

Request for Proposals: Seneca County Mental Health Department Integrated Electronic Medical Record/Billing/Scheduling System

I. Intent of Request for Proposal (RFP)

In order to improve the overall operations of Seneca County's Mental Health Department and the Department's Community Counseling Center, and to remain in compliance with current and scheduled State and Federal standards, the Seneca County Mental Health Department is in need of an Electronic Medical Record (EMR) System which is fully integrated with both a billing and scheduling system. This RFP process will serve to evaluate software alternatives and associated project costs for a fully integrated EMR/Billing/Scheduling system. Although an electronic billing system has been used by the Seneca County Mental Health Department for some time, an enterprise solution that integrates electronic client records and associated processes has not been established. The primary records for the proposed EMR are mental health and substance abuse client charts, billing information, and clinician scheduling related to county-provided mental health and substance abuse treatment services within New York State.

To this end Seneca County has established an EMR RFP committee to select a Vendor for the Seneca County Mental Health Departments Integrated EMR/Billing/Scheduling system. This RFP represents the conclusion of a several-months-long RFQ process, and provides application-requirements for vendors wishing to respond to this request (as outlined in the pages which follow).

The Seneca County Mental Health Department is comprised of:

- An OMH licensed Outpatient Mental Health Clinic for youth and adults with a main office located in Waterloo, NY and satellites within several schools and one in the southern portion of the county;
- An OASAS licensed Outpatient Substance Abuse Treatment Program for Adults and teens, with a primary office located in Waterloo and one satellite in the southern portion of the county;
- An OASAS licensed School-based Substance Abuse Prevention Program within several schools in the county;
- Forensic services provided by the Mental Health Department for probation, courts (local, county and Drug courts) and our county jail;
- A Domestic Violence (DV) and Crime Victim's (CV) program; and
- Administrative service-support which includes but is not limited to: scheduling; billing; records; finance; transportation; and general office management.

Although each of the two clinics, Forensic and DV/CV programs provide unique services, the Mental Health Department must collectively operate with standardized processes and client records-management practices in order to efficiently share information and provide an appropriate level of client care. In addition, client-based billing information must be coded to meet the various reimbursement requirements established by New York State, the Federal Government and private insurance companies.

Vendors responding to the RFP are expected to provide examples of projects that demonstrate the successful implementation of an enterprise-level electronic medical records solution designed to integrate various mental health and substance abuse treatment/prevention services, programs and client records.

II. Key EMR/Billing/Scheduling Requirements

The key components of the Integrated Electronic Medical Record/Billing/Scheduling System should include, but need not be limited to:

1. The efficient indexing, management, retrieval, and retention of digital and non-digital records as required by business processes of the Seneca County Mental Health Department;
2. Ability to collaboratively assist the Mental Health Department towards the implementation of an Electronic Medical Records System which includes: scheduling; billing; E-Prescribing (with script refill/renewal notification); and E-Lab capability, with the immediate goal of a paperless environment to the greatest extent possible;
3. Utilization of the Application based on the following break-out of staff:

3-1: E-Prescribers – Five (5) currently, with flexibility to add 1-2 in future. Five (5) current part time prescribers are distributed as follows:

Mental Health - Three (3) part-time psychiatrists; One(1) part-time psychiatric nurse practitioner;

Addictions - One (1) part-time Doctor (Addiction Medicine)

3-2: Clinicians – Thirty (30) staff will need access to clinical section of the program (EMR), distributed as follows:

Mental Health - up to sixteen (16) full-time therapists; four (4) full-time supervisors and four (4) part time prescribers from 3-1.

Addictions - up to eight (8) full-time therapists; two (2) full-time supervisors; and one (1) part-time prescriber from 3-1.

3-3: Scheduling – Twelve (12) staff will need access to the scheduling section of the program, distributed as follows:

Mental Health – up to five (5) full-time support staff; two (2) full-time management staff.

Addictions – up to three (3) full-time support staff; two (2) full-time management staff.

3-4: Billing – Six (6) staff will need access to the billing section of the program, distributed as follows:

Mental Health – up to two (2) full-time billers and one (1) manager.

Addictions – one (1) full-time biller and one (1) manager.

Administrative – one (1) Fiscal Manager to look at both Mental Health and Addictions programs.

4. An integration process that will meet NYS retention schedule requirements for client-based mental health and substance abuse treatment records;
5. The ability of end users to query and locate records within the application without involving the records staff;
6. The ability to send (in a HIPAA-compliant manner) select portions of records electronically in a manner that can be read by end-users who do not have our particular application (i.e. responding to record requests from other providers, for court, or for a RHIO);
7. Provide NYSCRI/OMIG/OMH/OASAS compliant assessments, treatment plans, treatment plan reviews, progress notes, utilization review and corporate compliance documentation process and forms capable of voice recognition form-completion;
8. Provide for various screening and monitoring tools (i.e. CAGE, AIMS, Vanderbilt, BPRS etc.) to be used and included in client record;
9. Provide or allow for the maintenance of release forms for specific medications and a "library" of fact-sheets related to commonly prescribed medications within the mental health and substance abuse clinics;
10. Ability to integrate with the OMH NIMRS Incident Review system for incident report completion;
11. Ability to automatically complete the NYS OMH Patient Characteristics Survey data collection and reporting process according to OMH survey administration time frames and guidelines;
12. The simplified collection and management of collateral client information, including the incorporation of external documents we receive for clients into the clients' EMR;
13. Functionality that allows all levels of users the ability to selectively manage client information relevant to their specific tasks within an approved process;
14. The provision of back-file conversion capabilities to incorporate selected existing records once conversion to a paperless environment is realized. (The department would only convert the records of clients who were open and active at the time of EMR implementation);
15. Integration of clinical mental health, substance use and medical classifications and diagnostic standards, particularly those defined by the Diagnostic Standards Manual (DSM-IV and subsequent editions), ICD-9/ICD-10, and other designations (i.e. SED classification for children);
16. Integration of the EMR with billing and scheduling systems to ensure billed services are supported by required documentation, with reminders sent to staff for documentation required;

17. Billing program has the ability to: calculate client sliding scale fees using our sliding fee schedule; receive insurance referrals and track/notify when renewals are required;
18. Staff “Dashboards” with customized views related to work (i.e. therapist, biller etc.);
19. Provide for alerts to staff for key activities (i.e. after a pick-up script is completed, alerting front-desk support staff of scripts that are available for client pick-up, alerting clinicians their clients have checked-in and are waiting etc.);
20. Integration of the EMR/Billing/Scheduling with MS Outlook, Excel, Word etc.
21. Integration of the EMR with the billing system such that coding is consistent with APGs and all payer-requirements and standards, and to ensure proper and maximized billing of services rendered and revenue collected (i.e. 3-M Grouper);
22. Ability to check Medicaid and other insurance eligibility and required copays (or to integrate with our eligibility/co-pay verification process);
23. Integration of the billing system with NYS Consolidated Fiscal Reporting (CFR) forms/formats, and Seneca County’s “Munis” Financial System (a Tyler Technologies application which uses a Microsoft SQL database);
24. Functionality that will allow for improved efficiency of scheduling appointments (including room availability, threshold visit tracking etc.), with our own internal allocation of scheduling authorization rights;
25. Integration of appointment scheduling with transportation scheduling (i.e. ensuring that drivers are scheduled and available when scheduling a client – who needs transportation – for a clinic service);
26. The ability of Seneca County MH and/or IT Department Staff to develop customized reports (open source code) based on clinical outcomes and the evaluation of programs and services, and to work with vendor on the development of customized forms;
27. The ability to produce various reports and documentation required for compliance with NYS Office of Mental Health, NYS Office of Alcoholism and Substance Abuse Services, and the NYS Office of Medicaid Inspector General;
28. The ability to allow for the future external (remote/offsite) audit and review of clinical records by oversight bodies (i.e. OMH, OASAS);
29. A system designed to meet HIPAA regulations and improve IT security practices;
30. Capability of electronically managing Authorization for Release of Information with regard to HIPAA regulations and NYS/Federal Confidentiality laws, including laws specifically related to substance abuse and HIV related information;
31. The facilitation of increased data sharing/review between internal programs.
32. The ability to provide instantaneous access to information by multiple users.

33. Functional use of the system within a multi-program, shared services model.
34. The county would prefer to host the application within our own IT infrastructure, with the county maintaining the application and related databases on our own servers using MS SQL, staff accessing the system via desktop computers running MS-Windows 7, and with the possibility for wireless access via laptops, (with all servers, desktops and laptops being purchased and maintained by the County);
35. Following completion of a full Business Process Analysis of our DV/CV program by the Seneca County MH & IT Departments, the EMR will provide an application to meet the documentation and reporting needs of the DV/CV program.

III. Format of RFP Response

The written response should not exceed more than 30 two-sided pages (not including cover, appendix, references or letter of interest). If submitting electronically (our preferred method) please do so as a single Adobe Acrobat PDF or MSWord File.

1. Responses should include information pertaining to:
 - a) Letter of interest signed by a principal of the firm, with statement of ability and expertise to complete the work.
 - b) General company information and experience.
 - c) Description of proposed solution based on the information provided within this RFP;
 - d) Technology requirements (hardware/database/operating system) for hosting of the system by Seneca County IT. Please include estimates of hardware/database/operating system costs in your response;
 - e) Estimated software and implementation costs for up to 55 concurrent users. Final project costs, including: application and hardware costs; first year implementation costs (for training with an accompanying implementation schedule); and ongoing yearly maintenance-contracts should all be well-defined within your RFP submission and (if selected) any resulting future maintenance-contract. Please identify if the consulting service and/or software are available under the NYS OGS Contract and provide OGS contract number. Data conversion of all old records is currently not included as a project requirement;
 - f) Estimated EMR/Billing/Scheduling project implementation timeline given a proposed late 2012 commitment-to-purchase date and initial implementation date of early 2013;
 - g) Additional/optional services vendor can provide for Seneca County to meet the needs of this project (with any added associated costs clearly defined);
 - h) If an application involves the shared work or use of a “partner-vendor’s” sub-application, please clearly indicate a full reporting of all “vendor-partners” involved in the proposed application for Seneca County, and: The length of the relationship pursuant to the proposed application for Seneca County; stipulations and contingencies in the event a relationship with a “vendor-partner” within the application is terminated; expressed commitment by the “main-vendor” to keep-whole and provide coverage (at no additional cost to Seneca County) for any portion of the purchased application which a “vendor-partner” removes due to a severed relationship with the “main-vendor”;

- i) List and description of sample or similar projects and at least three references, preferably NYS or County government agencies.
2. After a review of the responses, the County will select Finalist-Applicants who will be required to provide the County with a demonstration of their application to all levels of staff who will be using the application.
3. The County will allocate a full day for each Finalist-Vendor to provide demonstrations of their application at either our main location at the address noted below, or at our Main County Office Building located across the street from our main location. All costs associated with any demonstrations are to be borne by the vendor.
4. If selected as a Finalist Vendor, please provide the County with any “user-groups” you may have, and indicate if it would be possible for the County to attend any of these as part of our review process.
5. If selected as a Finalist Vendor, please let the county know of any technical, space or other set-up requirements you may have in order for you to provide your product demonstration.
6. Responses must be submitted to:
 Scott S. LaVigne, LCSW-R, MBA
 Seneca County Mental Health Department
 31 Thurber Drive
 Waterloo, NY 13165
 Tel. (315) 539-1980
 Fax (315) 539-1054
slavigne@co.seneca.ny.us
7. All questions concerning this RFP must be directed via email to Scott LaVigne no later than 4:00 p.m., December 5, 2012.
8. De-identified submitted questions with corresponding responses will be compiled and posted at <http://www.co.seneca.ny.us/dpt-comserv-mental-health.php> by 4:00 pm on December 7, 2012.
9. Vendor responses to this RFP may be submitted in a hard copy format, or electronically as a single Adobe Acrobat PDF or MSWord file. Responses must be received no later than 4:00 p.m. on December 21, 2012.

IV. RFP Schedule (2012)

Distribution of RFP	November 27, 2012, 4:00pm
Deadline for RFP/Project questions	December 5, 2012, 4:00 pm
Responses to Questions Sent/Posted	December 7, 2012, 4:00 pm
RFP Submissions due	December 21, 2012, 4:00 pm
County RFP review	December 21 – 31, 2012
RFP Finalists Selected	December 31, 2012
Finalist Product Demonstrations	January 7 -18, 2013
Awarding of Project Notification	January 21, 2013