

# Questions and Answers

## Behavioral Health Information Management and Electronic Records System Request for Proposal

**Question:**

Would it be possible for you to provide me the 2010 operating budget of Deschutes County Behavioral Health Division?

**Answer:**

Here is the link to the page where the Current Adopted Budget resides. It is available for public viewing. We are under Health Services, Behavioral Health Division.

[Adopted Budget for Deschutes County](#)

**Question:**

How many concurrent users do you expect?

**Answer:**

Behavioral Health currently employs 117 staff, an FTE equivalent of 99.85. We estimate approximately 60 concurrent users on any given day.

**Question:**

Are you looking at taking your current forms and having them look the same in the new software, are you looking for "form" software? (Basic Functionality: #13: Does the system support the use of electronic form software?)

**Answer:**

We are not looking to replicate our current paper environment in the electronic environment. We are very interested in the ability to streamline data presentation in an electronic environment. However, some degree of forms software is desirable as we do have some State required forms that would need to be populated and electronically faxed as a .pdf or .doc file or printed and mailed hardcopy.

**Question:**

Do you want software that sends out "messages" if a clinician has not completed charting on a patient? (#19: Ability to track timeliness and completion of clinical documentation and activities on a daily/monthly basis.)

**Answer:**

Our facility must comply with specific time requirements for completion of certain documents such as Assessments, Treatment Plans, Annual Reviews, etc. Compliance and

reimbursement is dependent upon this. A supervisor dashboard allowing the monitoring of pending, in process, completed and incomplete documentation by each direct report is desirable. Our supervisors and managers monitor timeliness and completion of clinical documentation for staff on their teams. Alerts indicating core documentation is incomplete is desirable.

**Question:**

What types of custom reports are being asked? (#27: Ability to prepare custom reports to be retained and run at later times.)

**Answer:**

Vendors generally offer numerous “canned” reports in their EHR products. We run reports on all sorts of data such as productivity, quality, service by payer or program, geographic location, etc. If a particular “canned” report does not quite serve our need, are we able to customize the report and save the version of the report for our use?

**Question:**

Please clarify ability to individually number each preprinted service entry document? (#29)

**Answer:**

This is an appointment succession number that allows the tracking and matching of a scheduled appointment with a charge ticket for services provided out in the field. Many of our clinicians provide services in homes, schools, courts and other agencies where they would not have remote access to the EHR. Does the system have the ability to print a service ticket for the clinician to take with them, document on and return for entry into the EHR?

**Question:**

Do you want a system that will automatically enter a Charge on a patient that has been charted? e.g., a clinician enters an IOP Note and the system automatically puts a service charge on the account? (Basic Functionality: Clinical Records Management - Monitoring and Reporting Key activities - #5: Ability to run reports comparing services recorded to notes completed)

**Answer:**

This functionality has to do with auditing. We want to be able to identify and compare, for a prescribed period of time, the number of service encounters documented in the EHR with the number of service encounters billed.

**Question:**

Clarification needed for "reimbursable from what source of funding" (#6 Ability to monitor and report 11 items of information for each client interaction....)

**Answer:**

Our facility's major sources of funding are the State of Oregon Grants, OMAP, Deschutes County, various contracts and grants. The reimbursements for services provided under specific programs are prescribed by the State, County or specific funding source. We must be able to track which services are reimbursable from which specific funding source.

**Question:**

Are you looking for a Call Log or inquiry software that enables you to enter patient information but never admit to organization? (Access Center #2)

**Answer:**

Yes.

**Question:**

Need clarification as to what you are looking for. (#3 Match client services with credentials and managed care provider lists)

**Answer:**

Under the Oregon Health Plan, all medically necessary services delivered to Medicaid eligible clients must be delivered by qualified providers with specified credentials such as QMHA, QMHP, LMP, etc. A provider's credentials determine the types of services and/or level of care they may provide to a client.

**The following questions were added 3/1/2010:**

**Question:**

Will you be responding to our questions individually or am I to be checking the website.

**Answer:**

Responses to each vendor's questions will be e-mailed to all interested vendors so that all vendors receive the same information. All questions and responses will also be posted on the website for easy reference.

**Question:**

How many concurrent users to you plan on having? I understand you have 117 staff (page 6).

**Answer:**

Behavioral Health currently employs 117 staff, an FTE equivalent of 99.85. We estimate approximately 60 concurrent users on any given day.

**Question:**

Your Standard Contract starting on page 29 as well as Part D on page 33 and Exhibit 3 on page 50 is for our information as far as if we become your selected vendor, we'll be required to complete these?

**Answer:**

All interested vendors must respond to these sections in their Proposal Response. Under Guidelines for Proposal Preparation, 2.1 Proposals (p. 9) vendors are instructed to respond completely to Section 7. Section 7 (p. 21) includes the Standard Contract and Part D. Exhibit 3 is part of the Standard Contract.

**Question:**

In Part B: Deschutes County Proposal Response Form, the proposed solution is incorrectly identified as a “Court Case Management and Financial Application Software Solution for Deschutes County Justice Court.” Would you prefer for us to update the form, or would you rather re-distribute?

**Answer:**

Please update this form to read “Behavioral Health Information Management and Electronic Records System for Deschutes County Behavioral Health”.

**Question:**

The following sections are included in the RFP body, but are not included in the required “Table of Contents for Proposal” identified in Section 3.1:

- 3.10 Contractual/Warranty Specifications
- 3.11 System Support and Maintenance
- 3.12 Installation and Support
- 3.13 Documentation and Training

In consideration of this, is it acceptable to use this revised Table of Contents so that those sections will be included?

1. Executive Summary
2. Application Requirements
3. Project Management Approach
4. Project Deliverables
5. Detailed and Itemized Pricing
6. References
7. Project Team Staffing
8. Company Overview
9. Contractual/Warranty Specifications
10. System Support and Maintenance
11. Installation and Support
12. Documentation and Training
13. Section 7: Part A – System Software Feature Set
14. Section 7: Part B – Deschutes County Proposal Response Form
15. Proof of Insurance – Section 7: Part D: Deschutes County Standard Personal Services Contract, Exhibit 2, Insurance Requirements.

**Answer:**

Yes, please use this revised table of contents so that all sections are included.

**The following questions were added 3/6/2010:**

**Question:**

In reviewing your Staff Type, we need to determine which category of staff members are full or part-time users for licenses. We define part-time users as working less than 20(twenty) hours per week and no more than 2 (two), days per week. Please clarify.

**Answer:**

According to the description provided in the question, we have 2 (two) part-time users; one psychiatrist that works 16 hours per month and one nurse practitioner that works 16 hours per week.

**Question:**

Section 7, Part A; Administrative Needs: Scheduling - Please clarify or provide examples of „Ability to schedule clients with resources, based on Payer requirements, timeliness & credentials%.

**Answer:**

Resources would include individual, family, or group therapy, medication management, case management, consultation, inpatient, outpatient and residential, etc. Timeliness refers to access guidelines that require Behavioral Health to engage healthcare consumers within a prescribed time period from initial date of contact. The types of services or level of care a clinician may provide to healthcare consumers is dependent upon the clinician,s credentials. A QMHA may not provide the same level of service a QMHP does, an LMP provides different services still. MH clinicians do not provide AOD therapy, they refer the client over to an AOD clinician. The state pays MH services differently than AOD services.

**Question:**

Concurrent users does not let us know how many providers will be submitting charges under their NPI, which would be a more exact figure to determine licensing costs.

**Answer:** We use a single organizational NPI (Type 2).

**Question:**

Pertaining to pricing for e-prescribing: How many prescribers do you have?

**Answer:**

Four prescribers: two psychiatrists and two psychiatric mental health nurse practitioners.

**Question:**

Are you expecting each vendor to quote hardware costs?

**Answer:** Yes, if the vendor requires specific hardware to support the software solution. Section 3.10 does ask for pricing for hardware and software, as well as warranty information on both. Deschutes County does reserve the right to purchase required hardware from alternate vendors.

**Question:**

Is Deschutes County looking for a server based solution or hosted?

**Answer:**

A server-based solution. Deschutes County seeks to maintain its investment in the Citrix server-based computing environment.

**Question:**

For hardware, could you please specify what you are seeking (ex: only the servers & configuration, or other equipment)?

**Answer:**

Currently Behavioral Health uses Citrix server-based computing and thin clients. If it is necessary to utilize alternate hardware and specific peripherals (i.e. fax servers, card or document scanner, patient kiosk, digital cameras, etc.) please provide quote for hardware costs.

**Question:**

Regarding the minimum system requirements of having a user-defined database for credentialing; Is the database to track the status and renewal dates of clinical staff/physicians or does the database need to function for full delegated credentialing by the County?

**Answer:**

The credentialing database will serve as a database to track the status and renewal dates of all clinical staff.

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