
TULSA COUNTY

PURCHASING
DEPARTMENT

MEMO

DATE: March 27, 2019

FROM: Megan L. Blackford
Assistant Purchasing Director



TO: Board of County Commissioners

SUBJECT: Addendum 1 – RFP- Health Record Management System

On March 4, 2019, the notice to proposers was mailed to solicit proposals for Health Record Management System for the Tulsa City-County Health Department. This proposal is set to open on the 15th day of April, 2019, with proposals to be received by the County Clerk's Office until April 12, 2019 at 4:00pm CST.

This addendum is to provide answers to vendor questions.

This addendum is respectfully submitted for your approval.

MLB /arh

ORIGINAL: Michael Willis, County Clerk, for the April 1, 2019 agenda.



Solicitation Addendum

Solicitation Name: **RFP- Health Record Management System**

Addendum Number: **1**

Date of Addendum Issuance: **April 1, 2019**

This document shall serve as official notice that an addendum has been issued for the solicitation identified above. Suppliers submitting bids shall acknowledge receipt of this addendum prior to the bid response due date and time specified in the solicitation notice. Addendum acknowledgement may be submitted with the bid or may be forwarded separately. If forwarded separately, amendment acknowledgement must contain the solicitation name and response due date and time on the front of the envelope (as shown in the Tulsa County Purchasing – General Terms & Conditions, Section B.3.2.). Failure to acknowledge this solicitation addendum may be grounds for rejection.

Note: In the event the supplier has already submitted a response and cannot deliver this acknowledgement via mail or in person before the deadline, this acknowledgement may be submitted separately directly to the Tulsa County Purchasing Director via email (Matney.Ellis@tulsacounty.org). Email must be received prior to the bid response due date and time specified in the solicitation notice.

DESCRIPTION OF ADDENDUM:

A. This is to incorporate the following:

Responses to Vendor-submitted Questions:

1. Is this statement 100% correct: "Intent: The purpose of this Request for Proposal (RFP) is to secure a contract on the purchase of Health Record Management System which is compatible with EClinicalWorks (ECW) for the Tulsa City-County Health Department...." Asking because it appears you are wanting to replace all of the functionality of an EHR yet you're asking for an EHR to be compatible with eCW. Please clarify.

Response: We are installing a new EHR/HRMS system, not replacing one. Since we are joint partners in a study with Oklahoma City-County Health Department, our new system must be compatible with eClinicalWorks at a minimum so that we are pulling data that is comparable.

2. Can companies outside USA apply for this?

Response: Yes.

3. Do we need to come over for meetings?

Response: No.

4. Can the tasks related to this RFP be performed outside of the USA?

Response: Yes.

5. Can we submit the proposals via email?

Response: No. All bids must be sealed. They may be mailed or hand delivered.

6. *Is there a bid form? I do not see it in the bid packet.*

Response: As this is a request for proposal, there is no bid form. A list of items that need to be submitted with your proposal are on page 2 of 2 in the Conditions & Specifications pages

7. *How many providers (physicians, NP's, PA's) do the clinics employ?*

Response: We have 4 part-time providers (1 MD, 3 RNs) and 18 full-time providers (3 APRNs, 15 RNs).

8. *How many locations provide medical care? I see several are just WIC clinics.*

Response: 5 clinic sites (3 full-time, 2 which operate clinic on a part-time basis).

9. *The RFP mentions EclinicalWorks- are you using the Practice Management and plan on keeping it?*

Response: The Tulsa City-County Health Department (TCCHD) does not currently use ECW Practice Management.

10. *Do you want to interface an EMR to ECW Practice Management?*

Response: THE EMR has to interface with ECW Practice Management.

11. *I'm looking for the bid checklist that is noted in the RFP for your Health Record Management System. Where can this be found?*

Response: This is found on page 3 of the bid packet and titled "Solicitation Checklist".

12. *Page 1 of the RFP request here is a request for a Bid Form- Can you please provide this form as it is not on the website.*

Response: See question 6.

13. *It is stated that out of state bidders change the State of Oklahoma at the top of forms to indicate the Vendor's State. The documents attached are in .pdf format and cannot be changed. Please advise as to how you want vendors to proceed.*

Response: For out of state vendors, please mark out/white out "Oklahoma" and write in your state.

14. *On page 1 under Specifications, can you elaborate on your meaning of "community alert module?"*

Response: This would encompass sending out targeted message to the community. The community is defined as Citizens of Tulsa County who utilize our services. (Sending a reminder to get a flu shot, sending an individual with a BMI of 30+ messages about healthy exercise programs, West Nile virus alert, mosquito alert, etc.). We would like the ability to customize alerts to whatever need we are dealing with at the time.

15. On page 1 under Specifications, can you elaborate on the 'ability to contrast data against national records.'

Response: We would like to have the ability to pull data identical to national data indicators/standards such as disease and environmental conditions that pertain to Public Health issue.

16. On page 1 under specifications, under Reporting Module, what compliance programs are you interested in?

Response: HIPPA compliance

17. On page 1 under specifications, under Reporting Module, what type of history reports are you looking for?

Response: Reports over time – last 5 years' worth of data on X condition, trends over time.

18. Out of the 60 employee users license that you provided in your request, can you breakdown the number of Providers that will be utilizing the system based on the definition of provided listed below? A. Providers mean those physicians, nurse practitioners, physician assistants, audiologists, optometrists, ophthalmologist, opticians, therapists, occupational therapists, chiropractors, anesthesiologists, psychologists, dentists, hygienists, licensed social workers, midwife, nutritionists, dietitians, counselors, mental health practitioners, neurophysiologists, care managers, care coordinators and podiatrists employed by or under contract with Customer to provide services within the medical field.

Response: 22 Providers

19. Can you please clarify the number of nurses that will be utilizing the system? (please do not include Nurse Practitioners as they are considered Providers and should be included in the Provider number above).

Response: 25 nurses (whom follow Physician approved protocols)

20. "Can you please clarify the roll of the nurses (not including Nurse Practitioners)?

- A. Will the nurses be writing prescriptions?
- B. Will the nurses be issuing medications?
- C. Will the nurses require a schedule?
- D. Will the nurses need to lock the Progress Note?"

Response: Nurses will be writing prescriptions, issuing medications, require a schedule, lock the Progress Note, as well as lab collections, providing education, physicals and nursing assessments.

21. Can you provide a breakdown of Full-Time and Part-Time Providers? We define a Full-Time Equivalent Provider as a provider who works more than two (2) days a week. A Part-Time provider works two (2) days a week or less.

Response: See question 7.

22. *"Under the Contract (A.3) it is stated that this is a firm fixed price contract; however, some items are volume-based (see below). Can you provide an approximate number of transactions per month?*
A. *Messenger0 how many reminder calls or campaign messagers per month?*
B. *TeleVisit- how many initiated TeleVisits per month?*
C. *Cloud Fax- how many outgoing fax pages per month?"*

Response: A. 1000 per month.
B. 25 TeleVisits per month.
C. 500 outgoing fax pages per month."

23. *Airefare for onsite services- are you looking at approximate cost based on current flight rates or total # of round trips?*

Response: If onsite training is included in your proposal than any fees for such shall be included in your explanation and fee schedule of any fees not already mentioned.

24. *How many locations do you have and will they be sharing a single database?*

Response: 5 clinic sites sharing a single database.

25. *Is there a legacy EHR system that your organization would migrate from? If so, please provide the name of the legacy system and a general overview of your data migration needs (demographics, insurances, EMR data, number of years of data, number of patients, etc.)*

Response: No, we are paper-based right now.

26. *Do you prefer on-premises hosting or cloud-hosted solution?*

Response: Cloud based only. We will not be hosting on-site.

27. *Can you please provide additional details on what interfaces are needed- labs, radiology, hospital information systems, etc.? The most common format is HL7 for interfaces. If there are other formats, please provide the details for these formats.*

Response: Labs, radiology, hospital information systems, etc. HL7 is acceptable.

28. *Please include the name of any systems that you need to interface with, the format of the interface, what information will need to be exchanged and which direction the information will be going.*

Response: Oklahoma State Immunization Information System (OSIIS), Public Health Oklahoma Client Information System (PHOCIS), Doc to Doc, and Public Health Investigation and Disease Reporting of Oklahoma (PHIDDO).

29. *Do you have an in-house pharmacy?*

Response: No, we do not.

30. *Are you participating in, or do you plan to participate in any payer incentive programs, for example, Meaningful Use, PQRS, HEDIS, PCMH, ACO, etc.?*

Response: Yes, Meaningful Use.

31. *Will you be using the Practice Management portion of the EMR?*

Response: Yes, we will.

32. *Do you require an Inventory Management module, Population Health Management, or Chronic Care Management?*

Response: We will require Population and Inventory Management.

33. *Do you require Telehealth visit capabilities from the EMR?*

Response: Yes, approximately 25 per month.

34. *Do you have in-house IT resources that are available for this project? Will this be a dedicated team that will work with the vendor Project Team during the Implementation Phase?*

Response: Yes, we do have in-house IT resources that will be working with the Project Team during the Implementation Phase.

35. *Do you have any specific training requirements?*

Response: Yes, we would like training with the accepted system in these areas: scheduling, patient records, inventory system, Patient Portal, Electronic Prescriptions, Billing and Claims.

36. *Will you require an interface to a Health Information Exchange (HIE)? If so, which one?*

Response: Push/Pull and HIE will both be needed.

37. *Do you have any specific billing requirements, needs, or challenges?*

Response: Tracking patient charges and billing.

38. *Do you require Revenue Cycle Management Services (outsourced revenue cycle services provided by vendor)?*

Response: No.

39. *Which EHR system do you currently have in place at your health agency? Would you need a conversion from a legacy system? (if so, which one?)*

Response: See question 25.

40. *Do you use separate systems for billing or practice management?*

Response: Yes, we use PHOCIS for both billing and practice management. We do not want to separate the systems going forward.

41. *What are the key improvements you are looking for in the new EHR systems?*

Response: We do not currently have an EHR, so there are no improvements.

42. *What other EHR systems have you already previewed (via demo) related to this RFP?*

Response: This question is irrelevant to this RFP process.

43. *Do you dispense medications and track medications inventory? Is there more than one location where you track medication inventory?*

Response: Yes, we dispense and track medications inventory out of five locations. There is one central supply location that only tracks.

44. *Which Labs are a "must" requirement to interface with the EHR?*

Response: The required labs would include Hemoglobin A-1C, CBC, Cervical Biopsy, Chlamydia, Comp Metabolic Panel, HIV Antibody, Gonorrhea, Hep B surface AB, HPV, Lipid Panel, Pap Smear, Syphilis, TSH, etc.

45. *Which other Interfaces (e.g. HIE, Immunization Registry etc.) are a "must" to connect to with the new EHR?*

Response: see question 28.

46. *Do you have any other systems which are a "must" to integrate with the new EHR?*

Response: Immunizations registry (OSIIS), PHOCIS

47. *When do you hope to select/implement the new EHR?*

Response: We are projecting a selection to be in May with Implementation sometime July to October of 2019.

48. *What is the required number of copies of our proposal that we need to submit for the RFP? Can we email it or do you require hard copy?*

Response: One original, 5 hard copies and one electronic copy. All submittals must be sent in a sealed envelope.

49. *Do you treat STD, HIV/AIDS, and TB or just provide testing?*

Response: We test for all three as well as treat STDs and TB.

50. *What epidemiology reporting capabilities do you need?*

Response: Epidemiology will not be part of this program.

51. *In terms of Community Alerting, how would you envision the workflow? (push/pull/both, HIE, etc.)*

Response: Push/Pull and HIE

52. *Does the health department have a need to generate Institutional Claims (UB-04 Billing)?*

Response: No, these are hospital claims.

53. *What type of visits/encounters do you anticipate using TeleHealth?*

Response: We anticipate to use TeleHealth for the TB program.

54. *Can you give me an example of data you want to contrast against National Records?*

Response: See question 15.

55. *Would you want Immunization Module to connect to the registry for historical and recommendations? Manage Inventory? Funding Sources?*

Response: Yes, this would assist with billing.

56. *Are you interested in Meaningful Use tracking, reporting and attestation?*

Response: Yes.

57. *What payers are you submitting claims? Do you work rejections/denial?*

Response: Aetna, Blue Cross Blue Shield, Community Care, UMR, United Health Care, Health Choice, and Health Scope. Yes, we work rejections and denials.

58. *Would you want the ability to have the system electronically post insurance payments and adjustments?*

Response: Yes, with manual override feature.

59. *Do you send Patient Statements?*

Response: Yes.

60. *Do you have Sliding Fee Scales?*

Response: Yes.

61. *Do you need Title X, Title V or FPAR reporting capabilities?*

Response: Yes, we would need all of these capabilities.

62. *Can you explain the need and functionality of why and how the new EHR system needs to be compatible with eClinicalWorks?*

Response: Oklahoma City-County Health Department (OCCHD), the only other independent health department in the state of Oklahoma, has selected ECW as their EHR. OCCHD and Tulsa City-County Health Department (TCCHD) have collaborative efforts in numerous program areas, overlap of patients and patient populations, and use the same reporting metrics for key program areas, it is important that the EHR that TCCHD selects be compatible with the OCCHD's EHR system, ECW.

63. *Please describe what is meant by "Length of hours spent in appointment."*

Response: The amount of time a patient is in an appointment with our provider.

64. *Please describe the current Community Alert Module*

Response: See question 14.

65. *Are you currently in contact with State or National Healthcare Information Exchanges? If so, which are you partnering with?*

Response: No, we are not.

66. *How many prescribing clinicians do you anticipate using the Health Record?*

Response: See questions 18 and 19.

67. *Please define your needs regarding the Health Record partnering with EClinicalWorks.*

Response: See question 62.

68. *Please define your needs regarding a Community Alert Module.*

Response: See question 14.

69. *Please define your needs regarding a Statistical Module.*

Response: We need a Statistical Module that has the ability to pull statistical data that is tracked by the system (i.e. Medical, Logistics, Vaccinations, Disease occurrences, Operations, Scheduling, Risk factors, Diagnoses, Referrals, Treatment, and other information already collected in an Electronic Health Record System).

70. *Please define your needs regarding a Patient User Module.*

Response: We need a Patient User Module that has the ability to let patients log in and have access to their health records, test results and appointment reminders.

71. *Is your Compliance requirement referring to our solution's compliance with industry security standards or is it asking for an explanation of how the solution's features will assist you with your compliance activities?*

Response: Our Compliance requirement is referring to the compliance with industry security standards.

72. *How many hard copy responses are required? The RFP does not say.*

Response: See question 48.

73. *Tulsa refers to a Bid Form/Pricing document we are to complete, but it was not provided. Does not appear to be posted on the website either. Can you please provide for us?*

Response: See question 6.

74. *Does the county allow hosting of county data outside of the continental US?*

Response: Yes.

75. *Does the county allow development of county solution outside of the continental US?*

Response: Yes.

76. *Does the county allow services or support as part of this contract to be performed outside of the US?*

Response: Yes.

77. *What is the current monthly claims volume for the county?*

Response: 500 per month

78. Does the county intend to attest for Meaningful Use?

Response: See question 56.

79. What EHR is currently in use by the county?

Response: See question 25.

80. Please list all agencies the county would like to interface with as part of this project.

Response: Oklahoma City-County Health Department.

B. All other terms and conditions remain unchanged.

(End of Addendum)

ACKNOWLEDGED BY:

Supplier Company Name (PRINT)

Date

Authorized Representative Name (PRINT)

Title

Authorized Representative Signature