

PRIVATE & CONFIDENTIAL



**Request for Proposal
Electronic Health Record and Integrated Practice Management System
with noted modules**

**Re: Maverick County Hospital District
3406 Bob Rogers Dr. Suite 230
Eagle Pass, TX 78852**

June 17, 2020

Point of contacts:

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SECTION I ORGANIZATION

I. INTRODUCTION

A. Purpose, Background, and Goals

Maverick County Hospital District (MCHD) is seeking a strategic partner for new Electronic Health Record. MCHD is currently using Allscripts Professional E.H.R and PM System.

The goal is to provide quality patient care to community in an integrated cost-effective manner.

The goals of the project will include meeting clinical needs, finance and reporting with efficient workflows and effective training. Senior Leadership, EMR team, and MCHD Board of Directors will review the total cost of ownership and return on investment along with capability to meet operational needs.

B. Overview and History

The Maverick County Hospital District (MCHD) *Mission Statement* is to promote the improvement of health and quality of life of the people of Maverick County. Our *Vision Statement* is to:

- Promote communication and collaboration among county, city and state and federal health authorities;
- Foster a better understanding of health needs and problems;
- Promote public and personal health through mutual assistance and cooperation between the participating institutions, and;
- Carry out support activities for health programs to accomplish the mission of the Maverick County Hospital District, the Maverick County Hospital District Strategic Plan, and Planning Process Overview.

Maverick County Hospital District's core mission is to provide healthcare to the indigent population of Maverick County. MCHD owned and operated a hospital until 2000, when the hospital was sold to Universal Health Systems, d/b/a Fort Duncan Regional Medical Center (FDRMC). MCHD signed an affiliation agreement with FDRMC for continued services to needy population of Maverick County. MCHD presently offers, owns, and manages the following community healthcare programs to the benefit of the uninsured and underinsured population: Primary Care and Extended Primary Care Voucher Program, Specialty Care through its' Physicians Specialty Group, Self-Management Diabetes and Nutrition Education, and Mental Health Services. Other community services currently funded by state and federal grants which are being managed by MCHD include: HIV Ryan White Program, Breast and Cervical Cancer Program, and Teen Pregnancy Prevention Program. MCHD is currently the only provider of specialty services to the indigent population.

Maverick County Hospital District is a designated political subdivision of government entity authorized by the Constitution of the State of Texas Section 9 Article IX on May 11th, 1965. For the last fifty-three years, Maverick County Hospital District has served in its primary capacity to service the Indigent population with primary and preventive healthcare services of Maverick County through the Medical Financial Assistance Program (MFAP). As the payor of last resort, Maverick County Hospital District shall provide assistance only if there is no other source of public or private resource of eligibility.

In 2005, Maverick County Hospital District petitioned State legislators to allow hospital districts to hire and employ physicians. Due to the sense of urgency, the request was granted to allow the hospital district to employ physicians to serve the medically underserved community. In 2006 Maverick County Hospital Districted launched the Physician Specialty Group to provide health care services for all patients regardless of ability to pay. The Physician Specialty Group (PSG) participates with the Centers

for Medicare and Medicaid Services in the Meaningful Use Incentive Program Electronic Healthcare Record Systems. PSG has established processes in place to meet electronic clinical quality measure specifications for their multiple specialty services through Physician Quality Reporting System (PQRS) and the Medicare EHR Incentive Program. The Physician Specialty Group services include: general surgery, vascular surgery, colorectal surgery, infusion therapy, chemotherapy, oncology, hematology, neurology, urology, endocrinology, and diabetes education and pain management.

The Medical Financial Assistance Program (MFAP) also provides assistance through the Breast and Cervical Cancer Services (BCCS) since 2009. The program is a state and federally funded program that provides assistance to uninsured, low income eligible clients for quality, accessible screening and diagnostic services for breast and cervical cancer.

Since 2012, MCHD has offered assistance to Maverick County residents through the HIV Ryan White Services. The Program is a state and federally funded program that provides low-income, underinsured and uninsured individuals that are affected by the HIV/AIDS disease. In each of the programs intervention services are required and carried out. MCHD currently has working relationships with clinical providers and their staff to process payments, submit medical case notes, lab results, and everything related to patient care to implement standards of care and medical billing.

C. Service Offering/Organization Metrics & Information

The Physician Specialty Group had about 36000 encounters last year.

Locations:

Physician Specialty Group Locations

Medical Office Building	3406 Bob Rogers Dr.	Eagle Pass, TX 78852	(830)757-4900
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Service Line/Staffing:

Service Line	FTE
Total Providers MD's/DO's/PA/NP	15.5

II. SCOPE OF PROPOSAL

The scope of the proposed project includes but is not limited to:

1. The provision of fully integrated cloud based software solution, appropriately sized and configured to accomplish goals of MCHD and requested functionality.
2. The provision of necessary implementation/consulting services to assist with design, build and testing of the proposed solution including training of the staff and assimilation of the staff with the new system
3. Recommendation and configuration of necessary hardware in support of proposed cloud based solution.
4. Ability to meet the go-live date of October 1st, 2020
5. The proposed system must be able to demonstrate Meaningful Use, MIPS, Ryan White Service, HEDIS Analytics, and PCMH requirements

General Functionality being requested:

- Medical, Behavioral Health
 - Comprehensive EHR
 - EMR: Front Office, Mid Office, Document Management, Referral Management, Meaningful Use or MIPS Dashboards, ePrescribing and Formulary Checking, Registry Reporting
- Patient Portal
- Mobile Capabilities
- Clinical Referrals
- Dictation/Speech Recognition
- Revenue Cycle Management
 - Practice Management (PM) Software
 - Billing Implementation Service
- Population Health Management with Patient Campaigns
- Quality programs
- Compliance and Credentialing
- Analytics/Reporting and Data Warehousing
- Meaningful Use, MIPS, Uniform Data Systems Reporting, Ryan White Reporting
- Health Information Exchange
- TeleHealth
- Device integration – vital sign machine, signature pads, self-service, PFT, EKG, home monitoring
- Backup data or record retention protocols

This project will require a Fast Track Install Methodology to have a fully operational system by October 1st 2020.

The current project milestones are as follows:

Project Kick-Off/Initiation: July 8th, 2020

Submit Sealed Proposal by 5:00 p.m. July 22, 2020

Open Sealed Proposal by July 29th, 2020 by 12:00PM

Discussion Period, if any, between August 1st- August 19th 2020.

Proposed Selection Date: August 26th 2020

Begin Testing: Sept 10th 2020.

Go-Live: October 1, 2020

Please indicate modules that can be successfully implemented given the fast track methodology.

III. INSTRUCTIONS FOR

RESPONDING

A. Selection Process and Proposal

Sections

To meet the deadline for the initial approval, all responses to this RFP must be received in a hard copy format or electronically by **July 22nd 2020 5:00 PM**. All electronic submissions will be submitted in confidential PDF format and sent using electronic mail to **(n.bonilla@mchdep.org)**. Please include subject line – RFP: E.H.R Vendor Response. The hard copy format is allowed as long as it is presented to the District in a confidential manner using a sealed envelope.

All responses should be organized as defined below to ensure consistency and to facilitate the evaluation of all responses. All the sections mentioned below must be included in the proposal.

Section 1: Executive Summary

Section 2: Vendor Profile with annual report and any published financial information (Section II – IV Company Information)

Section 3: Vendor Response/Requirements (Section II – I Requirements)

Section 4: Implementation Plan with Fast Track Install methodology

Section 5: Project Cost (Section II)

Section 6: Staffing information (Section III)

Section 7: Project timeline

Section 8: On-site demonstration plan

Section 9: Noted exceptions to RFP

B. Proposal Submission

The following schedule had been defined to efficiently solicit multiple competitive proposals, select the most qualified vendor, and start the project within a short time period. MCHD reserves the right to deviate from these dates upon notice. All noted times are central time.

Timeline	
Process	Due Date
RFP Available for Issue	July 8 th 2020
Intent to respond via email	July 20 th 2020 at 5:00 PM
RFP Submission	July 22 nd 2020 by 5:00 PM
Vendor Demonstrations and Discussions Dates available.	Please schedule August 1 st - August 19 th
Notice of Intent of Award	August 26 th 2020
Go-Live	October 1 st 2020

C. Proposal Conditions

All pages of your response should clearly include the company's names, date of your proposal, page numbers, and question it is addressing. You should respond to all items in the RFP and Addendum as thoroughly as possible. Please provide clear answers. Please notate future products as such. Every requirement must be addressed. Since this document solicits multiple solutions/modules, please demonstrate needs/requirements if different in each module. MCHD will accept functionality questions/clarity after proposal is submitted.

The proposal must be signed by an authorized representative.

D. Communication/Questions and Answers

All vendors intending to submit a response are requested to submit a letter of intent by July 20th 2020 along with any questions they may have by July 20th 2020.

Proposal submission and all questions concerning this RFP, including technical and contractual, should be directed to Nestor Bonilla.

Name	Nestor Bonilla
Title	Chief Financial Officer
Phone	830-757-4961
Fax	830-757-4982
e-Mail	n.bonilla@mchdep.org
Address	3406 Bob Rogers Dr. Suite 230, Eagle Pass, TX, 78852

Vendor shall not solicit information about this RFP from anyone other than this person and doing so may forfeit the vendor's right to be considered. Any proposal received after the required time and date specified for shall be considered late and non-responsive. Any late proposal will not be evaluated.

We encourage written inquiries regarding this RFP and welcome the opportunity to answer questions from potential partners. Please direct your questions in writing to Nestor Bonilla. Please include RFP: Inquiry in the subject line. A written response will be issued and made available to all persons or entities who expressed an intent to respond to the RFP.

E. Proposal and Contract Duration

All prices, terms, and conditions quoted in the vendor’s proposal or negotiated thereafter must remain firm for a minimum period of six months.

MCDH plans to enter into a one-year contract with up to seven one year renewal extensions. Please provide a copy of your proposed contract.

F. Notifications

Discussions may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award. Offerors will be accorded fair and equal treatment with respect to any opportunity for discussion and revision of proposals, and revisions may be permitted after submission and before award for the purpose of obtaining best and final offers.

G. Submission Due Date

All submissions are due by July 22, 2020 5:00 PM central time

H. Confidentiality and Consideration

MCHD is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by MCHD to award any contract. MCHD is not responsible for any costs incurred by any vendor or their partners in the RFP response preparation and demonstration.

Information submitted in response to this RFP will become the property of MCHD. Proposals shall be opened so as to avoid disclosure of contents to competing offerors and kept secret during the process of negotiation. All proposals that have been submitted shall be available and open for public inspection after the contract is awarded, except for trade secrets and confidential information contained in the proposals and identified as such. MCHD reserves the right to modify this RFP at any time and reserves the right to reject any and all responses to this RFP, in whole and in part, at any time.

I. Evaluation Criteria

All proposals submitted as described above in accordance with selection criteria deemed critical to the success of this initiative. The organization reserves the right to 1) reject any or all proposals and 2) waive formalities or irregularities in proposals received.

All proposals will be reviewed using the following criteria:

FACTOR	PERCENTAGE OF POINTS
1. Applicability of proposed solution	5
2. Completeness of proposed solution	5
3. Professional Experience of the vendor/references	10
4. Ease of Use of the proposed solution	5

5. Technology of proposed solution	5
6. Integration of proposed solution	5
7. Disaster/downtime solutions	7
8. Cost of solution and licensing model / Price	15
9. Ability to deliver and clearly communicate the solution	3
10. Track record of successful implementation and satisfied customers	5
11. Completeness of Support and Training options	10
12. Review future scope in development	5
13. Assess upgrade/patch processes	5
14. Compatible to meet current and future proposed Federal and State rules and regulations	5
15. Product Demonstrations on-site or otherwise	10
TOTAL	100

J. On-site Demonstration and Discussion

Please provide a plan for on-site demonstrations. All on-site vendor demonstrations and associated costs are not covered by MCHD. MCHD is not responsible for any costs incurred during on-site demonstrations.

Each proposer determined to be reasonably susceptible of being selected for award will have an opportunity to have a discussion and provide an executive level demonstration of the proposed solution to include: referenced functionality, any specified supporting products/modules and additional capabilities that are unique to the solution. Such discussions will be scheduled at the location of the MCHD, at a mutually convenient time. The Proposers will be notified of their respective discussion and demonstration date following the bid openings. For demo, please refer to Attachment A for scenarios in addition to requested functionality.

K. Reference Calls

Please provide three references who use the solution and have recently implemented. Provide two long term clients (five years or more) who currently use the solution. The following information should be supplied along with vendors response:

- Organization name
- Organization address
- Geographic scope
- Number of sites/facilities/size
- Providers – Physicians, BH
- Organization Type – FQHC, RHC etc
- Go-Live dates
- Include leadership contact info

SECTION II – VENDOR RESPONSE

I. REQUIREMENTS

Please provide more information on design, operational and functional aspects of the system. Please note that the functional requirement requested is available in general release. If not, available, describe the progress being made to make the functionality available if any. Please also, indicate if solutions are provided by a third-party vendor. In cases where a partner solution is required, please indicate how the vendor is responsible for delivery and performance. Please embed screenshots where applicable. Also, note any customizations required at code level changing programs vs tailoring/configuring the system within current solution.

A. General Requirements and Vision

- Share background, industry experience, and product development strategy
- Explain commitment to the development of incorporating new regulations and changes – value-based contracting
- Provide overview support/help desk processes including online solutions. Provide current SLA standards for support. Define support structure (Tier I/Tier II/Tier III). Do you have knowledgebase? Do you require staff to be certified to provide support? Describe emergency support and after hours support available.

B. Functional/Service Line Requirements

1. Front Office:

- Pre-Register with few selected fields
- Request Appointments and view open scheduling slots available off-site via online
- Pay co-pay and print receipt off-site
- Sign consents electronically (off-site) and print consents
- Appointment reminders and associated back feed to schedules – automated/manual
- Scheduling – facility/provider/resource (case managers, nurses) based
- Scheduling group and individual appointments
- Perform Eligibility Check (automate/visit date) along with Rx eligibility/formulary– multiple EDI processors
- Check-in patients
- Scan ID and Insurance cards that will pre-populate fields – attach, primary, secondary, custom, activate and inactivate, uninsured workflow
- Guarantors
- Advance Directive
- Display mandatory fields to enter – race, ethnicity, language, transportation, SOGI,, DOB
- Social Determinants of Health fields
- New insurance alert to enter new insurance that we are not credentialed with yet
- Take a picture of the patient and attach to the patient chart
- Screen for finance eligibility and complete sliding fee scale (demonstrate capability for multiple sliding fee schedules (dental, medical optometry)
- Scan income and self-attestation forms
- Update appointment status
- Alert provider of patient check-in
- Check Prior-authorization and automatic requests
- Sign electronic consent forms – signature pads/kiosk
- Regional HIE consent both (opt-in/opt-out) options
- Enter income eligibility, housing, and SOGI
- Enter the custom field – Research Study ID (alphanumeric)
- Assign pharmacy – front office/clinical staff workflow
- Pay co-pay on-site (check-in/check-out) with end to end encryption credit card processor;
- explain payment distribution
- Patient portal/patient app
- Send Welcome/Custom letter for new patients
- Please explain the process for No Show campaigns/Cancel campaigns
- Create a custom script for patients with no show and send campaign messages
- Send a custom letter with a logo for no shows with pre-populated fields
- Call center integration options
- Messaging – individual and group
- Report daily summary sheets by each patient access representative

- Practice Management dashboard
- Self Service check-in/Kiosks
- Rules engine options for front office and billing efficiency – prompts/hard stops
- Downtime procedure options
- Document patient transitions
- Lead time (paperwork) scheduling
- Alerts on all insurances and yearly income updated
- Ability to manage schedules – review open slots/no shows and cancelations in aggregate to facilitate appropriate decisions
- Practice Management dashboard
- Describe Practice Management audit capabilities

2. Pre-Visit Planning:

- Pre-visit planning
- Review health maintenance/preventive service reminders, registries and previous day communications
- Update huddle message discussion
- Incomplete note tracking
- Pre-visit tracking

3. Triage:

- Update patient visit status
- Display one-page view of previous encounters, history, medications, health maintenance, demographic and insurance information with expiration.
- Vital Signs with and without vital sign machine and available configurations for units at provider level/location/agency level
- Ability to document more than one Blood Pressure in a single encounter
- Assessment tools – PHQ2/9, GAD, , Activities of Daily Living, Fall Assessments, PRAPARE, MMSE, Columbia Risk Assessment Score, Pediatric Developmental Scales
- Custom assessment elements and associate scoring
- Administer vaccine consent
- Administer procedure consent
- Available medical devices and integration – EKG, Pulmonary Function Test,
- Automated CPT code for BMI/BP performed
- Identify high-risk/need patients in the system
- CQM's alerts
- Notes to self to come back to and complete documentation
- Advanced directives

4. CPOE:

- Providers order entry – internal office tasking, diagnostic studies, , referrals, admissions
- Custom questions per order – both mandatory and optional/ CQM
- Ability to order standing/recurring orders
- Personalization/favorites for orders
- Dashboard/Tracking system for CPOE – pending orders, orders to sign off, overdue, referrals
- Order sets for diagnosis code
- Custom order/order set functionality with ability to track as labs – both numeric and text results
- Flag/alerts when the diagnosis code does not match the imaging or lab order
- Order sets for diagnosis code

- Ability to archive orders/order sets
- Ability to trend labs, developmental charts
- Ability to automatically add order/order sets based on health maintenance rules
- Audit functions

5. e-Prescribing:

- e-Prescribing core
- e-signature requirements
- Interfaces to pharmacy to include change of dosage and discontinued medications
- Drug database, and update process
- Incorporation of fax
- Medication education Literature
- Dashboard for Rx queues
- Multiple drug formularies and prescribing guidelines
- Prescription writing with formulary check with alerts
- Build custom formulary for grant funded programs
- Drug interactions options: drug to drug; drug/drug class to allergy
- Refill status history
- Patient refill request processing
- Audits and alerts
- Medications with NDC code
- Integrate with state Prescription Monitoring Program
- EPSC ability
- Dosage calculators
- Current med list and medication instructions
- Alerts for wrong drugs, wrong dose, wrong route and wrong time
- Medication consents
- Addition of notes on RX
- Language preference
- Renew multiple medications at once (queues)
- Frequent updates on additional

6. Patient History:

- Review all patient pertinent information on one sheet – past visits, past history – family, OB, Surgery, past diagnosis codes/problem history, past CPT codes, past labs, past procedures, health maintenance with the ability to customize view
- Import history and other relevant questionnaires entered by the patients including obstetrical data
- Enter history and other relevant questionnaires
- Validate patient history
- Capture, amend and review patient history
- Historical immunization entry

7. Interface:

- Bi-directional interface with multiple labs – Quest, LabCorp, Texas Immunizations, County Hospital UMC, Qs1,
- Obtains test results for vitals, ECG, Holter, Glucometer, PFT
- Capture and monitor Patient Health Risks
- Interface with Diagnostic Imaging Services
- Interface with local hospital HIE,

8. Referrals:
 - Referral workflow with tracking
 - Referral-based form to collect specific structured data
 - Referral printout with pertinent information and logo
 - Ability to view labs, referrals, and appointment scheduled for patients from outside sources
 - Ability to see all progress notes on one page
 - Interfacing with insurance portals

9. Progress Notes:
 - Ability to create system default-based templates and notes
 - Ability to create progress note based on diagnosis
 - Ability to create non-billable encounter
 - Load template based on appointment type
 - SOAP note
 - Dictate/Speech recognition - note and orders
 - Provider access to chart via phone/tablet
 - Disease-specific flowchart
 - Custom flow chart capabilities and display view
 - Advanced Practice provider sign-off
 - After hours documentation process review
 - Preventative exams dates performed stick from one note to another unless changes are made
 - Outside consults (physician, address, and specialty) documented stick from one note to another unless changes are made

10. Problem List:
 - Review and update problem list that is patient specific
 - Maintain problem list

11. Discharge:
 - Comprehensive all discipline care plan with goals, objectives, and interventions
 - Care communication with patient and care team
 - Patient education with PCMH/JACHO incorporation
 - Medication reconciliation for f/u visits and for hospital visits
 - Medication summary
 - Charge capture and E&M coding
 - E&M calculator
 - Patient follow-up – custom (next week Monday and Tuesday) and pre-configured follow-up (one month)
 - Patient-provider communication
 - Patient care team communication
 - Provider-patient portal communication automated on sign off
 - Note preview
 - Advanced practice provider and physician sign-off
 - Clinical summary – current visit including health maintenance, future labs and future appointments
 - Medication synchronization and Medication Adherence reports

12. Clinical Practice Guidelines:
 - Incorporates evidence-based guidelines – AHA, USPSTF, ACC, ACP, ACOG, AAFP
 - Medical calculators – ASCVD, ASCCP scores, CKD/GFR
 - Integrates with Up To Date

13. Medical Records:

- Enter Medical Record Request
- Access to confidential MR (minor/adult)
- Complete MR request life cycle
- MR status dashboard
- Ability to select/filter by date, encounters
- Ability to select clinical note components to display for Medical Records
- Ability to print – receipts, bill statements, invoices
- Ability to track requests and prioritize
- Integrated faxing and scanning options
- Document format options available – doc, pdf, tiff, etc
- Ability to print, save, download, import/export, fax and burn a CD with encryption

14. Pharmacy:

- Automated refill requests for Pharmacy
- Electronic approval of prescriptions for processing by technicians
- Custom consent forms signed electronically at Point of Service
- Signature for prescriptions
- Integrated transactions for prescription
- Integrated First Data Bank
- Picture guide for drug along with package insert in multiple languages
- Barcode-based scanning on meds
- Inventory management
- Integration with Micromedics™
- Integrated 340B program
- Drug expiration alerts/reports
- Integrated communication between EHR and Pharmacy application – to include updates and cancelations of drugs
- Updated/current insurance information transfer from EHR
- Ability to build Drug Dictionary – including editing prices
- Comprehensive Reports with updated information on Formularies and price change
- Integrated diagnosis codes availability
- Enhanced patient communication – including patient app
- Ability to build custom medication protocols
- Other module functions
- Bar coding
- Ability for patients to renew/request medications from patient portal
- Provider ability to build own sig vs standing order (customization of medication)
- Pharmacy ability to communicate to providers via EMR
- Pharmacy ability to respond to provider on refilled responses via EMR
- Patient intake form in EMR for ordering
- Ability to charge for medication in EMR
- Biometric scanner

15. Behavioral Health:

- Group session management and documentation along with coding
- Progress note template creation
- Therapy notes and confidentiality levels
- Minor therapy notes and associated confidentiality
- Treatment Plan – Goals, Objectives, and Interventions

- One-page documentation of assessment tools
- Generate non-billable
- BH assessment tools – SBRIT, GAD, PHQ2/9, PRAPARE, Columbia Risk Assessment Score
- Therapy consent forms
- Custom Assessment forms
- Display – patient demographics on note for a quick reference – age, name, and insurance
- Telehealth – schedule and see a patient from another clinic or at home
- Protected Behavioural Health records within EMR

16. Pediatrics:

- Growth Charts
- Pediatric based vital sign
- Clinical Guidelines (Bright Futures/CHADIS based) documentation
- ASQ assessment tools
- Well child visits documentation
- Comprehensive vaccine information
- Vaccination template with the ability to run reports on overdue vaccinations to build outreach campaigns
- Current or future ability to interface with Amtrak system for immunizations

17. OB/GYN:

- UDS data elements
- ACOG Documentation
- OB/Gyn Lab Tracking by trimester/custom templates
- Multiple pregnancy documentation
- Capability to document babies weight using multiple units of measurement – kilograms/pounds
- Gynecology – template-based document – custom/pre-defined (irregular periods/infertility)
- Ultrasound integration
- Ability to hand draw and electronically store digital images

18. Nutrition:

- Nutrition care plan documentation
- Coding for Diabetes Self-Management Education, Coding for Self-Management Support and Coding for Diabetes Prevention Program
- Documentation by both Diabetes educator and Credentialed Diabetes Educator
- Dietary/Nutritional educational materials to provide to patients and display on patient portal

19. Patient Education:

- Create, review, update and delete patient education materials
- Add custom educational forms
- Evidence-based educational source materials
- Languages – At minimum Spanish, English, French, Vietnamese
- Education form tracking/checklist

20. Result Tracking:

- Functionality to route, manage and present current and historical test results
- Flowsheet functions
- Custom flowsheet

- Flag abnormal labs
- Results signed sent to patient portal
- Ability to run tracking/trending reports on test results; individually and across patient population

21. Immunization Management:

- Immunization inventory system (bar code)
- Add vaccine with appropriate vaccine codes
- Immunization administration
- Immunization consent
- Immunization refusal documentation with added structured data
- Interface with Amtrak
- Ability to run tracking/trending reports on selected immunization(s) individually and across patient population

C. Operational Requirements

- Meaningful Use
- Operation Metrics
- UDS
- PCMH
- HEDIS
- JACHO
- MIPS

D. Technical Requirements

- Explain hosted vs on-prem solutions - client-server, ASP, or cloud-based solutions
- Describe hardware platform, software needed, network infrastructure supported, end user devices, virtual desktops, wireless access, cellular access
- Describe Active Directory integration options
- Describe Two-factor authentications
- Describe security framework – HIPAA, HITECH
- Describe audit function capabilities
- Explain incorporation/integration of standards – HL7, API, FHIR, Rx Norm, SNOMED,
- Vaccines, CCD/A, HITSP

- Describe Workstation requirements/specification
- Describe Virtualization options and associated license procurement
- Internet servers required
- Describe Scanner and printer specifications
- Available remote options to access EHR when outside network
- For hosted solutions, please indicate a back-up process
- Additional applications (java, adobe) needed to be purchased
- Telemedicine capabilities
- Describe disaster and downtime procedures
- Describe security/HIPAA compliance for hosted solutions
- Explain process for cloud-based/ASP solutions to test internet speed
- Please explain ICD10, CPT codes upload process, and procurement process
- Please describe the functionality to HIE integrations
- Describe multiple labs/diagnostic integrations functionality– Quest, LabCorp, , Diagnostic Imaging and ability to order when multiple accounts exists with LabCorp, Quest and similar vendors
- Describe the process for integration with immunization registry for Texas
- Describe Single sign-on functions
- Describe available rules engine
- Code sets available and licensing models – vendor or users procured

E. Population Health

- Functionality for PCMH documentation – please include screenshot
- Functionality for HEDIS and ACO documentation
- Reporting functionality for HEDIS and ACO along with other value-based models
- Registry functions – to identify patients with disparities and chronic diagnosis
- Describe risk models available for patient population stratification
- Describe tracking and monitoring patient attribution
- Patient-centric registry functions
- Patient-centric care plans with goals, objectives, and interventions addressing different social and clinical conditions
- Evidence-based care plans
- Integration with claims data from health plans
- Patient reminders
- How does the system incorporate alerts for identified HEDIS gaps in care
- Allows for patient-specific customization
- Allows for provider-specific customization
- Clinical Decision Support tools
- Tools to build custom care plans, guidelines, and embed protocols
- Describe functionality for patient campaigns including custom patient campaigns
- Describe functionality for real-time/asynchronous patient feedback/patient satisfaction (CHAPS)
- Pre-built and customizable analytical dashboards- global, measure-specific, by location, provider, group, payor and individual
- Ability to stratify patients/measures by social, economic and demographic data

F. Analytics/Reporting

- How do you provide access to customer's data?
- Business Intelligence solutions or like
- Data Dictionary for BI based analytics
- Describe Self-exploratory analytics with functionality to develop custom reports

- Pre-canned analytics and the ability to customize reports
- Data conversion plan
- Provision to connect analytical solutions such as Tableau and SAS
- Natural language processing capabilities
- Functionality ODBC driver/manager for hosted solutions
- Integrated cognitive analytical solutions
- Dashboard – prebuilt
- Generate a list of patients for quality improvement
- UDS reporting
- Ryan White Services reporting
- CMS Quality measures reporting
- PCMH reporting
- Meaningful Use functionality
- MIPS functionality
- Pre-built and customizable Analytic dashboards (ACO, HEDIS)- global, measure-specific, by location, provider, group, payor and individual
- Geo-spatial reporting options
- Describe data conversion process and include a data conversion plan if any

G. Patient Portal

- Two-way communication with text and/or email functionalities
- See appointment slots available
- Request appointments
- Self-service reset password
- e-Payment
- Patient-generated data – screening questionnaires, adherence, intake forms, HRA’s and functional status surveys
- Ability to see statements for all service lines
- Integration – Apple Health kit, Blue Button, and Samsung Health integrations
- Patient reminders
- Cancellation requests
- Mobile/Tablet app
- Patient portal in multiple languages

H. Document Management

- Describe Document Management life cycle
- Summary of folder and subfolder structure
- Summary of document storage structure
- Capability for an integrated scanning solution
- Scanned documents are readily available in the patient’s chart
- Ability to bulk scan
- Ability to save images, videos and wave files
- Describe formats supported for document scanning
- Scan with OCR recognition for insurance and driver’s license
- Scan with automation functionality
- Ability to notate on each document scanned
- Ability to create approval process for documents

I. Billing and Finance

- Payment processing and balance posting
- Co-pay posting

- Payment distribution – automatic vs manual
- Tracking payments by service line and attributing to correct visit
- Insurance verification and alerts
- Eligibility check – processing through multiple entities
- Prior authorization workflow with an expiration date – visits, medications, procedures, imaging, referrals
- Denial management and associated dashboard/reports
- UB's and HCFA's – demonstrate primary and secondary insurances along with billing and service addresses options
- Integration with General Ledger
- Reports to add to General Ledger
- Enhanced credit card processing with CHIP integrated technology and end to end encryption
- Adjustment codes
- Rules-based billing – diagnosis codes, demographics, modifiers, and procedure codes
- Substitute CPT codes with alternate codes for billing purposes for certain insurances
- Ability to add modifiers
- Multiple fee schedules for each service line – Optometry, Pharmacy, Medical, Behavioral Health, Dental
- Vaccine for Children codes with \$0 charge
- In-house lab tests with charges
- HEDIS and incentive program tracking with the ability to run payor-specific reports/graphs
- HEDIS and incentive program coding
- Demonstrate reserve calculation built in for gross AR
- Scrub and submit to collections
- Statement generation process and availability of patient statements on portal and patient apps with the ability to pay
- Ability to create small balance write-off policy administration
- Sliding fee scale for the balance due after insurance payment
- Sliding fee scale for self-pay patients
- Describe post-go-live support for claims processing
- Partner with Clearinghouse capability

J. Credentialing

- Describe integrated Credentialing process
- Ability accept clinician credential application
- Ability to integrate/source data from - CAQH, NPI, NPPES, OIG, NPDB, State Licenses, DEA, PECOS and background check for provider
- Ability to track renewals – CAQH, NPI, NPPES, OIG, NPDB, State Licenses, DEA, PECOS and background check for provider
- Ability to capture privileging information including procedures/date of expiration
- Ability to build custom forms for credentialing, privileging and peer review
- Ability to structure folders and attach credentialing documents for each provider/staff
- Internal staff messaging to track credentialing
- Ability to enter billing effective and expiration date
- Ability to track health plan network eligibility for each provider
- Describe security and access control for credentialing process

K. Training, Go-Live and Post Go-Live support

- Provide a comprehensive overview of implementation/go-live training
- Please provide information on ongoing training and training administration process

- Do you provide training environment/sand box for implementation and demos and please outline associated costs?
- Please discuss training formats available – videos, web-based, facilitator-led, documents, on-site training.
- How can an organization assure the administration of training successfully to all associates on an ongoing basis with updates/patches?

1. Super User

- Will Super Users be trained by the vendor? Training format – remote or on-site training
- Cost of Training: Describe all training options available? Describe the training option to be included in the contract. Outline additional costs to train individuals if any.

2. On-site training

- How many days of training will be provided by the vendor and in what format to support Go-Live and Post Go-Live?
- Will go-live be scheduled after the training?
- Will guides/training documents be developed by the vendor for each role?
- What is the recommended staff to trainer ratio?

3. Go-Live

- How is go-live facilitated?
- What is the go-live timeframe?
- How will you support go-live?
- Please attach a custom/standard go-live plan

4. Post-Go-Live training and support

- Describe post-go-live support and transition

L. Contract Terms and Vendor Guarantees

- Explain the process for User Acceptance testing prior to go-live
- Explain payment structure through go-live and after
- Explain the process of problem/issue resolution
- Explain how you will address the timeliness of deliverables and not meeting the set expectations
- Explain sunset notification clause
- Explain future upgrades/optimization and support/notification process and associated costs
- Please attach proposed BAA/MAA

Note that MCHD will require any agreement to be modified to delete: (a) any requirement of mandatory arbitration; (b) any reduction in the applicable statute of limitations or remedies; (c) any waiver, release or discharge of a right, obligation, remedy, jury trial or claim belonging to the MCHD; (d) any assumption of the risk by the MCHD; (e) any disclaimers of implied or express warranties; (f) any limitations of liability; (g) any waiver of immunities; and (h) any requirement for indemnification by MCHD.

II. PROJECT COST

The proposal should include costs for one-time costs, implementation/installation cost, and recurring costs as separate line items. Notate any assumptions in deriving cost data. The proposal should clearly define all costs expected to be incurred by MCHD during implementation and throughout the one-year term with up to seven renewal terms. At a minimum include the following categories – hardware, software, modules

(pharmacy, dental third-party applications, interfaces, data conversion, implementation, upgrades, maintenance, training, support costs). In addition, please propose a maximum cost not to exceed a certain sum for the one year contract term.

III. PROJECT STAFFING

The proposal should include staffing requirements for the proposed solution. Please detail MCHD and vendor staffing needs projected for the full scope of the project. Please provide a staffing plan.

IV. COMPANY INFORMATION

- Please provide complete information on the company including address, phone, fax, primary contact, and email address.
- Please describe end-user engagement for federally qualified health centers and community health centers.
- Please indicate contact associated with this RFP for all inquiries and subsequent discussions.
- Please provide a recent financial annual report or published financial information for a private entity.
- Please provide information on current number of organizations, providers, patient served, types of facilities and geographic scope of operations.
- Please provide revenues for the last three years.
- Please provide a history of the organizations – years and related services and products/solutions.
- What distinguishes your company’s capabilities from other firms in your industry?
- How do you support interoperability?
- How do you manage IP regarding ownership rights to knowledge created in the course of an engagement paid for by clients?
- How do you measure implementation success and satisfaction?
- Please provide ny new EHR implementations over the past year.
- Please provide a number of organizations that have transitioned to another EHR. Please let us know why?
- What is the current implementation timeframe with the only vendor provided resources?
- Does your firm have a non-profit pricing model?
- Please attach proposed contracts and agreements related to this scope of RFP and other elements that may need consideration.
- Please provide information on product release and updated versions available currently and the plan for the near future along with release dates.
- Please list all modules available for the EHR product? What certifications and recognitions does that product have? Version and year of recognition
- Has your company been acquired, been acquired, merged or planning to acquire or merge with other organizations
- Describe product/module licensing models available? Define ‘user’ and roles with regards to licensing.
- How are residents, part-time clinicians, and Advanced Practice Providers accounted for the in- licensing model? How are licenses transitioned? Please provide licensing models for all modules along with cost structure.
- Please provide information on lawsuits or judgments within the last 7 years
- Does your company use resellers?

V . AUTHORIZATION

Nestor Bonilla, MBA

Chief Financial Officer