Hill Country Mental Health & Developmental Disabilities Center
Request for Proposal to Provide Electronic Health Record (EHR) Technologies

Prepared By:

Turning Market Intelligence into Business Advantage

April 3, 2020

Table of Contents

I. General Information

1. Purpose Of Request For Proposal (RFP)

The Hill Country Mental Health and Developmental Disabilities Center (Hill Country) is seeking a vendor to provide a comprehensive, electronic health record (EHR) and billing software application. Note that Hill Country has two priorities in its vendor selection process:

- The organization needs a highly functional mobile EHR solution due to its rural service delivery area.
- The selected vendor must be able to ensure the organization goes live with the new system by July 1, 2021.

2. Hill Country Information

Hill Country provides an array of services to adults, children, and families in the state of Texas. More information can be found on the organization's website: https://www.hillcountry.org/

3. Technology Solution Process & Timeline

Hill Country hopes to make a decision regarding its software technology solution by the end of August 2020. As such, the following timeline has been established:

April 3, 2020	Request for Proposal Released
April 13, 2020	Intent To Respond Due
April 14, 2020	Pre-Submittal Teleconference Meeting Tue, Apr 14, 2020 1:00 PM - 3:00 PM (CT) Please join my meeting from your computer, tablet or smartphone. https://global.gotomeeting.com/join/202676173 You can also dial in using your phone. United States: +1 (669) 224-3412 Access Code: 202-676-173
April 30, 2020	RFP Responses Due
June 9, 10, 16, or 17, 2020	Select Vendors Invited to Conduct Initial Virtual Demonstrations
July 2020	Select Vendors Invited to Two-Day Final On-Site Demonstrations
August 2020	Final Vendor Selection & Contracting.

4. General Conditions & Information

A. Publication of RFP

The timeline for events is as specified above in Section C. Hill Country will release its Request for Proposal to Provide Electronic Health Record (EHR) Technologies on April 3, 2020, by posting it on the Hill Country website at https://hillcountry.org and posting it on the State's Electronic State Business Daily (ESBD) website. Open Minds will send an email to all currently known vendors alerting the vendor to the RFP and providing a link to the website where RFP and related documents can be found.

B. Notice Of Intent To Respond

All vendors who intend to respond to this RFP must complete the Notice of Intent to Respond included in this packet and email to Clayton Mitchell at cmitchell@hillcountry.org and Wyatt Delaney at wdelaney@openminds.com.

C. Pre-Submission Telephone Conference

Hill Country and Open Minds will extend a non-mandatory Invitation to all prospective vendors to attend a pre-submittal telephone conference call on April 14, 2020, from 1:00-3:00 p.m. CDT so that all interested parties may ask questions and hear the same answers.

D. Independent Inquiries

Inquiries before or after the telephone conference call on April 14, 2020, must be submitted to Clayton Mitchell at cmitchell@hillcountry.org by email only with the “Subject” line captioned, “EHR RFP Inquiry.”

E. Posting Of Questions & Answers

All questions and all responses, whether derived from the telephone conference call or emailed will be posted on Hill Country’s website and the State’s ESBD website.

F. Submission Of Responses

RFP Responses must be submitted in writing with 10 paper copies to Clayton Mitchell, Hill Country MHDD Centers, Kerrville, TX 78028, one electronic copy to Clayton Mitchell at cmitchell@hillcountry.org, and one electronic copy to Wyatt Delaney at wdelaney@openminds.com. Electronic copies must be received no later than April 30, 2020, at 5:00 PM CT. Electronic submissions will be stamped with the time and date received before the due date. Electronic submissions received after the due date and time will NOT be considered. Hill Country will not be responsible for any document(s) that is (are) lost in the mail or not delivered by the stated deadline for any reason.

G. Opening Of RFP Responses

Proposals will be opened on May 1, 2020.

H. Withdrawal Of Proposal

A Vendor withdrawing a proposal must do so in writing by notifying Clayton Mitchell at cmitchell@hillcountry.org and Wyatt Delaney at wdelaney@openminds.com. The withdrawal must be from the same individual signing the proposal.

I. Initial RFP Review

OPEN MINDS will perform the initial vendor review of all RFP responses. Hill Country and *OPEN MINDS* will invite select Vendors to present an initial virtual demonstration on June 9, 10, 16, or 17, 2020.

J. Final Selection Of Vendors For On-Site Demonstration

Hill Country and *OPEN MINDS* will invite select vendors to a two-day final on-site demonstration in Kerrville, Texas, on during the month of July, 2020.

K. Final Vendor Selection

Hill Country will make its final vendor selection during the month of August, 2020, and begin contract negotiations.

L. Contract & Business Associate Agreement Required

The successful vendor and Hill Country will execute a contract for performance of work in accordance with the RFP with further refinements, if necessary. Part of the contract requirements will be that the successful vendor execute a Business Associate Agreement in compliance with HIPAA and maintain full confidentiality of Hill Country's proprietary or confidential information, including personal health or other personal identifying information to the extent the law provides and allows.

M. Confidentiality

No potential Vendor will be provided information that will give them a competitive advantage over the other potential Vendors. Ever

N. Irregularities.

Unless otherwise stated in the RFP, evaluation of all Proposals will be based solely upon information contained in the vendor's response to this RFP. Hill Country shall not be held responsible for errors, omissions or oversights in any vendor's response to this Proposal. Hill Country may waive technical irregularities, which do not alter the price or quality of the services. The inability of a vendor to provide one or more of the required components or specified features required by this Proposal does not, in and of itself, preclude acceptance by Hill Country of the Proposal. All Proposals will be evaluated as a whole in the best interest of Hill Country.

O. Reservation of Rights.

Hill Country reserves to rights to:

- Reject all proposals received
- Change, add, or delete contract deliverables prior to selection
- Suspend the procurement process at any time
- Cancel the RFP at its sole discretion
- Request respondents to clarify their proposal and or submit additional information pertaining to the proposal, including issuance of RFP addenda.

P. Costs of Proposal.

This RFP does not obligate Hill Country to pay any costs incurred by respondents in the preparation and submission of proposals in anticipation of a contract. Should an award be made and notice of award will be issued.

Q. Funding.

This award will be contingent upon the funding by the Legislature being available in each subsequent fiscal year.

R. Non-Discrimination Policy.

Hill Country does not discriminate against any individual or vendor with respect to his/her compensation, terms, conditions, or award of contract because of race, color, religion, sex, national origin, age, disability, political affiliation, or limit, segregate, or classify candidates for award of contract in any way which would deprive or tend to deprive any individual or company of business opportunities or otherwise adversely affect status as a vendor because of race, color, religion, sex, national origin, age, disability, or political affiliation.

S. Immigration Reform and Control Act.

The successful vendor shall provide appropriate identification and employment eligibility documents and complete Form W-9 to meet requirements of the Immigration Reform and Control Act of 1986.

T. Historically Underutilized Businesses.

Hill Country shall make a good faith effort to utilize Historically Underutilized Businesses (HUBs) in contracts for services, (including professional and consulting services). Please submit proof of Historically Underutilized Business "HUB" state certificate. Submit the form with your response along with a copy of the subcontractor certificate.

U. Minority / Women and /or Disadvantaged Business.

Hill Country shall make a good faith effort to utilize Minority/Women and/or Disadvantaged Businesses (M/W/DBE's) in contracts for services, (including professional and consulting services). Please submit proof of City/State M/W/DBE certificate.

V. Direct or Indirect Assignment.

The successful vendor will not be permitted to directly or indirectly assign rights and duties under the contract without express approval by Hill Country.

W. Offer and Acceptance Period.

Responses to this Proposal must be an irrevocable offer valid for one hundred and eighty (180) days after due date.

X. False Statements by Vendors.

Hill Country shall have the right to reject responses to this Proposal containing a statement, representation, warranty or certification which is determined by Hill Country and its counsel to be materially false, incorrect, misleading or incomplete. Additionally, any errors, omissions, or oversights of a material nature may constitute grounds for rejection of any response to this Proposal.

Y. Availability of the Proposal.

After opening, each response to this Proposal, except those portions for which a vendor has included a written request for confidentially (e.g., proprietary information), shall be open to public inspection.

Z. Retention of Proposals.

All responses to this Proposal document considered by Hill Country shall become the property of The Harris Center and shall not be returned.

AA.Conflict of Interest Provision.

The conflict of interest provision is applicable, in that contractors who develop or draft specifications, requirements, statements of work and/or RFP for a proposed procurement shall be excluded from bidding or submitting a proposal to compete for the award of such procurement.

BB.Vendor Eligibility.

Vendors must be in good standing with any state or federal agency from which the Vendor receives funds. If a state or federal agency has terminated a Vendor's contract within the last twelve (12) months for deficiencies in performance of the contract, the Vendor is not eligible to submit a proposal to this RFP. Additionally, any Vendor who has been debarred, suspended, or otherwise excluded from, or in ineligible for participation I n federal assistance programs, is not eligible to submit a proposal. We encourage HUB, HUD, and WBE to apply.

CC. Applicable Law and Venue.

The contract issued by way of this RFP shall be governed, construed, and interpreted under the laws of the State of Texas for any litigation arising under the contract. Venue shall lie in Kerr County, Texas.

DD.Texas Public Information Act.

All information contained in proposal packet is subject to the Texas Public Information Act (the Act), located in the Texas Government Code, Chapter 552. Any member of the public, including the news media and competitors, may submit an open records request for the information contained in the proposal packet. Subject to the Act, Proposers may protect trade secret and confidential information from public release. All information the proposer believes to be confidential, a trade secret or proprietary information must clearly mark such information in boldface type and include the word “CONFIDENTIAL”, “PROPRIETARY” or “TRADE SECRET” at the top of every applicable page. Proposers should consult with their legal counsel regarding disclosure issues and take the appropriate precautions to safeguard trade secrets, proprietary information or other confidential documents.

Vendors are cautioned that once a response to a solicitation is opened, all information contained therein will be available to the PUBLIC unless the information is accepted from the requirements of Government Code Section 552 pertaining to Open Records.

Hill Country cannot guarantee that it will not be compelled to disclose all or part of any proposal, since the information deemed to be confidential by the Proposer may not be considered confidential under Texas law or pursuant to a court order. In the event Hill Country receives a request for portions or all of a proposal packet marked “confidential’, “trade secret” or “proprietary”, then Hill Country will forward the request to the office of the Texas Attorney General. Hill Country will notify the proposer whose proposal is subject to the request. Hill Country will assume no obligation for asserting legal arguments on behalf of the Proposer. Proposers are solely responsible for submitting a brief and the documents in issue to the Texas Attorney General. At all times, Hill Country will comply with the provisions of the Texas Public Information Act as required by State law. Hill Country must comply with the decision of the Attorney General, including decisions to release information marked “CONFIDENTIAL”, “TRADE SECRET” or “PROPRIETARY”.

5. Response Package Components

Responses to this RFP must include the following components:

A. Vendor Overview

In this section, describe your company and what key qualifications you have to meet Hill Country's needs. Please include the following as part of the description of your company:

a. Total number of customers

b. Number and names of states you currently have customers in

c. Names of Texas customers

d. Total number of staff equivalents, with information about both the percentage of staff devoted to development and to implementation

e. Number of EHR implementations completed in 2018 and 2019

f. Number of EHR implementation obligations committed to for 2020 and 2021

g. Number of new EHR contracts signed in 2018 and 2019

h. Average length of time (duration in months from kick-off to go-live) for EHR implementations over the last two years

i. Dollar amount of annual recurring revenue for your company for the proposed software product for 2019.

In addition, complete Appendix A: Customer Market Information, to tell us about the number of customers you have, and which states they are located in.

B. Technical Information & Infrastructure Requirements

In this section, Hill Country is looking for detailed technical information about your software solution architecture, as well as the infrastructure requirements needed to successfully deploy your application. Please detail the hardware, network, and communication infrastructure requirements and third-party software needed to support your application, as well as any other technical information you deem necessary to understand how to fully deploy and support your application.

C. Training, Implementation, Support, Data Conversion, & Software Upgrades

In this section, describe your organization's overall client services methodology, including the typical approaches to training, implementation, support SLA, data conversion, software version release-control and upgrades. Include the following detailed information in this section:

- The number of full-time equivalent (FTE) staff members you have in each of these operational areas
- Provide an overview of the typical new implementation project team, include the names and/or roles of key team members that would be involved from kick-off to go-live, then those responsible for postproduction support
- Information on typical implementation services, including key tasks, timelines, and staff members involved both from your organization and the purchaser
- The operations of your Help Desk Information about User Groups
- Information about how customers are involved in the software enhancement decision process and how frequently feature/functionality upgrades occur.

D. Hill Country Staff Requirements During & After Implementation

In this section, describe your recommendations regarding the number of staff and skillsets recommended for Hill Country (in particular, within its technology department) both during implementation and after go- live.

E. Configurable Form & Field Capability

In this section, detail how your software solution will support the creation of electronic health records as well as any other electronic data forms that Hill Country needs and how end users (versus you as the vendor) will be able to customize the electronic record. Hill Country is expecting to find a highly configurable system that supports its changing needs for data collection and electronic health records.

F. Report-Writing Capabilities

In this section, please describe the report-writing capability of your technology solution, including a listing and description of standard reports, export capabilities, compatibility with other applications, ease of use, etc. Specifically, Hill Country desires the following key elements in a report-writer:

- A report-writer that is comprehensive and easy to use, allowing for reporting on all data elements in the system
- Ability to write custom reports and write/use stored procedures Data-warehouse and data mining capabilities
- A data dictionary and supporting documentation
- An extensive library of reports, with commonly used queries and sorts that can be easily customized as needed by the customer
- Ability to save and name report templates Ability to run reports in batches
- Ability to run reports or report batches at scheduled times
- Ability to support all state and other externally mandated reporting requirements for authorities and providers in Texas
- Ability to create management information dashboards
- Ability to control user access to specific reports or groups of reports Ability to create graphs or charts.

G. Additional Business Intelligence Tools

If your organization also offers additional business intelligence tools for reporting executive and management metrics, or has a partner that provides these tools, please describe the functionality in detail here. Also describe, if available, any API's or XML/HL7 interfaces to third-party BI systems.

H. Scanning, Document Management, & Record Release Capabilities

In this section, detail how your software solution supports scanning and managing documents images that are created by other parties so that they can be included in an electronic health record. Additionally, describe how the system supports releasing parts or all of the electronic health records to other parties, both in paper and secure electronic formats.

I. Laboratory Interfaces

In this section, describe your organization's expertise in interfacing with laboratories. Currently, the organization uses the following companies for laboratory services: Clinical Pathology Laboratories, Quest Diagnostics, LabCorp, Kimberly Hospital (Junction, Texas), Hill Country Memorial Hospital (Fredericksburg, TX).

J. Accounting and Payroll/Human Resource Software Interfaces

In this section, describe your organization's expertise in interfacing with accounting/GL and payroll systems. Currently, the organization uses Abila MIP® Fund Accounting for its accounting/GL system and PayCom for its payroll and human resource software.

K. Overall Software Development Plans & Technical Direction

Hill Country would like to know your overall plans for continued software (architecture) and business development, as well as the technical direction in which you plan to take your products and services. If you have either short and/or long-term roadmaps about product enhancements or other initiatives, please describe them here.

L. Patient Portal

In this section, please describe what internet-web based "portal" capabilities your software has for patients to securely access the system, and detail what functionality is available with the various portals.

M. Primary Care Functionality.

In this section, describe any functionality or modules your software solution has for supporting primary care service documentation and billing including automated interfaces to 3rd party providers.

N. Support for Assessment Instruments

In this section, describe your software's functionality in supporting the use of mental health and substance use assessment and scoring tools.

O. Description of Available Billing Edits for Claims

In this section, describe in detail how the system edits claims for billing requirements and how this helps improve billing collection. Include a list and description of all system edits that affect billing logic. Also, indicate which edits can be turned on or off by the provider organization.

P. Support for Evaluation & Management (E&M) Code Billing

In this section, describe how the system supports Evaluation and Management (E&M) billing requirements and documentation.

Q. Consumer Budget & Voucher Functionality Support

Please indicate if your system supports the ability for an organization to manage the dollars and services for patients who receive an annual budget amount or voucher for their person-centered plan. This would likely include the following:

- Ability to record an annual budget for the patient's person-centered plan
- Ability to record the planned services that are part of the budget and plan, including the number of services, rates paid for services, and the person or organization providing the services (internal or external)
- Ability to monitor service delivery, service utilization, and compare with the budget and service plan.

R. Experience in the Texas Market

Describe your organization's experience in the Texas market, including support for State versions of electronic billing forms, compliance reports, interfaces, etc. If your system does not currently support Texas reporting requirements, please detail your experience in other states. The Texas reporting includes the following: CARE Batch Information, Clinical Management for Behavioral Health Services data (CMBHS), MBOW outcomes data, and Texas Medicaid & Healthcare Partnership (TMHP) data.

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S. Certified Community Behavioral Health Center (CCBHC) Support

Describe how your software solution supports the documentation, billing, and metrics reporting requirements for CCBHCs.

T. Staff Time Tracking

Describe how your software solution supports tracking all staff time, including non-billable services for productivity management. Does the system have an integrated staff scheduling module?

U. Language Translation Support

Describe any support your software solution has for translating consumer documents from English to other languages.

V. Electronic Visit Verification

Describe if your system is currently capable of doing electronic visit verifications when staff members visit homes or other settings for individuals, or if your system can interface with electronic verification systems.

W. Disaster Recover & Business Continuity Plans

Please describe your organization's disaster recovery and business continuity plans in case of disaster. Please make certain your response to this section answers the following questions:

- In the event of a system outage, what is the standard Service Level Agreement (SLA) for notification of this outage to patients? Additionally, what are the intervals in which patients are updated until resolution?
- In the event of a system outage, what is the data reconciliation process between manually entered data and existing data within the system to ensure data completeness once an outage has been resolved?

X. Security Breaches

Please address the following with regard to security breaches:

- Has your organization experienced a security breach of any kind within the past five years? If your organization has experienced a security breach of any kind within the past five years:
  - What was the nature of the breach?
  - How were patients notified?
  - How was it resolved?
- What are the SLA's for patient notification when a security breach occurs? On average, what is the turnaround time for resolution of a security breach?

Y. Audit Tools

In this section, please detail what audit tools and reporting your system has and how it supports overall compliance with billing and documentation requirements, include attestation that your EHR is certified (SSAE-16 or similar), and the current certification(s).

Z. Additional Questions

- Please provide answers to the following additional questions:
- What is the legal status and state of incorporation of the company? What year was the company established?
- Who are the principal officers of the company, and what are their positions? Who are the other members of the executive team, and what are their positions? Has the company filed for bankruptcy in the last five years?
- Is there or has there been any litigation against the company in the past five years? If so, please describe.
- Do you have any employees or contractors who are outside of the United States? Is all software development done in-house?
- Is the data for the EHR stored outside of the United States?

AA. Cost

In this section, detail the cost for your software technology solution. The information should clearly distinguish between one-time and on-going, reoccurring costs, and include an easy-to-understand summary of the total expected cost of use for each of the first five years. Assume a count of 500 named users. Please make sure you provide pricing for all modules or tools that you have available or anticipate having available in the next five years.

Additionally, please complete the Excel spreadsheet labeled Appendix B: Vendor Pricing Template, summarizing costs for your recommended solutions (excluding hardware, network, and telecommunication costs) for a five-year period. If you offer both cloud-based and non-cloud-based solutions, please provide detailed pricing information for both (and complete two versions of Appendix B: Vendor Pricing Template).

BB. Functionality Summary Sheet

This component is Appendix C: Functional Specifications Scoring Sheets. It is used to summarize the functional capabilities of your technology solutions (These capabilities are detailed in the Section E of this RFP).

CC. Detailed Implementation Plan & Scope of Work

Please include a proposed implementation plan specifically for Hill Country. This plan must ensure that Hill Country has gone live on the new EHR by July 1, 2021.

DD. Customer Information

In this section, please use Appendix D: Customer Contact Information to provide contact information for a minimum of 25 customers. Be certain to include all customers who are currently implementing your software product and Texas customers. Please indicate the customers whose scope of business and service lines are like those of Hill Country.

EE. Functional Specifications Comments (Optional)

In this optional section, you may add additional comments on the individual functional specifications as referenced in Appendix C: Functional Specifications Scoring Sheets, if desired. *This section is not required*.

FF. Additional Information (Optional)

In this optional section, you may provide any additional information you feel would be valuable to Hill Country in evaluating your company and its software technology solution. *This section is not required.*

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6. Functional Specifications List

Hill Country has identified several software functional needs that apply to its business. The functional needs are grouped into the following categories:

A. Overall Individual Demographic Information
B. Individual Clinical & Electronic Record Functionality
C. Referral & Admissions Functionality
D. Psychiatry & Nursing Services
E. Additional Shelter, Housing, Residential, & Day Program Functionality
F. Additional Case Management, ACT, & Supportive Housing Program Functionality
G. Additional Outpatient Functionality
H. Adult Foster Care Functionality
I. Employment Services Functionality
J. Additional Compliance, Quality Assurance, & Medical Record Functionality
K. Billing & Accounts Receivable Functionality
L. Other Core System Functionality.

Vendor responses to the functional specifications should be recorded in Appendix C. Vendors will use the summary sheets in Appendix C to code their responses as to whether or not the functionality is available in their application. Additionally, vendors can use the ‘comments’ column of the summary sheet to indicate that they have a comment about the specification.

A. Overall Individual Demographic Information

A1. ***Standard & Program Specific Individual Demographic Data*** – The software supports recording all individual demographic data required for tracking those receiving services, as well as those required for standard third-party billing functions.

A2. ***Alias & Previous Name Support*** – The system supports tracking previous names and aliases for individuals, children, and family members throughout the system, including within the billing module.

A3. ***Individual Photo*** – The software supports the import and viewing of individuals' photos for identification purposes.

A4. ***Discharge Planning & Referral Tracking*** – The software supports detailed discharge planning from service and clinical programs, including community providers referred to and their areas of expertise.

A5. ***Family & Relationship Tracking*** – The software supports recording family members and other relationships for all individuals in care.

B. Individual Clinical & Electronic Record Functionality

B1. ***DSM & ICD Diagnoses*** – The software allows users to record a DSM diagnosis and translates the diagnosis to ICD codes as required by third-party payers. The system contains diagnostic checklists or other tools to help ensure that the diagnostic criteria for DSM/ICD diagnoses are met. This includes support for all ICD diagnoses for medical conditions. The diagnosis data is date sensitive.

B2. ***Master Individual Service Plans*** – The software allows users to record all individual service plans, including identified problems and goals for treatment, objectives, and interventions. Service plans reflect individual-focused mental health recovery model language and approaches.

B3. ***Program Specific Service Plans –*** *The software supports the ability to have different versions of a service plan by program.*

B4. ***Care Provider Tracking*** – The software allows users to record all assigned care providers (e.g., primary clinician, case manager, psychiatrist, etc.) and be date-of-service sensitive.

B5. ***Individual Electronic Signature*** – The software supports the ability to import and document individual and responsible party signatures from signature pad devices (e.g., for consent for treatment, receipt of mandated information, etc.).

B6. ***Staff Electronic Medical Record Signature Standard Compliance*** – The software supports national standards for signing electronic medical records.

B7. ***Support for Multiple Signature Requirements & Progress Note Roll-Up*** – The system supports instances when multiple staff members write and sign a medical record note (e.g., for day treatment services, supervisor signatures, or shift notes).

B8. ***Custom Assessment Tools*** – The system supports the ability to create custom assessment tools, including calculation, storing, and export capabilities for assessment scores.

B9. ***Customizable Progress, Telephone, & Shift Notes*** – The software supports clinical notes for individual, group, and family sessions, telephone contact notes, and staffing shift notes. These notes are customizable by the organization to best meet the needs of individuals' programs.

B10. ***Group Notes*** – The system easily handles progress notes for group therapy services such that individual notes and "group" notes can be done simultaneously, becoming part of individuals' records.

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C. Referral & Admissions Functionality

C1. ***Admission, Transfers, & Discharge Information*** – The software allows users to record service and program admission and discharge information for each individual, overall, and by service line or program.

C2. ***Extensive Call Tracking & Disposition Data*** – The system supports tracking detailed referral call information for all programs and services and data about the disposition of each call. The system also has the ability to support staff in tracking important information about each referral.

C3. ***Internal Referral Tracking*** **–** The software supports tracking of referral from one program to another at Hill Country.

C4. ***Referral & Admission Notes*** – The system should have notes capabilities to support staff in tracking important information about each admission and case. These might include notes about the utilization review process, issues for billing staff to address, or other requirements.

C5. ***Waitlist Tracking*** – The software supports tracking individuals on waitlists for specific services, clinicians, and/or programs.

D. Psychiatry & Nursing Services Functionality

D1. ***Medication Monitoring*** – The system allows users to record and monitor medications for individuals in care, including drug name, dosage, date range, and prescribing physician.

D2. ***Medical Conditions, Vital Signs, & Metrics*** – The software allows staff to track other medical conditions and have appropriate alerts as needed (e.g., for medication allergies, etc.), as well as vital signs and medical metrics such as the Abnormal Involuntary Movement Scale (AIMS), weight, blood pressure, body mass index (BMI), sugar levels, etc.

D3. ***Medication Administration Records (eMAR)*** – The system includes an electronic medication administration record (eMAR) to ensure that all medications are administered correctly to the right individuals in care.

D4. ***Electronic Prescription Transmission*** – The software supports sending electronic prescriptions (eRX) or faxes to external pharmacies.

D5. ***Electronic Prescribing of Controlled Substances*** – The software supports sending electronic prescriptions (eRX) or faxes to external pharmacies for controlled substance.

D6. ***Tamper-Resistant Prescription Printing*** – The software supports printing prescriptions that comply with CMS' requirements regarding tamper-resistant prescription pads.

D7. ***Links to Medication Information, Drug Interactions, & Contraindications*** – The software allows easy access to web-based information about drug interactions, contraindications, and individual drug information.

D8. ***Laboratory Interface*** – The software supports sending data to and from laboratories for laboratory testing as well as the ability to track laboratory results over time for individual individuals.

D9. ***Laboratory Result & Medical Condition Alerts*** – The system supports alerting clinical staff when lab results or other medical metrics are outside normal criteria.

D10. ***Lab Order Alerts*** – The system has the ability to trigger alerts to an assigned professional regarding lab order sets related to a specific medication or medical condition.

D11. ***Laboratory Orders Sets*** – The system supports creation of sets of commonly grouped laboratory orders.

D12. ***Medication Consents*** – The system generates medication consents and medication information documentation based on a content library that includes best practice/FDA-based information.

D13. ***Injection Monitoring & Tickler*** – The system should allow prescribers to easily see a history of injections administered to individuals (for example, for long-acting injecting psychotropic medications), as well as remind prescribers when the next injections are due.

D14. ***Documentation of Informed Consent*** – The system supports requesting and obtaining informed consent from responsible parties for when medications are prescribed or changed.

D15. ***Medication Authorization Tracking*** – The software supports date-of-service sensitive medication authorizations.

D16. ***Prescription Refill Reminders*** - The software supports reminding staff about the need for prescription refills or when prescriptions will expire.

D17. ***Pharmacy Inventory for Separate Individuals*** – The system support maintaining and managing the inventory of medication on-site for separate individuals.

D18. ***Physician & Care Provider Order Support*** – The software should record, track, and route various types of physician or care provider orders (including labs, medications, dietary needs, special watch, etc.)

E. Additional Shelter, Housing, Residential, & Day Program Functionality

E1. ***Bed Assignment & Management*** – The system supports the ability to search for available beds or slots (for shelters, housing units, inpatient units, residential facilities, and day programs), admitting to open beds, and managing censuses. It also supports tracking when beds become available, require housekeeping or medical device set-ups, or other requirements before patient placement can occur.

E2. ***Day Program Attendance Tracking & Unit Census Management*** – The software supports the ability to track attendance in the organization's day programs (in minutes, hours, and/or by services), including the times individuals came into the program, left the program, and census information for the various bed- or slot-based programs.

E3. ***Personal Inventory Log*** – The system should support a date-sensitive list of personal property (including medications) for individuals receiving services/in care.

E4. ***Periodic Individual Checks & Vital Sign Monitoring Support*** – The system should support reminding, monitoring, and documenting periodic medical checks on patients in care (such as checking vital signs or other medical metrics for patient in detoxification, suicide watches, etc.).

E5. ***"Individual At A Glance" Functionality*** – The system should support the easy viewing of summary clinical and medication information for individuals to aid physicians and care providers in getting a quick overview of conditions and recent events.

E6. ***External Consult Tracking*** – The system supports scheduling and tracking when individuals are referred for outside clinical or medical consultation.

E7. ***Bed Board*** – The system should support a traditional hospital bed board to keep track of individuals in beds, the status of each bed, and the availability of beds.

F. Additional Case Management, ACT, & Supportive Housing Program Functionality

F1. ***Case Management & Care Plans*** – The software allows users to record individual case management and care plans, including problems, goals, objectives, and interventions/approaches. These plans should reflect individual-focused mental health recovery model language and approaches.

F2. ***Care Provider Tracking*** – The software allows users to record all assigned care providers (e.g., case managers, ACT team members, etc.) and be date-of-service sensitive.

F3. ***Case Management Notifications*** – The software supports notifying case management and psychosocial program staff of key events when they occur for individuals in care (e.g., no-shows, admissions and discharges, critical incidents, etc.).

G. Additional Outpatient Functionality

G1. ***Resource-Based Appointment Scheduler Capabilities*** – The system supports centralized scheduling functions, including rules-based user assistance in finding available appointments based on service needs, payer requirements, staff credentials and specialty areas, etc.

G2. ***Group Scheduling Support*** – The system supports scheduling appointment for group therapy, including support for scheduling attendance for the designated number of slots for each group.

G3. ***Front Desk Cash Application*** – The system supports self-pay payment receipt and cash application at office reception locations.

G4. ***Individual Arrival Notification*** – The software has some way of indicating in the scheduler that an individual has arrived for an appointment to eliminate the need for the front desk staff to call the clinician's office. The software also indicates the time the individual arrived to monitor wait times.

G5. ***Front Desk Individual Financial Summary Information Access*** – The software provides front desk staff easy access to summary individual financial information such as co-payments required, self-pay balances, authorization statuses, required form updates, requests or notes from billing staff, etc.

G6. ***Automated Schedule Alerts*** – The software allows for automated appointment reminders including automated telephone calls, emails, and SMS text messages.

H. Adult Foster Care Functionality

H1. ***Foster Family Referral & Recruitment Tracking*** – The system supports tracking foster family referral call information and data about the disposition of each call, including the reasons prospective parents were not accepted as potential resource parents. The system has noting capabilities to support staff in tracking important information about each potential foster family and follow-up recruitment activities.

H2. ***Foster Family Tracking*** – The system is able to record standard demographic data for foster families. This data should include, but is not limited to, addresses, phone numbers, contact persons, licenses, certifications, specialty areas, number of certified beds, current children in care, etc.

H3. ***Family Placement History*** – The system allows staff to track the complete placement history of individuals in foster care.

H4. ***Family "Tickler" Functions*** – The system records, reminds, and reports required events or processes for foster families, such as re-contracting, re-credentialing, etc.

I. Employment Services Functionality

I1. ***Employment Services Data Tracking & Individual Matching*** – The system should support tracking employers used in the organization's employment services programs, including data about job positions, job requirements, and support for matching individuals with available positions.

I2. ***Individual Employment History*** – The system should support tracking individual employment placement histories.

I3. ***Employer Services Data Tracking*** – The system should also support tracking services delivered directly to employers and other companies, including management counseling and training to support employment, critical incident counseling, etc.

I4. ***Employment Services Authorization Support*** - The software supports date-of-service tracking requested and recording employment service authorizations from payers.

J. Additional Compliance, Quality Assurance, & Medical Record Functionality

J1. ***Alerts or "Tickler" Capabilities*** – The software allows users to indicate required components of health/case records, files, outcome measures, satisfaction surveying, and/or required actions. The software also has a companion reporting and editing system for identifying incomplete files or pending requirements. The "tickler" system will be linked to the staff alert and messaging system.

J2. ***Satisfaction & Outcomes Tracking & Analysis*** – The software has the ability to track date-sensitive, program-specific satisfaction and outcome data for individuals, as well as robust capabilities for analyzing this information.

J3. ***Critical Incident & Other Required Reporting*** – The software supports serious incident and other required reporting and follow-up, including tracking seclusions and restraints, medication errors, police interventions, abuse and neglect reporting, etc. Also, the software supports tracking of the investigation of suspected human rights violations, etc. The system allows the tracking of multiple events within a single critical incident if needed.

J4. ***High Level Risk Flagging*** – The system should support labeling individuals with high levels of risk so that staff are easily alerted.

J5. ***Physical Hold Requirements Support*** – This system supports detailed monitoring of when physical holds occur, including all required documentation and notification to appropriate parties to ensure that all licensing and other requirements are met when physical holds are used.

J6. ***Track Clinical Documentation Compliance*** – The software has some mechanism for tracking and ensuring that clinical documentation have been completed for all services entered and billed.

J7. ***Track Progress Note Compliance*** – The software has some mechanism for tracking and ensuring that progress notes have been completed for all services entered and billed. Ideally, there should be flexibility in setting up the alerts and parameters regarding requirements for the progress notes and other documentation.

J8. ***VIP Medical Records Protection*** – The software supports locking a medical record so that only specific individual staff members can access it for cases where the individual is a VIP, special, and/or a sensitive case.

J9. ***Medical Record Access Override Support ("Break the Glass Functionality")*** – The system supports emergency overrides of system access controls for when clinical or other staff need emergency access to electronic medical records that they would normally not have access to. This should include the ability to record the override event and the reason for emergency access.

J10. ***Security Access Delegation*** – The software supports the ability to temporarily transfer an individual's caseload (and related record access) to another staff person when needed (e.g., when covering for someone on vacation or when a staff member leaves).

J11. ***Release of Information Tracking*** – The software supports the ability to track the release of records regardless of the release format (e.g. paper or electronic). This includes storing the request associated with the release, information detailing the records that were released, and when the release occurred.

J12. ***Record Access Tracking*** – The software has the capacity to report on user access to records and demonstrate detailed logging to ensure HIPAA Compliance and auditing for protected health information (PHI).

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K. Billing & Accounts Receivable (A/R) Functionality

K1. ***Service Entry*** – The software supports user-friendly data entry of billable and non-billable services.

K2. ***Pre-Billing Edits*** – The software has edit capabilities based upon payer requirements and authorization data to prevent billing of claims that are likely to be rejected for payment. This includes more complex payer rules, such as a limitation on the number of particular services that can occur in a time frame.

K3. ***Individual Fee-For-Service, Per Diem, & Contract Billing*** – The software supports traditional outpatient billing, per diem billing, and grant or contract fund billing, including support for the billing logic of individual payers.

K4. ***Complex Billing Requirement Support*** – The system should support more complex billing requirements such as billing net charges instead of gross, billing bed days but not ancillary charges, bundling services, allowing staff to manually edit final bills, etc.

K5. ***Standard A/R Functionality*** – The software supports standard A/R functionality for billing third-party payers, including payment posting, contractual expense write-offs, bad debt write-offs, balance billing, and rebilling.

K6. ***Automatic Contractual Expense Posting*** – The software will automatically post contractual expenses to reduce claim amounts from the gross charge to the fee screen for the specific payer and service.

K7. ***Individual "Payment on Account" Support*** – The software supports posting an individual payment as a "payment on account" to a particular claim or series of claims during the time period when the claim or claims are currently billed to another payer (e.g. to a commercial insurance). Ideally, the system would automatically apply the payment on account when the claims are balanced billed to self-pay.

K8. ***Multiple Write-Off Codes*** – The system supports the coding of multiple write-off reasons or codes so that financial staff can better track write-offs and adjustments to the accounts receivable.

K9. ***A/R Notes for Collection & Follow-Op*** – The system supports the ability for financial staff to maintain individual and claim notes on accounts receivable and collection activity to aid in managing and collecting the accounts receivable.

K10. ***Individual Payer & Service Authorization Data*** – The software supports date-of-service sensitive payer data and service authorizations required for billing for all individuals in care (by units, sessions, and/or dollars). It includes the ability to record multiple payers for each individual with standard "waterfall" logic for third-party billing.

K11. ***Individual Sliding-Scale Fee Screen*** – The software supports individual-specific sliding-scale fees for services in both flat fees and as a percentage of the gross service charge.

K12. ***Electronic Remittance Posting & Waterfall Billing*** – The software supports electronic remittance posting (835) for both payments and denials, and then automatic billing for paid claims to the next payer for individuals ("waterfall billing").

K13. ***Guarantor Private Pay Statements*** – The software supports generating guarantor private pay statements with flexible content.

K14. ***Payer Eligibility Data Import*** – The software supports import of payer eligibility data (270/271).

K15. ***Individual Fund Tracking*** – The software assists staff in tracking individual funds that are monitored by the organization, including fund receipts and disbursements.

K16. ***Transportation Billing*** – The system should support billing for individual transportation services, including support for fixed-rate and mileage-based billing.

K17. ***Evaluation & Management Code Selection Assistance*** – Ideally, the system should support the selection of the correct evaluation and management (E & M) code for services based on length of time, intensity, and other factors.

K18. ***Individual Claim Payment Posting Capability*** – The software supports the ability for a payment to be applied to a specific service date and procedure.

K19. ***Billing/Collection Ticklers*** – The system has the ability to set reminders for tasks necessary related to billing and collection based on client/payer data.

K20. ***Bed Day Hold & Leave of Absence Support & Billing*** – The system supports the billing requirements related to placing beds on hold or indicating leaves of absence.

K21. ***Clearinghouse Interface*** – The system should support billing select payers to a clearing house instead of to payers directly.

K22. ***Clinician Credentialing & Privileging Data for Billing*** – The system supports tracking all clinician credentials and payer privileging data used for billing edits and billing claims, including payer-specific identifiers.

K23. ***Payers Rules for Billing*** – The system supports payer-specific billing edits and rules, including indicating whether or not specific services are covered for billing and payment.

K24. ***Procedure Code & Net Revenue Selection for Services*** – The system supports determining the correct procedure code (and modifier code if required), as well as the net revenue for a service (fee screen) based upon payer, clinician privileges, date of service, location, and clinical program.

L. Other Core System Functionality

L1. ***Secure Internal Staff Alert & Messaging System*** – The software supports the ability to alert and message the organization's staff for important clinical and administrative needs. This should also include the ability to message multiple staff members in case of emergency.

L2. ***Microsoft Outlook Integration*** – Ideally, the system would support two-way integration of the systems appointment scheduler module with Microsoft Outlook.

L3. ***Google Maps Integration*** – Ideally, the system would support integration with Google Maps for addresses in the system to aid staff in planning travel.

L4. ***Staff To-Do Lists*** – Ideally, the system would support the ability for staff members to create individual to-do lists, in addition to whatever reminders or prompts are already system generated.

L5. ***Voice Recognition Software & Transcription Support*** – The software supports the use of voice recognition software by clinical staff during clinical record keeping, as well as the utilization of transcription services.

Appendix A: Customer Market Information

Instructions: Please indicate the number of customers/contracts you currently have in each state as well as an estimated number of users.

State	Number Of Customers/ Contracts	Estimated Number Of Users
AL		
AK		
AR		
AZ		
CA		
CO		
CT		
DC		
DE		
FL		
GA		
HI		
IA		
ID		
IL		
IN		
KS		
KY		
LA		
MA		
MD		
ME		
MI		
MN		
MO		
MS		
MT		
NC		
ND		
NE		
NH		
NJ		
NM		
NV		
NY		
OH		
OK		
OR		

PA		
RI		
SC		
SD		
TN		
TX		
UT		
VA		
VT		
WA		
WI		
WV		
WY		
Outside The USA		
TOTALS		

Appendix B: Vendor Pricing Template

Hill Country Community Mental Health & Developmental Disabilities Centers - Request For Proposal

Vendor Name

Section #1: One-time Costs

	Year One	Year Two	Year Three	Year Four	Year Five	Total
Software License	$ -	$ -	$ -	$ -	$ -	$ -
Training	$ -	$ -	$ -	$ -	$ -	$ -
Implementation	$ -	$ -	$ -	$ -	$ -	$ -
Data Conversion	$ -	$ -	$ -	$ -	$ -	$ -
Other:	$ -	$ -	$ -	$ -	$ -	$ -
Other:	$ -	$ -	$ -	$ -	$ -	$ -
Other:	$ -	$ -	$ -	$ -	$ -	$ -
Other:	$ -	$ -	$ -	$ -	$ -	$ -
Section #1 TOTAL	$ -	$ -	$ -	$ -	$ -	$ -

Section #2: On-going Costs

	Year One	Year Two	Year Three	Year Four	Year Five	Total
Maintenance	$ -	$ -	$ -	$ -	$ -	$ -
Other:	$ -	$ -	$ -	$ -	$ -	$ -
Other:	$ -	$ -	$ -	$ -	$ -	$ -
Other:	$ -	$ -	$ -	$ -	$ -	$ -
Other:	$ -	$ -	$ -	$ -	$ -	$ -
Section #2 TOTAL	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL (Sections 1 & 2)	$ -	$ -	$ -	$ -	$ -	$ -

Notes:

Appendix C: Functional Specifications Scoring Sheets

Instructions: In the **Vendor Response** column, place an X in the column to indicate whether or not the requested functionality is available in the software application in your current release to all customers.

In the **Comment** column, type **Yes** or **No** to indicate whether you have additional comments regarding this specification in the Functionality Vendor Comments section of the RFP.

Number	Specification	Vendor Response		Comment?
		Yes	No	
A. Overall Individual Demographic Information				
A1.	Standard & Program Specific Individual Demographic Data			
A2.	Alias & Previous Name Support			
A3.	Individual Photo			
A4.	Discharge Planning & Referral Tracking			
A5.	Family & Relationship Tracking			
B. Individual Clinical & Electronic Record Functionality				
B1.	DSM & ICD Diagnoses			
B2.	Master Individual Service Plans			
B3.	Program-Specific Service Plans			
B4.	Care Provider Tracking			
B5.	Individual Electronic Signature			
B6.	Staff Electronic Medical Record Signature Standard Compliance			

Number	Specification	Vendor Response		Comment?
		Yes	No	
B7.	Support for Multiple Signature Requirements & Progress Note Roll-Up			
B8.	Custom Assessment Tools			
B9.	Customizable Progress, Telephone, and Shift Notes			
B10.	Group Notes			
C. Referral & Admissions Functionality				
C1.	Admission, Transfers, & Discharge Information			
C2.	Extensive Call Tracking & Disposition Data			
C3.	Internal Referral Tracking			
C4.	Referral & Admission Notes			
C5.	Waitlist Tracking			
D. Psychiatry & Nursing Services Functionality				
D1.	Medication Monitoring			
D2.	Medical Conditions, Vital Signs, & Metrics			
D3.	Medication Administration Records (eMAR)			
D4.	Electronic Prescription Transmission			
D5.	Electronic Prescribing of Controlled Substances			

Number	Specification	Vendor Response		Comment?
		Yes	No	
D6.	Tamper-Resistant Prescription Printing			
D7.	Links to Medication Information & Drug Interaction & Contraindications			
D8.	Laboratory Interface			
D9.	Laboratory Result & Medical Condition Alerts			
D10.	Lab Order Alerts			
D11.	Laboratory Orders Sets			
D12.	Medication Consents			
D13.	Injection Monitoring & Tickler			
D14.	Documentation of Informed Consent			
D15.	Medication Authorization Tracking			
D16.	Prescription Refill Reminders			
D17.	Pharmacy Inventory for Individuals			
D18.	Physician & Care Provider Order Support			
E. Additional Shelter, Housing, Residential, & Day Program Functionality				
E1.	Bed Assignment & Management			
E2.	Day Program Attendance Tracking & Unit Census Management			
E3.	Personal Inventory Log			

Number	Specification	Vendor Response		Comment?
		Yes	No	
E4.	Periodic Individual Checks & Vital Sign Monitoring Support			
E5.	“Individual At A Glance” Functionality			
E6.	External Consult Tracking			
E7.	Bed Board			
F. Additional Case Management, ACT, & Supportive Housing Program Functionality				
F1.	Case Management & Care Plans			
F2.	Care Provider Tracking			
F3.	Case Management Notifications			
G. Additional Outpatient Functionality				
G1.	Resource-Based Appointment Scheduler Capabilities			
G2.	Group Scheduling Support			
G3.	Front Desk Cash Application			
G4.	Individual Arrival Notification			
G5.	Front Desk Individual Financial Summary Information Access			
G6.	Automated Schedule Alerts			
H. Adult Foster Care Functionality				
H1.	Foster Family Referral & Recruitment Tracking			
H2.	Foster Family Tracking			

Number	Specification	Vendor Response		Comment?
		Yes	No	
H3.	Family Placement History			
H4.	Family “Tickler” Functions			
I. Employment Services Functionality				
I1.	Employment Services Data Tracking & Consumer Matching			
I2.	Individual Employment History			
I3.	Employer Services Data Tracking			
I4.	Employment Services Authorization Support			
J. Additional Compliance, Quality Assurance, & Medical Record Functionality				
J1.	Alerts Or “Tickler” Capabilities			
J2.	Satisfaction & Outcomes Tracking & Analysis			
J3.	Critical Incident & Other Required Reporting			
J4.	High-Level Risk Flagging			
J5.	Physical Hold Requirements Support			
J6.	Track Clinical Documentation Compliance			
J7.	Track Progress Note Compliance			
J8.	VIP Medical Records Protection			

Number	Specification	Vendor Response		Comment?
		Yes	No	
J9.	Medical Record Access Override Support (“Break the Glass Functionality”)			
J10.	Security Access Delegation			
J11.	Release of Information Tracking			
J12.	Record Access Tracking			
K. Billing & Accounts Receivable Functionality				
K1.	Service Entry			
K2.	Pre-Billing Edits			
K3.	Individual Fee-For-Service, Per Diem, & Contract Billing			
K4.	Complex Billing Requirement Support			
K5.	Standard A/R Functionality			
K6.	Automatic Contractual Expense Posting			
K7.	Individual “Payment on Account” Support			
K8.	Multiple Write-Off Codes			
K9.	A/R Notes for Collection & Follow-Op			
K10.	Individual Payer & Service Authorization Data			
K11.	Individual Sliding Scale Fee Screen			

Number	Specification	Vendor Response		Comment?
		Yes	No	
K12.	Electronic Remittance Posting & Waterfall Billing			
K13.	Guarantor Private Pay Statements			
K14.	Payer Eligibility Data Import			
K15.	Individual Fund Tracking			
K16.	Transportation Billing			
K17.	Evaluation & Management Code Selection Assistance			
K18.	Individual Claim Payment Posting Capability			
K19.	Billing/Collection Ticklers			
K20.	Bed Day Hold & Leave of Absence Support & Billing			
K21.	Clearinghouse Interface			
K22.	Clinician Credentialing & Privileging Data for Billing			
K23.	Payers Rules for Billing			
K24.	Procedure Code & Net Revenue Selection for Services			

Number	Specification	Vendor Response		Comment?
		Yes	No	
L. Other Core System Functionality				
L1.	Secure Internal Staff Alert & Messaging System			
L2.	Microsoft Outlook Integration			
L3.	Google Maps Integration			
L4.	Staff To-Do Lists			
L5.	Voice Recognition Software & Transcription Support			

Appendix D: Customer Contact Information

Hill Country Community Mental Health & Developmental Disabilities Centers - Request For Proposal

	Customer Name	Address	Key Contact Name & Title	Key Contact Phone	Key Contact Email	Year Implemented	Current Implementation? Yes/No
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							