**COUNTY OF ALAMEDA**

**HEALTH CARE SERVICES AGENCY (HCSA)**

QUESTIONS & ANSWERS REPORT 2

**to
RFP No. HCSA-900520**

**for**

County Behavioral Health Care Operations and Revenue Cycle Management System

**Summary of Remaining Q&A Submitted in Addition to Q&A Report 1**

**Virtual Networking/Bidders Conferences held on September 2 & 3, 2020**

**Notice to Bidders**

This County of Alameda, HCSA Questions & Answers (Q&A) Document has been electronically issued to potential bidders via e-mail based on the virtual bidders conference sign-in sheets or from other sources. This Q&A Document will also be posted on the General Services Agency (GSA) Contracting Opportunities website located at <https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp>

**Bid/Contract Questions**

**Q1: The RFP states that the contract amount for the two (2) year implementation period is $2.8 million, while the amount for the 90-day Pre-Implementation Planning Phase (PIPP) is subject to contract negotiation. Is the $2.8M inclusive of implementation, licensing, support, and hosting costs for years one and two?**

*A1: Yes, the $2.8 million contract amount is intended to be inclusive of implementation, licensing, support, and hosting costs for years one and two; in addition, under the umbrella of Implementation, the budget must also cover anticipated costs for integration with Clinicians Gateway (and eCura/Encedo integration, if required).*

**Q2: During the PIPP, we understand and respect the desire to go slow and to think through this critical phase. What happens if during the PIPP, as the contract, which defines the scope and cost, will have already been executed; additional customizations are identified and need to be added to the scope? Will the County then sign a Statement of Work, approving work to begin, and committing to the additional cost?**

*A2: See A1 above. It is expected that the $2.8 million contract amount will cover the full scope of requirements for the proposed solution as outlined in the RFP. As stated on pages 1-2 of the RFP, the County may consider budgets in excess of this total if accompanied with appropriate justification, particularly for systems that exceed the County’s specifications and requirements. Should any additional enhancements emerge during contract negotiations or throughout the process of planning and implementation, the County will engage in a formal process with the selected awarded Bidder to approve potential additional cost. The County will address each of these matters with the Bidder on a case by case basis.*

**Q3: What is the timeline and expectation on when or if the County will go to an RFP for the EHR?**

*A3: ACBH is currently considering procurement of an EHR system. The County has not yet determined a timeline for release of any bid opportunity; however, ACBH anticipates that release of any RFP will take place after the July 1, 2021 start date of the Operations and Revenue Cycle Management System implementation.*

**Scope of Work Questions**

**Q4: Based on our understanding of the RFP, the County is expecting a 2 year 3 month implementation.  If the implementation were to go quicker and go live could be achieved sooner, would the county consider a shorter implementation project proposal?**

*A4: Yes, the County would consider a shorter implementation timeline. Based on the Bidder’s description of best practice and methodology, the County is open to the proposed solution and recommendations provided by the Bidder, and evaluated by the County Selection Committee, in the bid response.*

**Q5: Is the expectation for 2 years 3 months to go-live once awarded? Will there be a dedicated County implementation team or will the implementation be secondary to performing other jobs?**

*A5: The 2 year 3 month contract period is anticipated to begin on April 1, 2021; however, the start date is subject to change.*

*ACBH expects to have the proper staffing balance between supporting the implementation plan and project as well as day-to-day, ongoing operations.*

**Q6: Is there any preference or expectation for onsite vendor project management?** **Is the 3-month planning period expected to be onsite throughout?**

*A6: Bidders should propose their best implementation plan, inclusive of management of onsite vendor activities; while onsite presence is desirable and anticipated at key points throughout the implementation, it is not expected that full-time, onsite project management will be required. The COVID-19 situation and related travel restrictions will be taken into account, and Bidders should also prepare to work remotely.*

**Q7: Please describe your vision for billing private insurance. Will this be done electronically or via paper? Will you utilize a clearinghouse or go direct to the payers?**

*A7: Paper private insurance claims will remain in house at this time, as ACBH does not have a large volume of claims for county clinics nor does ACBH have any insurance contracts. There is no plan to use a clearing house at this point.*

**Q8: Are there other entities through which you will need to check eligibility electronically, via the 270/271 process, in addition to Medi-Cal?**

*A8: At this point, there is no additional need, but the situation may change in the future.*

**Q9: Regarding the number of users, the RFP states 1,500 licenses for InSyst.**

1. **Are these concurrent or named users? Our licensing is based on concurrent users; and we typically recommend a 3:1 ratio when converting from named users.**
2. **Does the 1,500 licenses only reflect InSyst? If yes, how many licenses do you have/need for eCura/Incedo?**

*A9:*

 *a. The InSyst and eCura licenses are named.*

 *b. The 1,500 licenses are only for InSyst and does not include eCura. There are 87 licenses for eCura.*

**Q10: What is the total number of prescribers operating within the County-operated programs?**

*A10:* *ACBH has approximately 40 independent e-prescribers in the MHS system at this time. In addition, there are approximately 8 nurses who only set up refills for the MDs to approve. There are 2 e-prescribers at this time in SUD. That number is expected to increase; however, a projected number is not available at this time.*

**Q11: What is the total number of prescribers needing to prescribe controlled substances within the County-operated programs?**

*A11:* *All of the independent e-prescribers mentioned above in A10 are enrolled to prescribe controlled substances.*

**Q12: What is the total number of beds that are being tracked and managed within the County-operated programs?**

*A12:* *The County has an estimated 280 (specialty mental health and substance use disorder) residential treatment beds that are tracked and managed within the County-operated programs.  In addition, the County tracks and manages acute psychiatric inpatient (hospital) admissions of its beneficiaries. Since these are emergency services and beneficiaries are admitted and treated throughout the State, there is no number of beds that the County tracks and manages.  There are over 100 acute psychiatric inpatient facilities that County beneficiaries may be admitted to.  County tracking and managing functions relate to utilization and authorization data, and for care coordination.*

**Q13: How many Health Information Exchange (HIE) interfaces should be included in the initial project scope and pricing? Please provide the names of the HIEs/systems.**

*A13: The RFP scope of work requires general capabilities for developing additional interfaces, including an HIE interface, as the need arises. Currently, the County provides a weekly outbound data extract from the current billing system to the Care Connect Social Health Information Exchange (SHIE) Community Health Record (CHR). ACBH expects the Bidder’s solution to have the functionality to allow for buildout of the interface during the implementation phase. The specifications of this interface will be discussed and negotiated with the selected awarded Bidder during contract negotiations. No other interfaces are anticipated to be specified in the initial project scope and pricing at this time.*

**Q14: Should Secure Direct Messaging be included within the initial project scope for sharing of PHI data/information with external agencies? If yes, please estimate the number of named users who will need access to this functionality?**

*A14: Bidder may include Secure Direct Messaging as part of their proposal and describe how it best fits with the implementation plan and scope of the RFP. If Secure Direct Messaging is part of the standard system roll out, then the County expects a demonstration of this feature either during the short list of vendor oral presentations or directly to the department during the PIPP. The County will determine if it will include this functionality in the project scope. If it is not part of the system, then the County does not expect any demonstration of the feature.*

**Q15: The RFP states that all County clinic and some MH/SUD CBO partners’ service information is entered by the providers into the current Clinicians Gateway EHR system and is transferred electronically into the InSyst system daily. Do you have some CBOs who utilize their own EHR system; do some use Clinicians Gateway and some do not; and what is your vision for the future?**

*A15: All county clinics use Clinician’s Gateway (CG), and all SUD providers are required to enter some clinical data into it (regardless of whether they have their own EHR or not). Some CBOs elect to use the County version of CG as their clinical system, while many other CBOs have their own electronic health record system, and use it to administer their agency operations. Service data from CG is automatically downloaded to InSyst, and the County would expect an integration with the new system to provide this same capability.*

*As it relates to this RFP, CBOs that have an EHR that also supports standard electronic transactions should have the ability to communicate client, service, and payment data with the new County systems (and a CBO that does not have such a system needs a method for direct data entry into the new County system).*

*Currently, ACBH has a hybrid EHR solution. The vision going forward will include usage of the ACBH EHR for County and CBOs. If a CBO wishes to use their own EHR, then the CBO will need to submit 837, 835, 834 and other appropriate ANSI file record layout for data submission.*

*The integration of CBO clinical data with Clinician’s Gateway is outside the scope of this RFP.*

**Q16: The RFP asks if a certified and secure Client Portal is included in the system. Please confirm that a Client Portal should be included in the initial project scope and pricing? If yes, please provide an estimate of the number of users who will access the portal?**

*A16: The County is interested in obtaining information from the vendor regarding the availability of a client portal. It is not a required element. An estimated number of users is not presently available. If a Bidder has a portal available, the Bidder should describe their pricing model for use of the portal.*

**Q17: The RFP states that Clinicians Gateway has integrated document management and third-party e-prescribing and lab orders modules, which electronically exchange client and encounter data. As bidders will need to establish interoperability with the Clinicians Gateway EHR:**

1. **What is the document management system?**
2. **What is the third-party e-prescribing and lab ordering system?**
3. **Will these systems remain, and as such, should not be included in bidder’s initial project scope and pricing?**

*A17:*

1. *Laserfiche and CG ImaViser*
2. *RXNT and Quest*
3. *The County requires an interface for service data in the billing system. The current document management systems (Laserfiche and Imaviser) are not integrated with billing and claiming. It would be valuable to have an integrated document management system to support the billing and claiming functions. It is not expected that Laserfiche be that integrated system. The County is interested to obtain information if Bidder has an integrated document management system.*

*The e-prescribing and lab modules will remain; since these systems are already integrated with Clinicians Gateway, therefore do not need to be integrated into or provided with the new billing and claiming system.*

**Q18: A majority of health record systems out there are a seamless integrated solution, what is the County’s goal for keeping the current clinical record and interfacing with a disparate billing system?**

*A18:* *The objective of the RFP is to replace the current InSyst billing system and have the newly selected billing system interface with the current clinical record, CG. The County’s goal is to have a seamless integrated system. See also A3 above.*

**Q19: What is Alameda County Behavioral Health Care Services’ strategy for integrating the electronic health record and billing system with Alameda Health System Health Records?**

*A19: This area of work will be explored as ACBH considers an RFP to replace the current EHR. ACBH shall participate in the County's data integration initiatives, including the present Alameda County Care Connect whole person care initiative, which is integrating data from multiple sources for the creation of a community health record.*