one-way interface that can pass demographic and credentials for auto staff set up in the new EHR system?

Software Business Systems (SBS); Yes, if cost effective

25. Do you have a defined budget for the project and will you be disclosing the budget?

We are looking for a cost-effective solution as we are non-profit.

26. In Attachment H, requirement 2.1.4 states, "System Shall have ODBC connectivity." Are you using ODBC connectivity currently? If yes, with what systems are you connecting? How much data is being generated?

No

27. Please confirm the source you use for real time eligibility and what source do you use for your 835/837 transactions?

We use Claim MD, Payspan and Emdeon. Eligibility, we are using TMHP directly.

28. If you are not using a provider for eligibility verification, would you like us to include one of our third-party vendors in the quote?

If cost efficient, yes

29. What is your rough percentage breakdown of funders?

> Rough %; Medicaid 50; MCO 50 – Medicaid includes all ECI, IDD, ICF and HCS/ TxHML services.

30. Is it your intention to continue the model of not supporting surescripts with your internal pharmacy?

> We would be interested in seeing what an integrated prescription management system would look like.

31. We usually calculate with a multiple 3 to 1 for concurrent vs named users to calculate associated licensing fees. Will the 150 named users be a good approximation for how many users will be accessing the system?

> Change it to 196

32. How many users and concurrent users?

> 196 users; Current concurrent users is 35 but we estimate in the future will be 70 concurrent users

33. What is your annual operating expense?

> Not to be disclosed.

34. Is there a need for state reporting?

> Yes

35. How many prescribers on staff for EPCS?

> 5?

36. Do you need a PDMP Connection?

> Yes

37. For eligibility checks – How many registrations per month?

> We check all programs for eligibility. All clients get checked.

38. How many claims submitted per month?

> All Programs – Roughly 4,000 claims per month

39. How many remittances received?

> Roughly 200 a month

40. How many patient statements per month?

> Roughly 200 MH and 50 ECI

41. Do you need automated reminders?

> Yes, for Med Clinic and Case Management appointments

42. Telehealth visits? If so, how many Providers? How many visits per month?

> An estimate of 15 providers; average of 150 visits per month

43. Dragon Dictation? If so, how many providers?

> Potentially, based on cost effectiveness

44. Are you JCAHO accredited?

> No

45. Are you required to submit HBIPS reports?

> No

46. Do you need a sliding fee scale?

> Yes

47. Instructions in the main RFP, page 3, Section E. RFP Process, Item 3 and 5: Is a legal digital signature by a legally authorized person acceptable?

     Yes

48. Of the 200 employees, how many named users need to access the system? (Assuming these users are included in the 50 concurrent user count)

     196; Concurrent user has been changed to 70.

49. How many contracted providers do you have? Do the contracted providers have the ability to submit 837 claim files to you? If not, would you want the ability to give them access to a portal to manually submit claims?

     25; No

50. Does the Center currently utilize SAML compliant Single sign on provider (e.g., OKTA, DUO, etc.)? If yes, which do you use?

     No

51. Of the 200 employees/named users, how many users need access to ePrescribing to prescribe or order prescriptions?

  How many prescribers do you have?

     5

  How many prescribers prescribe controlled substances?

     5

  How many support staff do you have that assist doctors with prepping orders?

     5

52. Of the 200 employees/Named Users:
    a. How many Primary Care Physicians?   0
    b. How many Psychiatrists (how many users sign off on their O notes?   2
    c. How many need access to the "offline module for mobile documentation?" 70

53. How many total beds at the Center's inpatient and residential services?
    a. Respite – 10 beds
    b. ICF – 26
    c. HCS – 4

54. Which laboratories are used/needed for the integration?

     Hendrick, Brownwood, Texas

55. Does the Center use a Telehealth solution today?

     Yes

     If yes, which Telehealth solution do you use today?

     Zoom

     On average, how many hours of Telehealth sessions do you provide per month?

     150

56. As mentioned in Attachment H, the Center currently uses ClaimMD as a Clearinghouse. Would the Center be interested in an integrated Clearinghouse with the EHR? No, we will still use ClaimMD
    a. If so, what is the average number of monthly claims/transactions (i.e. EDI files only (usually commercial and Medicaid payors only)?
    b. What is the average of "billable" NPI's?

57. Does the Center use a General Ledger? If so, which one?
    a. Yes, Software Business Systems (SBS)
58. Does the Center connect to an HIE? If so, which one?
    No
59. Does the Center use a Clinical Decision Support Module today? If so, which one?
    No
60. Would the Center be willing to sign our NDA for the release of financial information?
    Yes