1. Can you provide an estimate of the number of telehealth minutes that would be required on a monthly basis?
	1. Answer: Currently estimating over 500,000 minutes per month
2. How many users of the 500 are prescribers?
	1. Answer: Currently have 23 prescribers
3. How many users of the 500 are ordering labs?
	1. Answer: All 23 prescribers
4. How many of the users will need mobile or disconnected access?
	1. Answer: 270
5. Is there an external compelling event driving the 7/2021 go-live date & can you elaborate?
	1. Answer: There is an external driver for this date. The State of Texas is mandating that all Mental Health Authorities become certified as a CCBHC and we feel that without a change in our EHR, we will be unable to monitor many of the measures required.
6. What is the current EHR in use across the organization?
	1. Answer: We are currently using Anasazi by Cerner.
7. When was the EHR system implemented?
	1. Answer: Somewhere between 1999 and 2001.
8. How many consumers, family members, and care providers would need access to the portal?
	1. Answer: 12,060 annually for all of Hill Country
9. Could you provide more details about your volumes?
	1. Answer: Below is the number of unduplicated individuals per month
	MH Per month: 5,400
	IDD Per Month: 608
	CSU: Up to 68 per month
10. How many inpatient days a year?
	1. Answer: 5,856 maximum. Our CSU is a 16-bed stabilization facility.
11. How many ambulatory visits?
	1. Answer: Approximately 14,000 MH Outpatient visits per month
12. Patient visits?
	1. Answer:
	MH Per month: 26,060
	IDD Per Month: 5,012
	CSU: Up to 68 per month
13. Office of National Coordinator for health Information Technology (ONC) certification is not only excluded as a requirement, but also not even mentioned nor is any specific response requested.
	1. Answer: As most if not all vendors would have ONC certification, it seemed frivolous.
14. How many of those medical providers are Class 3?
	1. Answer: Unsure what this means. If this is referring to prescribing controlled substances, all 23 prescribers can prescribe controlled substances.
15. How many external providers are providing contractual services to your patients that would need access to the EHR?
	1. Answer: 43 currently
16. How many residential/group beds will need MAR?
	1. Answer: 16 beds in the CSU, 45 individuals in the group homes would need a MAR
17. How many back-office large scanners vs front desk scanners do you have?
	1. Answer: 33 large printer/scanners, 43 desktop scanners
18. Do you anticipate integrating Telehealth functionality?
	1. Answer: Yes
	2. F/U Question: How many telehealth users to you anticipate activating?
		1. Anne
		2. Answer: Would like availability for all 23 prescribers and 15 therapists
19. Do you have a preferred clearinghouse?
	1. Answer: Claim MD
20. What are your anticipated annual collections?
	1. Answer: $3,000,000
21. Are you looking for Foster Care Portal for parents?
	1. Answer: No
22. Is there a preference for Cloud/SaaS (secure hosted) vs. on premise (client-hosted)?
	1. Answer: There is not a preference. We would like to see more of a cloud base for the sake of disaster recovery, but it’s not considered essential.
23. Do you self-host or are you vendor-hosted?
	1. Answer: We are currently self-hosted, but are interested in vendor-hosted systems/cloud systems
24. Please confirm the address for receipt of paper copies.
	1. Answer:
	819 Water St. Suite 300
	Kerrville, TX 78028
25. What is the cutoff date for submission of questions by vendors?
	1. Answer: We will answer questions up until April 30th. As questions continue to come in, we will be working to answer them and post them to our website.
26. When will answers to questions be posted? What about questions received after the conference? What is the final date of that answers will be posted to vendors questions?
	1. Answer: We will try to upload all questions/answers by close of business Wednesday (tomorrow). All questions received after the conference will be posted to the website as needed.
27. Is the reference to Harris Center inadvertent (4. General conditions & Information Z. Retention of Proposals)
	1. Answer: Yes
28. Please list mental health and substance use assessments and scoring tools currently utilized by Hill Country.
	1. Answer: Currently using: ANSA, CANS, QIDS, BDSS, PSRS, PHQ-9, CAGE, CSSRS, CSSRS-Brief, Mental Status Exam, AIMS, Brief Risk Assessment.
	Planning on implementing: SBIRT, AUDIT, AUDIT-C, DAST, DAST-10, GAD-7, PC-PTSD, and LEC (Life Event Checklist)
29. Do you currently interface with each of the labs referenced in the questions and should vendors provide pricing for an interface with each lab referenced?
	1. Answer: Yes. Please include all pricing for including the labs referenced in your bids.
30. Will Hill Country consider a phased implementation that ensures that specific sites(s) system module(s) are operational by the July 1, 2021 go-live date?
	1. Answer: Yes, we would consider it, but we have a potential barrier that would need to be overcome first. One of our state reporting systems only allows for one report to be received regarding services provided from multiple departments. There would have to be a way to integrate both systems into a single reporting unit until full implementation.
31. Do you have a primary care physician today or is this a future initiative? If yes, how many and/or how many are projected?
	1. Answer: We have one PCP right now and we’re not currently expecting any additional to be added to staff.
32. How many concurrent users do you have?
	1. Answer: Right now, about 180, but we are planning to take an additional unit into the EHR as it goes live so we’re predicting about 250 at current staffing levels.
33. How many total residential/inpatient locations do you have, including the number of beds at each location?
	1. Answer: We currently have one CSU or crisis stabilization unit that has 16 beds available. We do have multiple group homes for individuals diagnosed with IDD and they vary from 3 to 4 beds per home. We have 14 current residential homes and will likely open a new at any given time. A total of 45 individuals being
34. Do you report on Meaningful Use Measures?
	1. Answer: We do not currently participate in the Meaningful Use program, but we will need to be able to report with the new EHR.
35. Do you currently connect to the Health Information Exchange (HIE)?
	1. Answer: No, it requires connecting to 6 different systems and we do not currently have the capability.
36. Does your organization currently utilize single sign-on (SSO) or Security Assertion Mark-up Language (SAML)? Are you looking for SSO or SAML in the new EHR?
	1. Answer: We currently don’t have any of those solutions in place, but we do have Microsoft Assure which will allow for SSO. We will be looking for SSO in our new EHR.
37. Can you please provide Hill Country’s annual revenue for 2019? We ask this question as annual revenue is a potential impacting factor on our proposed pricing.
	1. Answer: $36,000,000
38. Appendix C; Section I – Employment Services Functionality; Can you please clarify question 1-4? (Employment data tracking)
	1. Answer: For MH services, we don’t have this in the supported employment program now, but it would be useful to us. The broad notion that we are looking for is: “Does the software allow users to track employment information?” or “Does it have the ability to match employers with individuals served?”
39. Appendix C; Section C – Referral & Admissions; Can you please clarify Question C2? (Extensive call tracking & disposition data)
	1. Answer: Part of our state contract requires that we have an ability to record any inquiry calls or calls regarding. We have a need to be able to track calls for services, referrals, and other interventions even if the individual is not enrolled in services with us.
40. How many monthly eligibility checks to you perform?
	1. Answer: 710
41. How many monthly appointment reminders are sent out?
	1. Answer: 11,325 for March
42. How many individuals are served in your IDD programs (Census is preferred for this metric)?
	1. Answer: IDD – 1,054 (Service Coordination/Authority), 220 (Provider Services)
43. How many Hill Country staff are providing IDD services in the community (outside the group home)?
	1. Answer: Have 200 employees
44. How many beds do your facilities have and are they at the 22 current locations or outside of these locations?
	1. Answer: We have 1 CSU that is a 16-bed unit in Kerrville, TX. A Youth Crisis Respite Center in San Marcos, TX that has 6 beds. We also have 14 group homes that have 3 to 4 beds a piece spread throughout our catchment area.
45. We want to confirm that you do indeed want 10 hard copies. The reason we ask is due to concerns related to covid-19
	1. Answer: Yes. We have had difficulty attempting to review all electronic RFP’s especially with as much detail as we’re expecting and do not currently have the staffing capabilities to print that many hardcopies ourselves.
46. In the RFP, I cannot find any information about importing data from your existing system.  Will data from Cerner need to be imported into the new system?
	1. Answer: Yes, we would definitely have to add existing clients to the system. We would need information on both if it affects the cost of implementation and how valuable it is to move them all to the current system. Please include options on data migration vs. data conversion.
47. A follow up to question 4 - can you specify if you only need remote charting access or 100% offline?
	1. Answer: We have remote areas in our community that have no access to internet or cell signal. In those areas, we would need to be able to review information and document it, but we would have the capability of returning to an area with signal on the same day.
48. Can you provide a total of Active Caseload Annually, I know she said 12,000 can you verify this number please?  Thank you
	1. Answer: The actual count is 12,060
49. Can you please provide a list of clinicians and other providers by license type and service line?
	1. Answer:
		1. Psychiatrists: 19
		2. RN’s: 17
		3. LVN’s: 15
		4. CCMA’s: 3
		5. LPC’s: 24
		6. LCSW’s: 8
		7. NP’s: 8
		8. BCBA’s: 3
		9. LMFT’s: 3
50. Can you provide an approximate number of monthly client/patient encounters by service line/program?
	1. Answer:
	MH Per month: 26,060
	IDD Per Month: 5,012
	CSU: Up to 68 per month
51. In the RFP for Submission of Responses, it states " Electronic copies must be received no later than April 30, 2020, at 5:00 PM CT" I do not see submission date for paper copies, so I assume this includes the paper copies?
	1. Answer: We were going to utilize the electronic submission as the actual date and time of submission.
52. Can you provide additional information related to what Open Minds needs in terms of D6? Do you need us to print from prescription pads, electronic RX or both?
Tamper-Resistant Prescription Printing
	1. Answer: Our preference is to be able to do everything electronically. We are just now getting the ability to do controlled substances and want to continue that for sure.
53. How many psychiatrists does Hill Country have?
	1. Answer: We currently have 19 psychiatrists and 4 residents
54. Will you be providing the RFP in electronic format via MS Word or GoogleDocs?
	1. Answer: Wyatt will send the word version of the .pdf of the main document
55. How many non-prescribers does Hill Country have? (Non-prescriber is anyone other than a prescriber who needs to have access to e-prescribing. This may include nurses, system administrators, clinic managers, or others who would need access to e-prescribing)
	1. Answers:
		1. RN’s: 17
		2. LVN’s: 15
		3. CCMA’s: 3
56. How many payers does Hill Country have?
- How many billable NPIs does Hill Country have?
- Approximately how many claims per month does Hill Country process?
	1. We have 10 Medicaid providers, Medicare, 5 CHIP providers, and approximately 45 commercial payors.
	2. We have 2 NPI’s
	3. We process 4,400 claims per month on average
57. Will Hill Country provide the specific HEDIS, UDS, CCBHC, 1115, etc. measures they are currently measuring and reporting on? If Hill Country cannot provide the exact measures, can they provide the number of measures they are currently measuring and reporting on?
	1. Answer: We’re reporting on 20 measures and have the exact measures:

| **Measure ID** | **Outcome Measure Name** |
| --- | --- |
| **RHP 06\_133340307\_M1-100** | **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)\*** |
| **RHP 06\_133340307\_M1-105** | **Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention** |
| **RHP 06\_133340307\_M1-146** | **Screening for Clinical Depression and Follow-Up Plan (CDF-AD)** |
| **RHP 06\_133340307\_M1-147** | **Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up** |
| **RHP 06\_133340307\_M1-160** | **Follow-Up After Hospitalization for Mental Illness\*** |
| **RHP 06\_133340307\_M1-165** | **Depression Remission at Twelve Months** |
| RHP 06\_133340307\_M1-181 | Depression Response at Twelve Months- Progress Towards Remission |
| RHP 06\_133340307\_M1-241 | Decrease in mental health admissions and readmissions to criminal justice settings such as jails or prisons |
| RHP 06\_133340307\_M1-257 | Care Planning for Dual Diagnosis |
| RHP 06\_133340307\_M1-261 | Assessment for Substance Abuse Problems of Psychiatric Patients |
| RHP 06\_133340307\_M1-262 | Assessment of Risk to Self/ Others  |
| **RHP 06\_133340307\_M1-265** | **Housing Assessment for Individuals with Schizophrenia\*** |
| RHP 06\_133340307\_M1-286 | Depression Remission at Six Months |
| **RHP 06\_133340307\_M1-287** | **Documentation of Current Medications in the Medical Record** |
| **RHP 06\_133340307\_M1-305** | **Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)** |
| **RHP 06\_133340307\_M1-317** | **Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling** |
| **RHP 06\_133340307\_M1-319** | **Adult Major Depressive Disorder (MDD): Suicide Risk Assessment**  |
| RHP 06\_133340307\_M1-340 | Substance use disorders: Percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12-month reporting period |
| RHP 06\_133340307\_M1-341 | Substance use disorders: Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period |
| RHP 06\_133340307\_M1-405 | Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use |

1. Will the recording of this meeting be made available to vendors?
	1. Answer: No, but we will be making the questions/answers available on our website
2. Sections A- L- Pages 14-26 of the RFP, are you wanting narratives to answer to the questions or Y/N?
	1. Answer: There is an excel spreadsheet that you will answer yes/no on and there is a comments section to elaborate more on.
3. Our vendor has payroll and accounting built in; would you be interested in that in part of the RFP?
	1. Answer: Not at this time. We are currently using Paycom and Abila
4. What is the Hill Country’s average number of clients receiving services per month?
	1. Answer: 5,400 unique individuals per month
5. What is the Hill Country’s average number of client visits per month?
	1. Answer: 14,000 total visits per month with an average of 2.5 visits per consumer
6. Are their existing Paper documents that require document management?
	1. Answer: We do on our IDD provider side. Those documents include treatment plans, and signed waivers and notifications
7. What Laboratory Information Management system are you using?
	1. Answer: We don’t provide any lab work in house and outsource all requested labs to the referenced facilities listed in our RFP.
8. How are you currently charged by Paycom and how much are you paying?
	1. Answer: We will not be providing this information as it’s not included in the RFP for a new EHR.
9. How are you currently being charged for Abila MIP Fund Accounting for its accounting/GL system and how much are you paying?
	1. Answer: We will not be providing this information as it’s not included in the RFP for a new EHR.
10. Do you have batch export capabilities for CCDA?
	1. Answer: Our current system can export to CCD, but it can only be done one-at-a-time at the client level.
11. What Legacy Data do you want imported on clinical, billing, financial and HR?
	1. Answer: We don’t need any HR information imported at this time. All clinical documentation for current consumers, their financial information and billing for the past 7 years should be imported.
12. Do you have access to the legacy data source?
	1. Answer: Yes, we host the server on site.
13. Can you export the needed data into excel?
	1. Answer: We could potentially build an SSRS report which could then be exported to Excel.
14. Are you using any other systems not mentioned?
	1. Answer: Not that we can think of
15. What Pharmacy Management System are you using?
	1. Answer: We utilize Envolve as our Pharmacy Benefit Manager and Surescripts for our pharmacy manager.
16. What kind of pharmacy cabinets are you using or carts? And How many of each?
	1. Answer: Our outpatient clinics utilize lockable cabinets/shelves. The CSU has one medication cart, but medications are ordered from an outside pharmacy as one is not in house.
17. Are all laboratory equipment HL7 Compatible?
	1. Answer: We don’t actually own any laboratory equipment; it’s all sent out.
18. What is the make and model of all Laboratory Equipment?
	1. Answer: We don’t actually do any laboratories in house
19. Do you do your own billing and or RCM?
	1. Answer: Yes, we have an accounting department, credentialing department, and handle all of our billing in house.
20. Should we include RCM pricing in our quotes?
	1. Answer: Yes, our current EHR (Anasazi) provides multiple reports including Accounts receivable, Aged Accounts Receivable, and client aged accounts receivable. It also has Cash Receipts and other management reporting for RC.
21. Will you consider using our ERP modules knowing that we offer much greater functionality compared to your current systems? We will develop any specific feature that we may lack free of charge.
	1. Answer: At this time, our organization is happy with Paycom and Abila. We are not currently interested in nor do we feel we would have the bandwidth to make multiple massive changes to our systems at the same time and still maintain our timeline.
22. If our bid included payroll, would you consider our solution to improve interoperability and costs?
	1. Answer: We appreciate the offer; however, we are not interested in ERP modules at this time.
23. Would you consider VersaSuite’s Time & Attendance and our RCM software? Ours would save you money and eliminate the need for multiple software interfaces.
	1. Answer: At this time, our organization is happy with Paycom and Abila. We are not currently interested in nor do we feel we would have the bandwidth to make multiple massive changes to our systems at the same time and still maintain our timeline.
24. Besides lab and financial accounting, are there any other interfaces that need to be accounted for?
	1. Answer: Not that comes to mind
25. Do you need any Revenue Cycle software? Eligibility checking, remittance management, contract management, etc. Or will you use what you currently have?
	1. Answer: A large piece of our revenue cycle management lies within our EHR. We would need an EHR with capabilities of performing eligibility checks, remittance management, etc.
26. How many separate Accounts Receivables does the organization have?
	1. Answer: We are utilizing Anasazi and batch to Claim MD, TMHP, and MCO’s.
27. Do you use Abila for Materials Management?
	1. Answer: Yes
28. Will there be a need to assist with the management of the legacy data from the Anasazi system?
	1. Yes, we will need some assistance with migrating data from our old system to the new one.
29. Regarding the submission requirement, due to COVID-19, are we allowed to submit electronic copies instead of hard copies?
	1. Answer: At this time, we understand that hard copies may be difficult to submit by 4/30. Our team has reviewed the situation and has decided that we will consider a proposal to be submitted upon receipt of an electronic copy, but we continue to expect hard copies to be mailed in soon after.
30. Is Hill Country providing Primary Care services today or is this something Hill Country is looking to do in the future?
	1. Answer: Hill Country has one Primary Care physician currently employed and working out of our San Marcos MH clinic. We currently have no plans of enrolling more primary care providers at this time.
31. Will there be a need to assist with the management of the legacy data from the Anasazi system?
	1. Answer: Yes, we will need some assistance in migrating data from our legacy system to the new EHR.