

RFP Questions and Clarifications Memorandum

To: Vendors Responding to RFP Number 3709 for the Mississippi State Veterans Affairs Board (VAB)

From: Craig P. Orgeron, Ph.D.

Date: February 20, 2014

Subject: Responses to Questions Submitted and Clarifications to Specifications

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RFP Number 3709 is hereby amended as follows:

1. Section VII, Technical Specifications, Item 5.6 is being added:

“Mandatory - The Vendor must discuss their plan to meet the ICD-10 implementation deadline of October 1, 2014.”

2. Section VII Technical Specifications, Items 10.2.1, 10.2.1.1, and 10.2.1.2 are being modified to read:

“10.2.1 VAB currently uses ~~AccuMed Accu-Care~~ PointClickCare Clinical for its computerized clinical records.

10.2.1.1 VAB has approximately 1MB~~836,876 kB~~ of existing clinical record data stored in the SQL Interbase~~Interbase~~ database located at the Veterans Affairs Board datacenter. Due to the dynamic nature of the database, this number may be different at the time of conversion. The awarded Vendor will be required to work with VAB to access the data.

10.2.1.2 The proposed solution must have the ability to access the computerized clinical records database fields currently stored in PointClickCare Clinical~~Accu-Care~~.”

3. Section VII Technical Specifications, Items 10.2.2, 10.2.2.1, and 10.2.2.2 are being modified to read:

“10.2.2 VAB currently uses ~~AccuMed AccuCare~~PointClickCare Financial for its financial data management.

10.2.2.1 VAB has ~~approximately 1MB~~ 55,549 kB of existing financial data stored in the SQL database ~~flat files~~ located at the Veterans Affairs Board datacenter. Due to the dynamic nature of the database, this number may be different at the time of conversion. The awarded Vendor will be required to work with VAB to access the data.

10.2.2.2 The proposed solution must have the ability to access the financial data currently stored in PointClickCare Financial ~~Add-On via a BBx programming console.~~”

4. Attachment B: Functional Requirements, Item 3.2 is being modified to read:

“The system must allow users to compile and transmit MDS's electronically. This includes encoding data in a record format that conforms to standard record layouts and data dictionaries, and passes standardized edits defined by CMS, the State of Mississippi, and the VA's ~~Austin Automation Center (AAC)~~ Austin Information Technology Center (AITC).”

5. Attachment B: Functional Requirements, Item 3.3.2 is being modified to read:

“The system must be able to interface with the VA's ~~AAC~~AITC to submit MDS's electronically, and receive various reports including the ~~AAC~~AITC initial and final validation reports for submitted MDS data.”

6. Attachment B: Functional Requirements, Item 3.5.2 is being modified to read:

“The system must be able to electronically log successful and unsuccessful transmissions to the ~~AAC~~AITC and retransmit individual records as needed.”

7. Attachment B: Functional Requirements, Item 5.7 is being modified to read:

“The system must be able to generate State and VA Survey forms to include times needed for staffing ratios within 1 hour, 12 hours, etc.”

8. Attachment B: Functional Requirements, Item 13.20 is hereby deleted.

9. Attachment B: Functional Requirements, Item 14.6 is being modified to read:

The system must be able to track Therapist/Therapy productivity. The Vendor must describe how their software tracks Therapist/Therapy productivity.

10. Attachment B: Functional Requirements, Item 25.39 is being modified to read:

“The system must have the ability to generate and electronically transmit the following reports to the ~~AAC~~AITC:”

11. Attachment B: Functional Requirements, Item 25.39.1 is being modified to read:

“The system must be able to generate a *Monthly Gains and Loss Report* to submit to the AACAITC. The format of this report can be found in Attachment E – Veterans Administration Reports. This report must list:”

12. Attachment B: Functional Requirements, Item 25.39.2 is being modified to read:

“The system must be able to generate a *Monthly Admissions Report* to submit to the AACAITC. The format of this report can be found in Attachment E – Veterans Administration Reports. The report must include the following patient information:”

13. Attachment B: Functional Requirements, Item 25.39.3 is being modified to read:

“The system must be able to generate a *Monthly Discharge Report* to submit to the AACAITC. The format of this report can be found in Attachment E – Veterans Administration Reports. The report must include the following patient information:”

14. Attachment B: Functional Requirements, Item 25.39.4 is being modified to read:

“The system must be able to generate a *Monthly Death Report* to submit to the AACAITC. The format of this report can be found in Attachment E – Veterans Administration Reports. The report must include the following patient information:”

15. Attachment B: Functional Requirements, Item 25.39.5 is being modified to read:

“The system must be able to generate a *Monthly Furloughs Report* to submit to the AACAITC. The format of this report can be found in Attachment E – Veterans Administration Reports. The report must include the following patient information:”

16. Attachment B: Functional Requirements, Item 25.39.6 is being modified to read:

“The system must be able to generate a *Monthly Female Veterans Report* to submit to the AACAITC. The format of this report can be found in Attachment E – Veterans Administration Reports. The report must include the following patient information:”

17. Attachment B: Functional Requirements, Item 25.39.7 is being modified to read:

“The system must be able to generate a *Monthly Non Veteran Admit Report* to submit to the AACAITC. The format of this report can be found in Attachment E – Veterans Administration Reports. The report must include the following patient information:”

18. Attachment B: Functional Requirements, Item 25.39.8 is being modified to read:

“The system must be able to generate a *Monthly 70% or More Service Connected Report* to submit to the AACAITC. The format of this report can be found in

Attachment E – Veterans Administration Reports. The report must include the following patient information:”

19. Attachment B: Functional Requirements, Item 25.39.9 is being modified to read:

“The system must be able to generate a *Monthly Staffing Patterns Report* to submit to the AACAITC**. The format of this report can be found in Attachment E – Veterans Administration Reports. The report must include the following patient information:”**

20. Attachment B: Functional Requirements, Item 25.39.10 is being modified to read:

“The system must be able to generate a *Daily Gains and Loss Report* to submit to the AACAITC**. The format of this report can be found in Appendix D – Veterans Administration Reports. The report must include the following patient information:”**

Vendor must include in their proposal a response to each amended requirement as listed above. Vendor must respond using the same terminology as provided in the original requirements.

The following questions were submitted to ITS and are being presented as they were submitted, except to remove any reference to a specific vendor. This information should assist you in formulating your response.

Question 1: We promote Cloud Solutions where we host. Are you using the term "hosted" to mean that the State in this case prefers to host the EMR themselves?

Response: **Yes. The state prefers to host the EMR.**

Question 2: I have gone through the RFP a couple times and I could not find where it describes the MS Veteran Home(s) composition.

Names of Facility(s) with each of their respective service levels. i.e. No. of SNF beds, No. of AL beds, No. of IL beds. This information is necessary in order to produce the costs. Also affecting the cost is the inclusion of which financial modules beyond AR/Billing; namely General Ledger, Accounts Payable. Also it talks about interfaces in general but there are no specifics in the requirements as to what interfaces (Pharmacy, Lab, xRay, Exchanges, etc) are to be included. Could you help me on this issue?

Response: **The Mississippi State Veterans Affairs Board has 4 Long Term Care Facilities for Veterans in the State of Mississippi. They are:**

**Mississippi State Veterans Home – Collins
Martha Jo Leslie State Veterans Home – Kosciusko
General Hilton R. (Jack) Vance State Veterans Home – Jackson
Mississippi State Veterans Home – Oxford**

Each facility has 150 Skilled Nursing beds. The facilities do not have AL (Assisted Living) or IL (Independent Living) beds.

The financial modules required for this implementation are: A/R (Accounts Receivable) and Billing. The facility also desires a way to manage Resident Trust Accounts within the system.

There are interfaces mentioned in the following requirements:

- **Requirements 5.4 and 5.5 on page 34 of the RFP**
- **Requirements 3.3.1 and 3.3.2 on pages 90 and 91 of the RFP**

Question 3: Will you be accepting proposals and considering cloud EHR providers as well?

Response: **VAB desires to host the solution. Therefore, they will not be considering proposals from providers of cloud HER solutions.**

Question 4: Section V of the RFP deals with “exceptions” to RFP. Many items in the RFP are standard RFP clauses that likely go out with any bid from the state be it software or building a bridge. However, as a software vendor we cannot be sure which “exceptions” will be accepted or not. For example: a “irrevocable bank line of credit” is expected with the RFP. In checking with our attorneys, they tell us this condition is most typically used in construction contracts, not software contracts. If we were to wright an “exception” to this requirement, we would like to know whether or not it was accepted before all the work of the balance of the RFP was undertaken. And there are others. Is it possible to submit the “exceptions” and find out if they would be accepted a head of completing and submitting the entire RFP? Also, I see in the schedule when bids will be opened but not when they are due.

Response: **ITS issues Requests for Proposals related only to technology projects. Many agency customers routinely ask for Performance and/or Proposal Bonds related to IT projects.**

Exceptions must be submitted as part of the proposal. Page 26, Section V, Item 1 explains which exceptions will not be accepted. Also, page 34, Section VII, Item 5.1 specifies that Vendors cannot take exception to Mandatory requirements. Exceptions will be resolved as described on page 26 in Section V, Item 2.

Question 5: Page 34 states that products that are not currently ONC certified EHRs will be subject to immediate disqualification.

[Vendor] is currently in the process of working with CCHIT for LTPAC certification but we do not anticipate that the process will be completed by the proposal due date.

Given that you have stated that this is a Mandatory Requirement, do you suggest we forego submitting a proposal or will ITS consider [Vendor]’s proposal based

on the condition that we achieve certification before a contract can be completed?

Response: In response to this question, the Vendor should respond that they are in the certification process and give an expected timeframe for when the certification will be granted. If the Vendor is able to provide proof of certification during the evaluation process, Vendor's proposal will be considered.

Question 6: What is the maximum number of concurrent users that you expect for the EHR system?

Response: The expected maximum number of concurrent users for the EMR system is 300 users.

Question 7: Are there any existing data currently being kept electronically?

Response: Yes. There is existing data that is being kept electronically.

Question 8: What format are the data in?

Response: Refer to Clarifications 1 and 2 of this Memorandum as well as Item 10.2.3 on p. 46 of the RFP.

Question 9: What files are you looking to migrate as part of the contract (e.g., ADT, Labs, x-Rays Medications)?

Response: See response to Clarification 8 of this Memorandum.

Question 10: If data is being kept electronically, will both systems be active or will the existing system be phased out and replaced by the EHR?

Response: The existing system will be phased out and replaced by the new Electronic Medical Records System.

Question 11: How many employees will be trained on the EMR?

Response: 600 employees will be trained in the EMR system.

Question 12: What do you consider the life of the project?

Response: The lifecycle of this project is currently being defined as 5 years.

Question 13: Rough estimate of dollars allocated for this project?

Response: **Estimated project cost cannot be provided.**

Question 14: How many files will be converted over to the new EHR from the existing pharmacy records? What format are those current pharmacy records in?

Response: **The number of files to be converted is currently 1,435. Refer to Item 10.2.3.1 on p. 46 of the RFP for the file format.**

Question 15: What levels of data standardization exist today?

Response: **The current data standardization includes ICD-10¹ with extended codes and new descriptions, HCPCS Level 1 (which includes CPT (Current Procedural Terminology) and Level 2, and LOINC (Logical Observation Identifiers Names and Codes) for the clinical application, and ICD-9 and HL7 for the pharmacy application.**

Question 16: Attachment B, Requirement 1.4 - Please elaborate on what kinds of Cost Estimates are expected.

Response: **The cost of service estimates that are expected are pre-admission estimates on the daily cost to care for a prospective patient based on the level of care the patient will need when the patient enters the facility.**

Question 17: Attachment B, Requirement 1.6 - Can "Bed Hold" be done electronically?

Response: **Yes. The proposed EMR is expected to electronically record when a patient status is "Bed Hold".**

Question 18: Attachment B, Requirement 1.15 - Can you provide a reference for "Clinical Code Standards"?

Response: **Refer to VHA (Veterans Health Administration) Handbook 1907.03, *HEALTH INFORMATION MANAGEMENT CLINICAL CODING PROGRAM PROCEDURES*.**

VHA uses the official coding guidelines for clinical classification systems including, but not limited to, current editions of International Classification of Disease-Clinical Modification (ICD-CM), Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), Diagnostic and Statistical Manual of Mental Disorders (DSM) IV, Coding Clinic, and CPT Assistant.

¹ The current clinical application is by a Canadian company. Canada has already implemented ICD-10.

Question 19: Attachment B, Requirement 1.18 - Can you provide a reference for “standard set of condition codes”?

Response: **A standard set of condition codes refers to common conditions which can be entered and the corresponding ICD codes.**

Question 20: Attachment B, Requirement 1.20 - How important is it to append a number or letter for each admission? Will other forms of identifying admissions suffice?

Response: **Other forms of identifying admissions will suffice. The Vendor must explain how they identify subsequent admissions as a part of their proposal in the required explanations section for that question.**

Question 21: Attachment B, Requirement 5.2 - What are QI ratios?

Response: **QI ratios are Quality Indicator ratios.**

Question 22: Attachment B, Requirement 5.7 - Can you explain this item more fully?

Response: **Requirement 5.7 states, “The system must be able to generate State Survey forms to include times needed for staffing ratios within 1 hour, 12 hours, etc.”**

When State and VA Survey teams arrive at the facility for their surveys, they need the following forms from the facility:

State Survey forms

- **HCFA Form 802**
- **Staffing ratio (the facility is required to give a form in 12 hours)**

VA forms

- **HCFA Form 802**
- **Separate staffing ratio form**
- **Census**

Question 23: Attachment B, Requirement 6.2 - What is meant by “approaches”?

Response: **Approach is the way a medical condition is treated.**

Question 24: Attachment B, Requirement 6.6 - Can you identify what “triggering responses” are?

Response: **When someone enters certain conditions into, for example, an MDS Assessment, these conditions require care plans. Conditions that are entered that require care plans are considered triggering responses.**

Question 25: Attachment B, Requirement 10.1 - Can you provide clarification by what is referred to as “at the facility level” and the “resident level” and how they are distinguished in this requirement?

Response: On a facility level means that resident event(s) will be reported for all residents in the facility. For example, a report may be queried for all occurrences of X event for the facility during a specified time period.

On a resident level means that resident event(s) will be reported for a single resident. For example, a report may be queried for all occurrences of X event for a resident during a specified time period.

Question 26: Attachment B, Requirement 13.14 - What is meant by contradicting “the patient EMR”?

Response: This means that an alert is triggered when the patient does not have a condition that the medication is typically prescribed for.

Question 27: Attachment B, Requirement 14.6 - How do you intend to track Therapy productivity?

Response: The system should be able to track the productivity for each of three therapy disciplines, which are physical therapy, speech therapy, and occupational therapy. Productivity can be measured for case load and/or billable minutes.

Question 28: Attachment B, Requirement 15.1 - What is a “group profile report”?

Response: A group profile report is a report that lists the groups and their security rights within the EMR system.

Question 29: Attachment B, Requirement 15.2 - Can you give an example of “group rights by facility”?

Response: Group rights by facility means that each group, by virtue of their job function or role within the facility, will have access to certain modules of the system. For example, the nurses may have read and write access to all clinical modules, but may only have read access to therapy modules. Therapists may have read and write access to the therapy modules, but not have access to any other module.

This Group Rights By Facility Report will list all groups along with their access to each module. There will be a separate listing for each facility. The example below is for illustration purposes only, and in no way depicts the preferred groups or modules for any system proposed.

KEY

R	Read
W	Write
	No Access

Facility A

GROUP	Therapy	eMAR	Pharmacy	Billing
<i>Nursing</i>	R	R, W	R	
<i>Therapy</i>	R, W			
<i>Administration</i>	R	R	R	R
<i>Accounting</i>	R	R	R	R, W

Facility B

GROUP	Therapy	eMAR	Pharmacy	Billing
<i>Nursing</i>	R	R, W	R	
<i>Therapy</i>	R, W	R	R	
<i>Administration</i>	R	R	R	R
<i>Accounting</i>	R	R	R	R, W

Question 30: Attachment B, Requirement 15.7 - Can you provide an example of a report of user right by facility?

Response: John J. Doe is a therapist that works at facilities A, B, and C.

<i>John J. Doe</i>	Therapy	eMAR	Pharmacy	Billing
<i>Facility A</i>	R, W			
<i>Facility B</i>	R, W	R	R	
<i>Facility C</i>	R, W	R		
<i>Facility D</i>	R	R		

Question 31: Attachment B, Requirement 19.18 - Can you clarify what type of visits is being referenced when you say the system must identify those residents who need visits during the day?

Response: Certain patients require daily one-on-one activity visits as a part of their care plan. The system should be able to pull information from the care plan that gives the nursing home staff information on residents that need one-on-one visits as a part of their care plan.

Question 32: Attachment B, Requirement 24.3 - Is tracking of employee health care only for care provided on-site or does it extend to care provided by an employee's private healthcare provider?

Response: The tracking of employee health care is only for health care required by the facility. For example, if all direct care employees must have a flu shot

every year, each direct care employee must submit proof that they have had a flu vaccination annually.

RFP responses are due March 6, 2014, at 3:00 p.m. (Central Time).

If you have any questions concerning the information above or if we can be of further assistance, please contact Sandra Randall at 601-432-8065 or via email at Sandra.Randall@its.ms.gov.

cc: ITS Project File Number 39848