

Questions Regarding the Seneca County Mental Health Department
RFQ for an Integrated EMR/Scheduling/Billing Program

DUE TO THE DELAY IN POSTING THIS Q&A, THE RFQ DUE-DATE WILL BE ADVANCED BY ONE BUSINESS DAY TO 9/24/12

1. How many prescribers will use e-prescribing functionality?

1-A: On the mental health side we currently have four (4) prescribers:

- Three (3) part-time Psychiatrists; and
- One (1) Part-time Psychiatric Nurse Practitioner.

On the addictions side we currently have one (1) Prescriber:

- One (1) part-time Doctor (addiction medicine).

Total current prescribers = (5), but we would like flexibility to increase by 1-2 in the future.

2. How many named users will need to access the system?

2-A: There will be users who will need access to different levels and sections of the overall EMR/Scheduling/Billing system, which would be dependent upon the particular worker's function. Also, supervisors and other administration would need access to EMR, Scheduling AND Billing, while clinicians would just have access to EMR alone. Breakdown estimates of the numbers in each of the three systems (with supervisors counted in all three) are as follows:

2-A-1: For the purely Clinical sections of the EMR, up to (16) clinicians and (4) supervisors in the Mental Health Clinic; and up to (8) Clinicians and (2) Supervisors in the Addictions Clinic. Total Clinical Access to EMR = 30.

2-A-2: For Scheduling, up to (6) in the Mental Health Clinic, and (4) in the Addictions Clinic. Total Access to Scheduling= 10.

2-A-3: For Billing, up to (3) in the Mental Health Clinic, (2) in the Addictions Clinic, and (1) in Administration Total Access to Billing = 6

3. What is the length of the contract term the County is seeking?

3-A: The Mental Health Department would purchase the integrated EMR/Scheduling/Billing program(s) and would anticipate a yearly maintenance agreement for updates etc. after the first year of implementation. We would anticipate having the ability to run our own reports (open source-code) as well as the reports that are packaged with the system. We would be less inclined to choose a program which required substantial "add-ons" (additional charges above the standard service agreements) for customized reporting we wished to run.

4. Are you happy with your current electronic billing system and if so, would you want to keep it in place and have the EHR integrate with your current billing system?

4-A: It would be our preference that the selected EMR would already be integrated with its own Scheduling and Billing system. Given the inherent difficulties in integrating an EMR with an existing Billing system not specifically designed for it, EMRs that have their own billing system (or a strong track record integrating their EMR with another billing system) would be given preference. For those who may seek to integrate with our existing billing system, please note that our current system is provided by the Ten Eleven (1011) Group and utilizes Microsoft Access. Vendors wishing to integrate their EMR/Scheduling product with the 1011 Group's billing program should contact them directly to discuss this further: <http://www.10e11.com/>

5. **Would you consider an outsourced billing system with the integrated EHR on your server or would you prefer to leave the billing in-house and have both the PM system with the integrated EHR at your location on your server?**

5-A: We would prefer to have an in-house billing system integrated with the selected EMR on our own server(s). We would prefer a system that coded services

6. **You mention 55 concurrent users-is that clinicians for the EHR? (A breakdown would be helpful).**

-How many e-Prescribers?

6-A-1: (See response in item 1-A of this document) – Total of five (5) current part-time prescribers, with the flexibility to add 1-2 more in the future.

-How many users that will be doing billing, claims processing, posting payments fiscal reports

6-A-2: (See response in item 2-A-3 of this document) – Total of 5 with access to the Billing, claims processing and fiscal reports: two (2) of which are full time active billers/claims processors/payment posters; two (2) of which are fiscal managers/Accounting Clerks who would run reports; and two (2) program supervisors who would need “read-only” access.

-How many users will be scheduling appointments or making changes to the schedule

6-A-3: (See response in item 2-A-2 of this document) – Total of up to ten (10) with access to scheduling.

7. **If we offer both client server (installed software on Seneca County servers) and hosted options do you want to see pricing on both (hardware for client server and hosting costs for hosted model)?**

7-A: We would prefer that the selected vendor's software be installed on Seneca County Servers, and would want to see pricing options that both include and exclude the hardware (servers), in case we decide to purchase our own servers separate from this bid.

8. **Are you (Seneca County) pursuing Meaningful Use funding?**

8-A: Because of the way the Federal Government has structured meaningful use funding, we are NOT pursuing that funding at this time. However, Vendors should be aware that their offering would need to allow us to be compliant with all requirements regarding availability and accessibility of patient record information pursuant to regulations surrounding RHIO's by 2014.

9. Have you considered adding e-labs (results/orders)?

9-A: If e-lab orders and results are part of a vendor's overall offering, it would be helpful to have this emphasized in the vendor's RFQ response. If e-lab orders/results are an option, we would be interested in seeing vendor quotes that show e-labs (orders and results) as a break-out item with any additional dollar amount (to the vendor's main product offering) for e-labs clearly indicated.

10. Is it a problem if not all of our references are from New York State?

10-A: No, provided your firm has at least one reference from a New York State concern, and can demonstrate a solid understanding NYS OASAS, OMH, OMIG regulations and Federal CMS requirements.

11. Under RFQ II-10 – How would you be looking for billing to be notified that the required documentation is done and therefore can be billed?

11-A: From a compliance perspective we would prefer a billing program which would not allow any bill to go out if there were no signed/valid treatment plan in effect for the date of service being entered. Likewise, we would prefer that the billing program not allow for a bill to go out if there is not yet a valid progress note covering the service to-be-billed. In both instances, reason-codes alerting the biller and the responsible clinician(s) as to the reason for the pending-bill status (i.e. "awaiting progress note") or for an inability to bill entirely (i.e. "no signed/valid Treatment Plan in effect for date of service") would be highly valued.

12. Under RFQ II-12, please give clarification as to what is meant by "ensure proper and maximized billing of services rendered and revenue collected."

12-A-1: Given that we do not employ a full time Coder, we would prefer a billing program which would take all services provided to a client on a particular day and could arrange them according to APG requirements for billing such that the respective clinic could maximize all possible revenue for the services provided (i.e. integrate price differentials for diagnoses with the doctor's visit; ensure we bill for the most expensive service first and then lower cost services that would receive the discount after that; automatically add the after-hours and other add-ons when appropriate etc.). While we are a cash accounting organization, having the ability to monitor Revenue in a manner similar to the way an accrual agency can book and track revenue (with the limits noted in 11-A above), would allow us to track/project future revenue while still remaining a cash-accounting agency

-Are you looking to use 3M Grouper?

12-A-2: It is our understanding that the 3-M Grouper is being made available to the managed care plans to allow our bills/codes to be sorted and paid-out. If the 3M grouper is part of a respondent-vendor's submission, we would want to see that mentioned in the RFQ, and any eventual RFP. If the 3M Grouper can provide the functions noted in 12-A-1, then we would

want to see that mentioned in the RFQ and any subsequent RFP, with any additional price to the standard billing program to accomplish 12-A-1 (be it through additional code for your existing product or the purchase of the 3M Grouper) clearly identified in your submission.

- 13. Under RFQ II-13, what type of integration are you looking for? Are you looking for reports that can be generated, looking for billing information per se by a period of time electronically being sent to them by the format that they request?**

13-A: In terms of the NYS Consolidated Fiscal Report (CFR), if possible we would like relevant financial data from our mental health and addictions clinic operations to flow through to the appropriate CFR lines (the CFR would be “housed” outside of the EMR system). Similarly we would like this financial data to be exportable (if a direct link cannot be achieved) to appropriate accounts and/or budget lines within the main Seneca County Financial Software program, Munis (by Tyler).

- 14. RFQ II-3 – Does the integration process include scanned documents? Please expand on what type of integration you are looking for?**

14-A: Upon day-1 of EMR implementation we would start all new and returning clients coming into the mental health and addictions clinics immediately with the EMR. We are NOT looking to have any returning clients’ records (from treatment provided prior to EMR implementation) scanned into their new EMR record. We would maintain those old records in paper form until allowed by regulations and/or law to dispose of said paper records. For those clients whose cases are open at the time of EMR implementation, we would maintain their paper record and not start them (with document scanning) on EMR immediately. Instead on or about 6 months after EMR implementation we will review each open “paper-case” at that time and make a determination as to whether the client will likely still be in treatment following the first year of EMR implementation. If so we would look to scan those client’s records ONLY. We are looking at a combined total of a little less than 2,000 clients being open at the time EMR is implemented, so a conservative estimate would be that perhaps we could see the need to scan 600 patient records for incorporation into EMR at the end of year-1 of EMR implementation. If the RFP process provides information that this scanning would be too costly, we would change over existing client records to EMR immediately and keep prior records in paper form until allowed to dispose of those records.

- 15. RFQ II-8 – What provision of back file conversion capabilities are you looking for? For the county to provide or for us to provide the conversion? Or are you simply asking if back files can be converted and added to the database as scanned documents?**

15-A: (See response in item 14-A of this document). We are in fact just asking if old paper files (select documents) for the existing clients mentioned in 14-A can be scanned into the database.

16. **RFQ II-11 – Integration of the application with MS Outlook, Excel, Word etc. to be have bi-directional functionality required?**

16-A: We would like the capacity to have MS Word, possibly a voice recognition application (i.e. Dragon-Speak) and perhaps MS Outlook Calendar (for scheduling) to have bi-directional access to the EMR. Otherwise export-only from EMR out.

17. **RFQ II-13 – Integration with the Tyler Munis financial system is too broad of a statement. We would like to see some further explanation as to what this would actually mean technically. Are we dumping a flat file to the system? Is the integration bi-directional? What is the format of the database and language used in the file creation of the Tyler system?**

17-A: We would only be looking for select financial data to flow from a vendor's Billing application into select mental health department accounts within the Munis Financial system. Right now we are manually entering-in financial data from our mental health department into the Munis system. This is not a heavy lift, but if there were an automated process for exporting financial data from a vendor's billing application into the Munis System that would be ideal. The Munis solution uses an MS SQL database.

18. **RFQ II-15 – “Transportation availability” Are you billing for transportation? How do you define “availability”?**

18-A: We do not bill for transportation. We have state aid funding which covers drivers and cars that we use to pick up and drop off clients for appointments in our Mental Health Clinic, so this function would most likely need be housed within the Scheduling application. We would want to have our drivers' work schedules contained within the Scheduling application such that we would only schedule transportation within our ability to provide said scheduling. Right now this process is all done with appointment-books.

19. **RFQ II-16 – You refer to “open source code” for the customization of reports. Are you asking of a report writer is available? Or are you requiring our source code? We use SQL for report generation.**

19-A: Yes, in addition to the “canned” reports that would come with the EMR, we ALSO want the ability write our own queries/reports. If there is an upfront cost to having this on-our-own report-writing capacity, we would want to see this built into the cost of any future proposal. We want to avoid incurring ANY additional report-writing charges (above and beyond any one-time purchase/license for report-writing and/or above any maintenance agreements we may have). We see value in mining our database to improve our outcomes, and don't want to incur an additional expense every time we wish to look at our own data in a new way.

20. How many full/part time clinicians will be accessing the EMR?

20-A: (See response noted in item 2-A-1 of this document).

21. Are all County offices affiliated with Seneca County represented by one Tax ID?

21-A: Yes, Seneca County was established on March 29, 1804 and has only one Tax ID that is used for all Seneca County offices.

22. Clarify how many locations?

22-A: We have one (1) main location for both our mental health and substance abuse clinics at 31 Thurber Driver. We have one (1) other shared (satellite) location for both clinics in Ovid. Then we have five (5) additional reduced-hours (not open full time) mental health clinic satellites in five different schools throughout the county. This yields a total of seven (7) distinct locations.

23. In question #2, does the Seneca County MH Department have a preference as to usage of a particular e-Prescribing Network Hub?

23-A: We only would be using the e-prescribing application at our Waterloo and Ovid office-locations, with the greatest volume (by far) of e-prescribing occurring at our Waterloo office location.

24. In question #10 (Key Components), you require integration of the EMR with billing and scheduling systems. Are there any current billing or scheduling systems being used that you desire to be integrated with the EMR... or are you simply requiring that the solution proposed integrates billing and scheduling with the EMR?

24-A: (See response noted in item 4-A of this document). We are simply requiring that the proposed EMR solution be integrated with a billing and scheduling application. Our current billing vendor is the 1011 Group. Those vendors wishing to integrate their EMR/Scheduling product with the 1011 Group's billing program should contact them directly to discuss this further: <http://www.10e11.com/>

25. In question #15, is there an existing transportation system that would need to be integrated into the EMR solution?

25-A: (See response in item 18-A of this document). This is purely a scheduling function such that we only schedule clients who need transportation at times when it is in-fact available (given driver schedules).

- 26. Is Seneca County Mental Health interested in a hosted solution (Software as a Service), or do you desire to host the new application within the County IT infrastructure? Can you provide a brief description of the Current County IT infrastructure (i.e. what databases are being used, operating system, etc.)?**

26-A: (See response noted in 7-A of this document). We would prefer to host the new application within our own County IT Infrastructure. The county maintains separate servers for the addictions and mental health clinic databases, and uses MS SQL. County employee computers are PCs using the MS Windows-7 Operating system with a few stragglers still using MS XP (with upgrades to Windows-7 taking place during scheduled replacements).

- 27. Are new software vendors required to register with the State of NY, Office of General Services to be eligible to respond to a future RFP?**

27-A: As far as we know, vendors are not required to register with NYS OGS to respond to any RFPs our county mental health department issues.

- 28. Will you consider a vendor with an ASP-Hosted solution? If not, do you have an infrastructure to support Citrix?**

28-A: We would prefer to host the application on our own servers. We believe our infrastructure can support the use of Citrix (i.e. XenServer, or Private Cloud) however, given the private nature of the information contained in the medical record we would prefer to host the application and have the database firmly on our own servers. If the Citrix application would be used for back-up etc. we would be willing to entertain this as an option. We may need to revisit this as Regional Health Information Organizations (RHIOs) become established and our behavioral healthcare information needs to be more accessible to other members of the RHIO who serve our patients.

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