RFP Title: Electronic Health Records (EHR) System
RFP No.: 2021-05

GLENN COUNTY HEALTH AND HUMAN SERVICES AGENCY
RFP 2021-05: Electronic Health Records System

Questions and Answers

1. Whether companies from Outside USA can apply for this? (like, from India or Canada)
   Anyone can apply; however, the contracted work will be performed in Glenn County, California, USA.

2. Whether we need to come over there for meetings?
   There will be times that you may need to be present for meetings in Glenn County, California, USA.

3. Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)
   All data will need to be secured to comply with all HIPAA and 42 CFR part 2 privacy and security requirements.

4. Can we submit the proposals via email?
   Yes, the proposals can be submitted via email. The email address to send them to is: admin@countyofglenn.net.

5. Please provide information on the current EHR vendor.
   The current system is Anasazi, with support provided by Kings View Professional Services.

6. What are the deficiencies in the current system and why is it being replaced?
   The current system will not support California upgrades in the future.

7. Please provide details on the projected budget for the replacement system.
   We have budgeted approximately $340,000 for the replacement system and implementation.

8. Please provide details on the facilities, programs, and services being provided and supported with the proposed EHR.
   All services will be Behavioral Health related, California Medi-Cal Specialty Mental Health and Substance Use Disorder Services. The County operates its own outpatient Specialty Mental Health and Substance Use Disorder services. Services that are contracted out include Psychiatric Inpatient, Therapeutic Behavior Services, Day Treatment Intensive and Day Habilitation, Mental Health and Substance Use Disorder Residential Services, and Narcotic Treatment Program Services. All in-house outpatient services will be entered directly by clinical staff. Billing staff will enter claims into our EHR from contracted providers.

   We have a total of 5 certified sites where we provide direct clinical services, and one satellite site that provides services up to 20 hours per week. We also utilize telehealth services. Two of these five sites are also Wellness and Recover Drop-In centers open to the community.

9. Can you provide estimated counts or the total people/clients being served in Glenn County and the count of encounters/visits by treatment setting or program?
For Substance Use Disorder services in FY 20-21, we provided 4,163 total services. 3,724-Outpatient, 42-CalWORKS, 5-Perinatal, 223-AB109, 168-Intensive Outpatient, 1-Perinatal Intensive Outpatient.

For Mental Health services in FY 20-21 we provided 16,053 total services. 11,767 Outpatient Services, 158- Crisis, 11-Medicare, 290-CalWORKS, 904-Innovation, 42-AB109, 1463-Medication, 1323-Foster Care, 6-Foster Care medication, 68-CHAT, 21- AB109 Mild to Moderate.

Services by site for FY 20-21 are as follows:
Mental Health
     Willows Behavioral Health- 4789
     Harmony House- 275
     Orland Behavioral Health- 2884
     TAY- 751
     Orland Behavioral Health Annex- 3127
     Children's System of Care- 4227

Substance Use
     Willows Behavioral Health- 629
     Orland Behavioral Health- 3363
     Children's System of Care- 171

10. Can you provide an estimate of total users by role including physicians, nurses, social workers, administrators, registrars, pharmacists, etc.?
Total current users are 75.

Physicians- 2
Clinical Staff (non-prescribing case manager and clinicians)- 51
Admin Staff- 22

11. Has the County considered participating in the current CalMHSA Semi Statewide EHR initiative?
Yes, the county will participate in the CalMHSA EHR initiative as they review vendors. The county has not committed to implementing the CalMHSA vendor choice, and is exploring all options in the search for a new vendor, including issuing this RFP.

12. Do you have internal pharmacies? If so, how many, and what hours are the pharmacies open?
Glenn County does not have any internal pharmacies.

13. Do you have pharmacy software? If so, what is the software and would you be open to replacing it or are you looking for integration with the current software?
We currently use E-Prescribe with Anasazi, and Doctor First for controlled substances. We are open to replacing both of these.

14. What other county systems would require interfaces, e.g. radiology, LIS, credentialing, data warehouse etc.? Please name the vendors for each.
We use data warehouse to supply Dashboard data reporting. This is done through our current EHR vendor. We also utilize OIG Compliance Now for provider credentialing and checks.

15. Do you have preferred reporting tools, e.g. Tableau, Power BI, Crystal, SAS?
    We currently use Tableau, but are open to options on this.

16. Is a conversion required from the current system? What data would be needed?
    Conversion is required. We would require charts, demographics, and claims and services data.

17. Is a Word document of the RFP available so that we can respond in the appropriate format?
    Yes, a Word document version of this RFP is available and may be obtained by sending a request to admin@countyofglenn.net

18. How many Prescribing providers?
    2

19. Do all prescribe controlled substances?
    Yes.

20. How many total users will need access to the system?
    75

21. What is user role/breakdown/count? i.e. physician, RN, therapist, etc.
    Physicians- 2
    Clinical Staff (non-prescribing case manager and clinicians)- 51
    Admin Staff- 22

22. How many providers do you need to put the rendering NPI in box 24J?
    53

23. How many of those providers are billing under 30 claims a month?
    11

24. How many programs/Specialties or subspecialties does County of Glenn Health and Human Services Agency have?
    26 County-Owned and Operated Programs, 23 contracted programs that County staff enter claims data for.

25. How many facilities/locations? (If more than one.)
    6

26. What are the top three (3) pain points with the current EHR System that should be resolved in the new system?
    The new system must commit to updates as required by upcoming CalAIM and Interoperability requirements. Difficulty with the flexibility and ease of reporting, and data that can be reported. A shared diagnosis form between Substance Use Disorder and Mental Health programs. We would also like more ability to customize forms internally rather than waiting on our vendor for updates, and to have some security features, such as password resets, we can utilize without needing to go through the vendor.

27. What system are you currently using?
    Anasazi

28. Will you require data migration from legacy system?
    Yes
        a. If yes: Demographics only OR demographics and charts AND how many gigabytes of
           data will you be bringing into the system?
           Demographics and charts. More than ½ TB of data.

29. Page 3, Proposal Process, (4b) states that proposals should be sent to a physical address or to an
    email address; however, Page 15, Section 9, Required Documents states that proposal documents
    should be uploaded. Can the county please confirm that proposal response documents should be
    emailed to admin@countyofglenn.net, or mailed to the physical address in Willows, CA? If a portal
    upload is required, what is the portal web address?

    Proposals may be emailed to admin@countyofglenn.net or mailed or dropped off to:
            Glenn County HHSA
            Attn: Brenda Wilson, Admin
            420 E. Laurel St.
            Willows, CA 95988
    If hard-copy proposals are submitted, please provide 4 copies.

30. Can you provide more details on the inpatient services being provided? Do you provide residential
    treatment services? Are the inpatient services in a PHF?
    We do not provide inpatient or residential services directly. We refer to out of county providers, but
    have our internal county staff enter claims data directly for reimbursement.

31. How many inpatient accredited beds are there?
    We do not have any County Owned and Operated inpatient beds. We refer out for these services
    and have county staff enter the claims data only for reimbursement.

32. Do you provide I/DD services? If so, what is the census of # of clients in your I/DD programs and how
    many locations provide services?
    No

33. How many monthly outpatient visits does County of Glenn perform between all their locations?
    1526 total visits per month, on average.

34. How many behavioral health providers (DSM-5) are there?
    53

35. How many prescribers are there between the County of Glenn locations?
    2

36. What would the total/named user count be? Concurrent user count?
    75

37. How many prescribers need the Prescription Drug Monitoring Program/PDMP Opioid Toolkit?
   2

38. How many providers/ therapists provide video visits?
   45

39. What are the current operating expenses for the County of Glenn?
   Total budgeted operating expenses for the Behavioral Health unit of County of Glenn are $14,837,485.

40. How many locations are there for the inpatient and outpatient clinics?
   6 outpatient locations, we have no County Owned and Operated inpatient clinics. Inpatient services are provided by referral to out of county providers.

41. What lab interfaces are needed?
   None are currently used, but we would like the option of having this capability in the future.

42. How many real time eligibility and benefits checks are performed in a month?
   All open clients, usually 400-500 per month.

43. How many appointment reminders are sent in a month?
   We currently use texting software outside the EHR, but would like to be able to integrate this.

44. Is there an HIE connection needed?
   Not at this time, but it is a future possibility.

45. What third-party job-scheduling systems will need to interface with the EHR?
   It would be nice to interface Outlook Calendars, but if something else within the system will perform this same function, we are open to that option.

46. Can the County please clarify the request for a 10-year record retention? This is longer than most contracts and we do not find it as part of CA law.
   This is part of the Medi-Cal Managed Care Final Rule Recordkeeping Requirements, 42 CFR part 438. Specifically, 438.3 (h) and (u).

47. Page 204 (Item 1) states that the proposal bid must remain firm for 12 months; however, Page 3, (4a) states that the offer must remain valid for 120 days. *Can the County please confirm how many days the Bidder's proposal must remain valid?*
   The proposal must be valid for a minimum of 120 days.

48. What EHR system does HHSA use today; and what nonprofit corporation provides the system?
   HHSA uses Anasazi. It is supported by Kings View.

49. Does HHSA use any additional systems for billing or reporting purposes today?
   Access and Excel for reporting, Dimensions for 835 and 837 claim forms, Tableau for Data Dashboards.

50. When was the EHR system(s) implemented?
   April 2012.

51. Do you self-host or are you vendor-hosted?
   Vendor hosted

52. Are there specific pain points with your current system that you are expecting the new system will resolve? If yes, what are they?
   The new system must commit to updates as required by upcoming CalAIM and Interoperability requirements. Difficulty with the flexibility and ease of reporting, and data that can be reported. A shared diagnosis form between Substance Use Disorder and Mental Health programs. We would also like more ability to customize forms internally rather than waiting on our vendor for updates, and to have some security features such as password resets we can utilize without needing to go through the vendor.

53. What is the budget for this project? We understand that you may not want to disclose your actual budget but we request that you consider disclosing a budget or a budget range for the initial purchase and the annual costs. This will help us, and other bidders, tailor an approach to address your functional and implementation requirements. We have budgeted approximately $340,000 for the replacement system and implementation. Ongoing costs of our current system are approximately $200,000 per year.

54. What pharmacy software do you use now, and will the same system be utilized with an interface to the new EHR?
   E-Prescribing in Anasazi and Doctor First for Controlled Substances.

55. How many Pyxis dispensing machines do you have, and should this be included in the proposed project scope and pricing?
   We have none.

56. Do you use any standardized assessments at this time (Ex. DLA-20, PHQ-9, CANS, ANSA, etc.)?
   The CANS-50, PSC-35, and two other internally created assessments.

57. Do you electronically order or receive lab results today? Will you need this functionality in your new system?
   We do not have electronic lab orders set up currently, but we would like to have this functionality.

58. Do you need managed care functionality? Will external providers be providing services on behalf of HHSA?
   We have external providers, but none access our EHR directly. We pay their invoices and have our billing staff enter claims data into our EHR for reimbursement.

59. Do you have a fully staffed Billing team? Is this in-house?
   We have a billing team in house that is currently supported by a contract with Kings View for additional services.

60. What level of technical experience does your IT team have (SQL background, coding, etc.)? Is your IT team in-house or outsourced at this time?
   We have an IT team in house. The IT supports for our current system are contracted with Kings View.

61. Will you need all or some of the following state reporting functionality:

CSI, CalOMS, Cost Reporting, electronically load Medi-Cal eligibility and Medicare insurance records from a monthly State Meds Monthly Extract File (MMEF), Medi-Cal void and replace process, Medi-Cal Denied Correction Report

Short Doyle Billing

Waiver Billing

Yes all of this, as well as FAST CANS-50 and PSC-35 reporting, and 274 capability.

62. Are there additional state reporting needs at this time?
Currently we report out on CSI, CalOMS, Cost Reporting, Medi-Cal eligibility, and Medicare from a MMEF, Medi-cal void and replace, Medi-Cal Denied Correction Report, Short-Doyle billing, FAST CANS-50 and PSC data. In the future we will need to adopt the 274 provider network reporting system as well.

63. What is your payer mix (Ex. 80% Medicaid, 10% Private Pay, 10% Medicare)?
10.4% Grants, 0.04% Self Pay, 0.01% Private Insurance, 0.27% Medicare, and 89.25% Medicaid

64. Do you need access to a patient portal? If so, how many estimated named users/clientele will be logging in?
Yes, we will need this. Usually 400-500 per month, or up to 900 unique individuals per year.

65. Do you need disconnected functionality (ability to document in the field without internet access)? If so, how many named users will need this functionality?
Yes, this would be helpful. We would need up to 53 users with this functionality.

66. Do you need access to an eMAR?
No

67. Do you do any medical documentation today such as an E&M note?
All of our medical documentation is on standard progress note templates and assessment forms. We are not familiar with an E&M note.

68. Do you have a preferred go-live date for the new EHR system? If yes, what is the date?

Preferred go-live date is July 1, 2022; However, this is negotiable.