STATE OF NEW HAMPSHIRE

DEPARTMENT OF CORRECTIONS

DIVISION OF MEDICAL & FORENSIC SERVICES

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RFP 2014-051 ELECTRONIC HEALTH RECORD SYSTEM QUESTIONS AND ANSWERS

Question #1: Page 8, Section 4.1 Proposal Submission, Deadline and Location Instructions
Please clarify the State wants the original in its own sealed container, the copies in their own sealed container, and the CD version in its own sealed container.

Answer #1: Two (2) original (bound only by binder clips) proposals; three (3) copies of the original proposal should be provided in three (3) ring binders or one copy of the proposal for each three ring binder; one (1) Proposal Transmittal Form Letter described in Section 4.18.2, (marked "ORIGINAL") for each original proposal and (3) copies for each copy of the proposal and one (1) electronic copy on a CD-ROM in MS Word format submitted in one (1) sealed container (box).

Question #2: Page 16, 36-37, 63, 65, 66, 67, 118-126, 128-130, 4.18.2, C-3, E-2.1, F-1, F-2, F-3, F-4, Attachment 1, 2, 3, 4, 5 and 6
Could the state make the noted section paragraphs, if not the entire RFP document in electronic MS-Word format for vendor ease of cutting and pasting those items into our response documents?

Answer #2: No

Question #3: Page 38, Appendix C: Required interfaces
Please provide a list of current, and anticipated, third-party vendors requiring and interface to the EHR System.

Answer #3: In Table C-4 on page 38 of 130, lists our required interfaces. The Vendors are dynamic based on contract's expiration and subject to change based on on-going contracting cycles.

As of July 14, 2014,

Current Vendor	SYSTEM/SUBSYSTEM NAME
NH Department of Information Technology	Data-Warehouse
Abilis - CORIS	Offender Management Vendor
LabCorp of America	Laboratory Vendor
MobilexUSA	Radiology Vendor
Kalos - CIPS	Pharmacy Vendor
NHHIO	Health Information Exchange (Optional)

Question #4 Page 39, Appendix D: Topics for Mandatory Narrative Responses
The level of detail required to adequately address some of these topics will be difficult to provide within the current page limits. Is the State willing to increase the page limits within the narrative section?

Answer #4: No

Question #5: Page 54 Topic 17-Interfaces
Please provide Appendix A: Current Interfaces as described within the RFP: "Current interfaces to the DOC data-warehouse are listed in Section A-3 of Appendix A: Current Interfaces.

Answer #5: See Answer to question #3

Question #6: Page 59, Topic 26-Additional Services
Please clarify if the State is expecting the Vendor to manage this system onsite at the NHDOC.

Answer #6: It is expected that DOC will be responsible for hardware maintenance. The state is seeking to understand how you would handle software upgrades or other necessary tasks. For example: DOC replaces the server and your application needs to be reinstalled on the new server. Are those types of services included in the maintenance cost or are they extra? It is up to the vendor if these tasks are handled on site or remotely, the state has no requirement in this regard.

Question #7: General Question
Does the State require single or multiple databases?

Answer #7: There is no specific requirement here. The vendor can propose whatever they feel best meets the requirements of the RFP.

Question #8: Page 14, 18, Section X-Copy of the RFP and any signed Addendum (a) - required in original Proposal only
Does this mean the State wants Vendors to provide a blank version of the entire RFP within this section?

Answer #8: Two (2) original (bound only by binder clips) proposals; three (3) copies of the original proposal should be provided in three (3) ring binders or one copy of the proposal for each three ring binder; one (1) Proposal Transmittal Form Letter described in Section 4.18.2, (marked "ORIGINAL") for each original proposal and (3) copies for each copy of the proposal and one (1) electronic copy on a CD-ROM in MS Word format submitted in one (1) sealed container (box).

Question #9: Page 18, Section VII: Financial Statement
Can the State please explain exactly what is required for this section? Financial information was requested in response to E-1.1.2 Financial Strength.

Answer #9: Referencing Appendix E: Standards for Describing Vendor Qualifications, Section E-1.1.2 Financial Strength, page 61 of 130, please provide one of the following:

Financial Strength

1. The current Dunn & Bradstreet report on the firm;
2. The firm's two most recent audited financial statements; and the firm's most recent un-audited, quarterly financial statement; and
3. The firm's most recent income tax return. For example, either a copy of the IRS Form 1065, U.S. Return of Partnership Income or Schedule E (IRS Form 1040) Supplemental Income and Loss (for partnerships and S corporations) OR IRS Form 1120, U.S. Corporation Income Return. These forms are typically submitted when a Vendor does not have audited financial statements.

If an organization wishes to demonstrate their financial strength by submitting the firm's two most recent audited financial statements; and the firm's most recent un-audited, quarterly financial statement please refer to Section 5., Paragraph 5.4.3. Scoring of Vendor Company Qualifications, Financial Strength criteria, below, for instructions:

Financial Strength – Demonstrate financial stability by providing financial statements, preferably audited, for two (2) consecutive years and copies of any quarterly financial statements prepared since the end of the period reported by your most recent annual report. Acceptable financial verification must include one (1) of the following; please check off one (1) of boxes below submitted with your Proposal:

Check	Description
☐	a copy of the organization's most recent full set of financial statements

☐	a copy of the organization's audited set of financial statements from an independent Certified Public Accountant (CPA) firm

Vendor also needs to indicate the percentage of EHRS revenue spent on research and development.

Referencing section 4., Instructions, paragraph 4.10, Public Disclosure, NH RSA 91-A guarantees access to public records. As such, all responses to a competitive solicitation are public records unless exempt by law. Any information submitted as part of a bid in response to this Request for Proposal or Request for Bid (RFB) or Request for Information (RFI) may be subject to public disclosure under RSA 91-A. In addition, in accordance with RSA 9-F:1, any contract entered into as a result of this RFP (RFB or RFI) will be made accessible to the public online via the website: Transparent NH http://www.nh.gov/transparentnh/. Accordingly, business financial information and proprietary information such as trade secrets, business and financial models and forecasts, and proprietary formulas may be exempt from public disclosure under RSA 91-A:5, IV.

If a Bidder believes that any information submitted in response to a Request for Proposal, Bid or Information, should be kept confidential as financial or proprietary information, the Bidder **must** specifically identify that information in a letter to the State Agency, Right to Know Letter on company letterhead. Two (2) originals, one for each original proposal and three (3) copies of the original Right to Know Letter for each copy of the proposal. Failure to comply with this section may be grounds for the complete disclosure of all submitted material not in compliance with this section.

If you believe any information being submitted in response to a request for proposal, bid or information should be kept confidential as financial or proprietary information; you must specifically identify that information in a letter to the agency, and should mark/stamp the materials as such. Marking of the entire Proposal or entire sections of the Proposal (e.g. pricing) as confidential will neither be accepted nor honored. Notwithstanding any provision of this RFP to the contrary, Vendor pricing will be subject to disclosure upon approval of the contract by Governor and Council.

Generally, each Proposal shall become public information upon the approval of Governor and Council of the resulting contract, as determined by the State, including but not limited to, RSA Chapter 91-A (Right to Know Law). The State will endeavor to maintain the confidentiality of portions of the Proposal that are clearly and properly marked confidential. If a request is made to the State to view portions of a Proposal that the Vendor has properly and clearly marked confidential, the State will notify the Vendor of the request and of the date and the State plans to release the records. A designation by the Vendor of information it believes exempt does not have the effect of making such information exempt. The State will determine the information it believes is properly exempted from disclosure. By submitting a Proposal, Vendors agree that unless the Vendor

obtains a court order, at its sole expense, enjoining the release of the requested information, the State may release the requested information on the date specified in the State's notice without any liability to the Vendors.

Question #10: Page 28, DOC Healthcare Providers by Site
Can you please breakdown the number of providers based on the following definitions of provide? Licenses are tied to the number of providers, not number of CPU's or users. "Providers" mean those Physicians, Nurse Practitioners, Physician Assistants, et al that provide patient care and Podiatrists employed by or under contract with Customer to provide services within the medical field. The term Provider shall not include Customer personnel employed by or under contract with Customer as office managers, secretaries or other administrative staff and (hereinafter referred to as Customer Personnel). For any category of Customer staff not listed above, eClinicalWorks and Customer shall agree in writing as to who is a Provider. FT Provider means any provider that works more than 2 days a week is equal to 1.0 Full Time Equivalent Provider (FTE). PT Provider means any provider that works 2 days or less per week is equal to 0.5 Full Time Equivalent Providers (FTE). Practice must have a minimum of 1.0 FTE in a practice. If the provider increases the number of days worked, customer will be required to purchase a full time license and pay the increase in license fees. eCW may conduct an audit at any time, if the provider is found to be working more than 2 days a week then the Customer must purchase the full time license and will incur a 10% penalty on both the license fee, support and maintenance. All fees will be retroactive. If the practice has only PT Providers, then the first PT Provider will be consider 1.0.

Answer #10: By eCW definition of a FTE = > 2 days per week, the Department will define this as an FTE is any provider who works more than 15 hours per week. By eCW definition of a PT = < 2 days per week, the Department will define this as a PT is any provider who works 15 or less hours per week.

Based on these definitions; see Table below:

eCW Defined FT 15+ Hrs/Week	eCW Defined PT 15 or Less Hrs/Week	Provider Type
6	6	Physicians
4	0	Dentists
1	1	Dental Hygienist
12	1	Nurse Practitioners
1	2	Psychologists
38	1	Behavioral Health Staff

Our Department's definition of full-time is greater than 30 hours per week.
Our Department's definition of part-time is 29 hours or less per week.

NHDOC Defined Full-Time	NHDOC Defined Part-Time	Provider Type
7	**5**	**Physicians**
4	**0**	**Dentists**
1	**1**	**Dental Hygienist**
11	**2**	**Nurse Practitioners**
1	**2**	**Psychologists**
38	**1**	**Behavioral Health Staff**

This represents current staffing as of 7/15/2014 without estimation of staff forecasting.

Question #11: Page 38, Table C-4-EHR Interfaces
In addition to HL7 standards, does the State support CCD for clinical data exchanges?

Answer #11: NHDOC is open to the additional support for CCD but is committed to meeting the HL7 standards at this time.

Question #12: Page 42, Topic 3-Ad Hoc/Required Reporting, Historical Reporting
In regards to historical data, is the State requiring eCW querying data from your old systems with our reporting tools or just asking how the State can access historical data within eCW (for example, after two years of use)?

Answer #12: eCW will not have to query data from old systems. An example of historical data would include the ability to report on clients that had a specific test done during a specific period of time.

Question #13: Page 53, Topic 16-Migration Strategy
What data needs to be migrated to the new system?

Answer #13: We will not doing data migration.

Question #14: Page 54, Topic 17-Interfaces
Please provide Appendix A: Current Interfaces. This is not provided within the RFP. C-4 Required interfaces, provides a table of EHR Interfaces, but does not specifically list the third party vendor.

Answer #14: See answer to question #3.

Question #15: Page 63, State Staff Resource Worksheet-Expected Resources must not exceed those outlined in Section A 4.2
Section A4.2 consists of the Project Manager position. Is the State expecting that the only resource be a Project Manager for this effort or is there another section we should refer to for a full list of names?

Answer #15: Page 63 section should read "must not exceed those outlined in section A-4." We would like the vendor to indicate what they expect for participation from the state for staffing.

Question #16: Page 63-64, Provide at least 3 references, with contact information, that can address a Candidates' performance on past projects.
eCW does not typically survey our customers on specific employee performance rather than a company as a whole. Are these references necessary for this RFP?

Answer #16: Please provide whatever references are available for any staff you propose to use.

Question #17: Page 124-127, C-2 Business Requirements, Question- S.3.3.1
The criticality of this requirement is noted as "Not Applicable." Should Vendors ignore this question?

Answer #17: This requirement is not necessary at this time, however if your system has a solution to this please provide information.

Question #18: Excel Spreadsheet, 2. Application Software, Question A2.l
Please provide additional information regarding this requirement

Answer #18: The system will authenticate automated processes such as file uploads, etc. to prevent access to unauthorized data or services.

Question #19: Page 4, 1.3 Project Overview and additional places in RFP Document
Is the State requesting a behavioral health component to the EHR? Or an integration with an existing behavioral health system? Throughout the RFP it mentions that healthcare includes that of behavioral healthcare. In the vendor's conference, the State mentioned there is an existing in-house behavioral health system DOC is currently using. Please elaborate.

Answer #19: Yes, the State is requesting a behavioral health component to the EHR. We are not requesting an integration with our State Department of Information Technology developed behavioral health information system referred to as CHOICES.

Question #20: Page 85, Section H-25.3, Project Budget
At the Vendor's conference, all vendors were told budget information could be found in the Governor's Capital Budget. Vendors were also told that the amount appropriated for the project would also need to take into account the hardware

DOC will need to purchase for this project. In our research, we saw a $500,000 amount appropriated for DOC for an electronic health record system. Does this number accurately reflect the whole amount available for this project for year 1?

Answer #20: Yes

Question #21: Page 85, Section H-25.3, Project Budget
Do you expect additional funding for the remaining years of the contract? If so, do you expect a similar amount as was appropriated in year one or more or less each year to cover continuing costs?

Answer #21: Annual maintenance costs would be budgeted in the department's biannual operating budget. We cannot state what may or may not be budgeted for amounts in the future.

Question #22: Technical Requirements Table Section DC.2.3.2
This question refers to administering the medications to inmates ask for positive patient identification, which requires Point of Care Medication Administration. Is the State wanting a point of care Electronic Medication Administration Record (eMAR) as part of this project?

Answer #22: The State is interested in a proposal that includes this function.

Question #23: Page 126, Exchange Standards Checklist
Please explain what "vocabulary" is intended to mean in the Exchange Standards Checklist.

Answer #23: The sources listed as "Vocabulary" in the table means "for instance." They are given as data we are asking for the Vendor to populate those data fields with.

Question #24: Page 42, Section d-1, Topic 3 Ad-Hoc/Required Reporting
As far as ad hoc reporting-how many reports and what type of information would need to be captured?

Answer #24: The State is interested a product that allows for reporting on all fields entered into the system.

Question #25: Page 42, Section d-1, Topic 3 Ad-Hoc/Required Reporting
As far as standard reports-how many reports will be specific to the State of NH and outside the scope of federally mandated reporting?

Answer #25: The Department is interested in a product that meets all Public Health reporting requirements as well as standard utilization reporting such as deaths in custody; PREA reporting; Top Ten ICD-10 by housing units by gender; Tracking of high utilizers of healthcare services; Infirmary bed utilization and provider utilization

data. These do not represent all our Departmental needs but give a general basis of areas of interest.

Question #26: Page 17, 4.18.4
States the Executive Summary must not exceed 5 pages. Can this be increased to 25 pages in order to provide a more comprehensive response?

Answer #26: The NHDOC will increase this to 10 pages.

Question #27: How many workstations will the selected EHR system be installed on? How many will the NHDOC need to purchase?

Answer #27: The final number of terminals is yet to be determined but will be somewhere between 110 and 140. DOC expects to purchase around an additional 20 terminals as part of this project.

Question #28: Will the NHDOC clarify the following number of physician individuals:

Number of Full Time Physicians
Part Time Physicians
Full Time Nurse Practitioners
Part Time Nurse Practitioners
Full Time Psychiatrists/Psychologists
Part Time Psychiatrists
Full Time Dentists
Part Time Dentists

Answer #28: Please define part-time as determined by your pricing schedule as the Department defines part-time as 29 hours or less.

See response to question #10 and #37.

Question #29: Which current systems (i.e. pharmacy software) are you looking to replace by implementing the new EHR System?

Answer #29: Kalos, Inc., Choices (in house Behavioral Health System).

Question #30: Is the NHDOC looking for an HIE between their facilities and DHHS?
If so, has the NHDOC allocated monies in their budget for this?

Answer #30: The Department is currently evaluating this and will be establishing a future budget to facilitate in the next budget cycle. We are looking to assure the product has the ability to interface with the HIE.

Question #31: Is the NHDOC accredited? If so, by who?

Answer #31: No, we are currently not accredited however our operating standards are aligned with NCCHC and ACA requirements.

Question #32: Can the RFP be provided in Word format?

Answer #32: See Answer #2.

Question #33: Is there an anticipated date for vendor demonstrations?

Answer #33: Please see Page 6 of 130 in the RFP, Event Calendar. If necessary, Vendor presentations will be scheduled the week of September 15, 2014.

Question #34: May the vendor submit additional services and costs in an a-la-cart manner in which the NHDOC can choose from? This would be in addition to the services requested by the NHDOC and priced by the Vendor.

Answer #34: Yes, as long as they are separate from the required financial bid response as requested in the RFP.

Question #35: What is meant by the term "Prescribers" (e.g., MD, DO, Nurse Practitioner, Physician Assistant)?

Answer #35: The term prescriber references all staff who have the licensing ability to prescribe medications (e.g. Psychiatrists, Advanced Practice Registered Nurse, etc.)

Question #36: What is the breakdown of type(s) of Behavioral Health Providers that are included (e.g., Psychiatrists, Psychologists, Social Workers, Case Managers, Counselors, etc)?

Answer #36: Psychiatrists, Psychologists, Social Workers, Clinical Mental health Counselors, Licensed Alcohol Drug Counselors, Psychiatric Advanced Practice Registered Nurses

Question #37: Full Time is anyone working 20 or more hours per week, part time is anyone working less than 20 hours per week.

- How many FT physicians (MDs and DOs)?
- How many PT physicians
- How many FT dentists?
- How many PT dentists?
- How many FT dental hygienists?
- How many PT dental hygienists?
- How many FT Nurse Practitioners and Physician Assistants?
- How many PT Nurse Practitioners and Physician Assistants?
- How many FT psychologists?
- How many PT psychologists?
- How many FT behavioral health staff?

- How many PT behavioral health staff?
- How many total unique individuals will be accessing the EHR? (not concurrent, but total staff)

Answer #37: See also Answer #28 and Page 28 of 130 of the RFP.

By NextGen's definition of a FTE = working 20 or more hours per week, the Department will define a FTE as > 20 hours per week. By NextGen's definition of a PT = working less than 20 hours per week, the Department will define a PT as 19 or less hours per week.

NextGen Defined FTE > 20 Hrs/Week	NextGen Defined PT 19 or less Hrs/Week	Provider Type
5	7	Physicians
4	0	Dentists
1	1	Dental Hygienist
12	1	Nurse Practitioners
1	2	Psychologists
38	1	Behavioral Health Staff

How many total unique individuals will be accessing the EHR? (not concurrent, but total staff) – See page 28 of 130

Our Department's definition of full-time is greater than 30 hours per week.
Our Department's definition of part-time is 29 hours or less per week.

NHDOC Defined Full-Time	NHDOC Defined Part-Time	Provider Type
5	6	Physicians
4	0	Dentists
1	1	Dental Hygienist
11	1	Nurse Practitioners
1	1	Psychologists
38	0	Behavioral Health Staff

Question #39: Page 38, Appendix C, Section C-4 Required Interfaces

Answer #39:

- Who is the Vendor for the Data-Warehouse- **NH DOIT**
- Can you provide technical specification describing Data-Warehouse platform, database, file structure, etc.?
    - **Microsoft SQL 2005 database and being migrated to SQL 2012.**
- Specifically what data do you plan to send from the EHR to the Data-Warehouse and in what format?
    - **Only the data in the database. SQL replication would be preferred for data movement between the servers. We have no defined data requirements at this point.**
- Specifically what data do you plan to import to the EHR from the Data-warehouse and in what format?
    - **Specifics have not been defined at this time. Please provide an hourly rate for this work to be completed in the future.**
- Who is the vendor for the Offender Management System? **Abilis - CORIS**
- What is the Vendor/laboratory system for Lab? **LabCorp, Inc.**
- Is the lab interface for results only or for orders and results?
  Orders and Results
- What is the vendor/radiology system for Radiology?
  MobilexUSA
- Is the Radiology interface for results only or for orders and results?
  Orders and Results
- Who is the Vendor for Pharmacy?
  Kalos, Inc.
- Who is the vendor/what is the platform for the optional Health Information Exchange?
  New Hampshire Health Information Organization (NHHIO)

Question #40: Page 35, Appendix C; Section C-1, Scope of Work, Paragraph 3
Can you clarify the statement:" DOC personnel will have minimal involvement in the implementation of vendor EHR systems at physician practices?" What practices are you referencing?

Answer #40: The term "physician practices" should be substituted with "NHDOC facilities".

Question #41: Page 36, Appendix C, Section C-3, Deliverables
Can you clarify the statement "Vendors shall complete the response checklist Table C-3 Deliverables Vendor Response Checklist"? Are vendors expected to recommend proposed delivery dates?

Answer #41: Yes, please provide a rough project timeline for the deliverables listed. These are not binding in any way. It is just designed to give us an estimate of time.

Question #42: Page 49, Appendix D, Section D-2.2 Compatibility with State Personnel and Training
Topic 11-Preparation of State Staff: What is the total number of staff to be trained specifically for Technical Knowledge Transfer?
Topic 12-User Training Approach: What is the total number of staff to be trained?

Answer #42: Technical Knowledge Transfer will consist of approximately 5 staff members
User training is expected to be around 140 staff members.

Question #43: Page 53, Appendix D, Section D-2.3 Project Execution
Topic 16- Migration Strategy: Specifically what data and in what format(s) does the DOC plan on importing/converting from other systems?

Answer #43: We are not migrating any data from previous systems.

Question #44: Page 68, Appendix G: Security and Testing Requirements
This Appendix G appears to be informational only as no questions are asked. Vendor responses re: Testing is supplied in Topic 15-Testing and Attachment C-2/Tab 4. Testing. Can you confirm no narrative response is required for Appendix G?

Answer #44: Correct, this informational only as to the expected testing to be done as part of the project.

Question # 45: Page 8, Section 4.1
Please clarify packaging of sealed containers. Is NHDOC expecting delivery of 2 boxes with Box A containing the bound originals and the Letter of Transmittal, and Box B containing 3 binder copies and the CD ROM?

Answer # 45: Two (2) original (bound only by binder clips) proposals; three (3) copies of the original proposal should be provided in three (3) ring binders or one copy of the proposal for each three ring binder; one (1) Proposal Transmittal Form Letter described in Section 4.18.2, (marked "ORIGINAL") for each original proposal and (3) copies for each copy of the proposal and one (1) electronic copy on a CD-ROM in MS Word format submitted in one (1) sealed container (box).

Question #46: Page 43, Topic 5-IT HIPAA Standards, ONC Certification, and CJIS Agreement
Attachment 7 (CJIS Attachment) does not appear to be included with the RFP.

Answer #46: Please refer to page 31 of 130, Item i.

Question #47: Page 44-45 Topic 6-Interface Standards
Does the page limit include the response to Attachment 5 as well as the narrative questions? (Attachment 5 is 4 pages)

Answer #47: Page limits are for the narrative section only.

Question #48: Page 54, Topic 17-Interfaces, Current Interfaces to the DOC Data-Warehouse are listed in Section A-3 of Appendix A: Current interfaces
Please confirm this statement should reference Section C-3 of Appendix C. System Requirements and Deliverables instead of Section A-3 of Appendix A: Current Interfaces

Answer #48: Required interfaces to the EHR are listed in section C-4 required interfaces on page 38 of 130.

Question #49: Page 36, C-3 Deliverables, Vendor shall complete the response checklist Table C-3 Deliverables Vendor Response Checklist
Please clarify this requirement. We are not clear as to what you would like us to do with this table.

Answer #49: See answer #41

Question #50: Page 28, DOC Healthcare Providers by Site
Are the Prescribers the number of doctors and the rest considered mid-level providers? Do mid-level providers bill under their own billing number or under the doctors?

Answer #50: Prescribers include physicians (both medical, dental, and psychiatric) and nurse practitioners (both medical and psychiatric). The NHDOC does not submit medical invoices for payment to CMS or insurance companies. The NHDOC is a payer of medical invoices/claims.

Question #51: Will the NHDOC consider a hosted EHR system? EHR software as a service (Saas), sometimes referred to as "on-demand software", a software delivery model in which software and associated data are centrally hosted on the cloud. SaaS is typically accessed by users using a thin client via web browser.

Answer #51: NHDOC will consider any proposal submitted. However, our preference is for a locally hosted system.

Question #52: What is the current average daily offender census? Do you expect this count to change by more than a couple of percentage points in the foreseeable future?

Answer #52: The census as of 7/9/14 is 2747 (both male and female). We are trending our population census and are unsure as of this date if the population will change drastically as it is dependent on too many factors.

Question #53: Page 4, Section 1.3, 3rd Paragraph, 9th Bullet
Will the replacement of the custom developed applications require data conversions to the EHR? If so can you provide a list of these applications and what function does each perform?

Answer #53: This does not refer to a requirement. It simply refers to the fact that staff is using local home grown systems such as Access that we hope this project will eliminate the need for. We do not have specifics regarding these individual systems.

Question # 54: Page 5, Section 1.3, 3rd Paragraph, 21st Bullet
We currently have a contract with an ONC-Authorized Certification Body and are scheduled to complete testing for 2014 certification this year. Are we still eligible to respond?

Answer #54: Yes

Question #55: Page 54, Section D-1 Proposed Software Solution, Topic 17 Interfaces, 1st Bullet
When referring to "others will be required" does the NHDOC anticipate additional interfaces not specified in Appendix A? If so, what interfaces or types of interfaces do you anticipate adding (e.g. devices, etc.)?

Answer #55: The Department is constantly reviewing industry standards as it pertains to advances in software and technical devices. There is nothing specific at this time.

Question #56: Page 122, Attachment 3-Application Functionality Summary
Can you please provide more detail requirements for the following:

- Court Tracking Information: are you requiring an interface with the court scheduling component of the OMS or other information? If other, please specify what information.
- Pharmacy Services: are you requiring additional functionality and/or services beyond ePrescribing and an eMAR? If so, what additional functionality and or services are you requesting?
- Staffing Needs Assessment: what needs are you assessing, e.g. staffing coverage, staffing computer proficiency, other? If other please specify.
- Offsite Medical Information: What are your expectations? Is this information as a result of outside referrals and/or consults to non-DOC specialists?

Answer #56: By Court Tracking information - NHDOC would like the software to have the ability to report on and track court ordered information for the patients civilly committed to the Secure Psychiatric Unit. The Secure Psychiatric Unit must track committal dates for individuals housed there in order to ensure appropriate monitoring per the Court's orders.

Pharmacy Services

These needs include, but are not limited to: medication orders (including clerical and physician order entry capabilities), medication prescribing (including ePrescribing), medication to medication and medication to allergy interaction checking, alerts and scheduling of recommended or required lab testing based upon drug ordered or prescribed, medication administration (including eMAR), drug and patient bar coding capability, automation support for patient refills, medication expiration reporting by prescriber, medication discontinuance management, pharmacy inventory accounting and management, institution specific formularies, computer assisted formulary updating with new drugs and available dosages and access to medication information databases. Provide a brief functionality description and a high-level feature/function list for the *pharmacy services* functional component.

Offsite Medical Information

Needs include the ability to produce patient consultation requests and the ability to record the patient care information resulting from such consultations and retain the identity of the source of such data. Patient consultation requests that do not have responses within a period of time established for the consultation should result in alerts to the patient's primary care provider and to the provider generating the request for the consultation. Likewise results for offsite laboratory and other diagnostic procedures must have similar data storage and alerting capabilities. Moreover, offsite laboratory and other diagnostic procedures that result in critical values or findings must generate an immediate alert to the same care providers. Describe the application's ability to communicate in an electronic manner with such offsite providers and to do so in compliance with HIPAA requirements. Provide a brief functionality description and a high-level feature/function list for the *offsite medical information* functional component.

Question #57: Page 23 and 61, Section 5-Proposal Evaluation Process, 5.4.3 Scoring of Vendor Company Qualifications, 6th item listed "Financial Strength, and Appendix E; Standards for Describing Vendor Qualifications, E-1.1.2 Financial Strength On Page 61 we are given 3 options to show financial strength. Can you please provide clarification between the two sections-e.g. if we provide a current Dunn & Bradstreet report does that affect our scoring per 5.4.3? As a private company audited financials are not available nor are we allowed to disclose financials by policy. Will NHDOC accept a financial letter from the CPA?

Answer#57 : See Answer #9.

Question #58: How are pharmacy services provided at the facilities? Is there one central pharmacy distribution center or does each facility has its own pharmacy?

Answer #58: The Department has a State Licensed Central Pharmacy located at the Concord, NH Prison for Men. Medications are delivered daily via courier to Department sites.

Question #59: Are the 140 user licenses for concurrent users?

Answer #59: NHDOC does not expect 140 concurrent users. The 140 staff are spread out over 3 working shifts and weekends. It is not possible for us to say what the concurrent user workload might be at any given time.

Question #60: With regards to the KALOS CPOE and Rx systems in place, is it the DOC's preference to replace the CIPS CPOE and Rx software with one integrated EHR Package, or would they prefer that those applications remain in place and the selected vendor interface with them?

Answer #60: The Department is looking for a proposal to meet the goals of the RFP. The department does not have a preference either way and will review all proposed solutions.

Question #61: What is the budget allocation amount for this project for 2014? We could not find this online as we were told at the bidder's conference.

Answer #61: See Question and Answer #20

Question #62: The original RFI indicated a desire for an electronic medication administration record (eMAR) for point of care bar coded medication administration. Is this application functionality still something that the DOC is considering?

Answer #62: Yes, the Department is interested in this functionality.

Question #63: Is the DOC looking for a Dental application or an interface to the current dental care software? Would it be acceptable to bid the appropriate dental practice management software with a subcontractor?

Answer #63: The Department is looking for an EHR that is inclusive of a dental application. The bid can include the solution as a subcontractor per the content of the RFP.

Question #64: How similar or different are the facilities with regard to the DOC formularies and the way you currently distribute the medications?

Answer #64: They practice under consistent standards at all sites.

Question #65: Would the preference be for each facility's software to be management in separate installs and databases, or for all facilities to be in a single integrated application and database?

Answer #65: All facilities should be under one central install in an integrated database.

Question #66: Is there any patient movement between facilities?

Answer #66: Yes there is daily movement between facilities.

Question #67: Will the requested system be hosted by the vendor or their designee, or is the DOC looking to host the system at their facilities?

Answer #67: The vendor can propose either; however DOC prefers a locally hosted system.

Question #68: How does the DOC currently handle ensuring a patient's insurance will pay for the treatment/services given at Department facilities?

Answer #68: Medical treatment and services delivered at each facility HSC are paid for with state monies. If a patient has commercial insurance, we make every effort to have the claim covered under this private entity. CMS rules and regulations prohibit prison systems from billing Medicare/Medicaid for services rendered within prison systems but the Department does remit claim coverage for Medicaid eligible inpatient stays allowed under the rules.

Question #69: In regards to Section "DC.2.4.4.-Support for Care Delivery
Do the facilities which administer blood products have a laboratory with an automated Blood Banking system? And if so, what is the name of the Blood Bank Vendor? Are blood products labeled with a barcode? (In other words, does the barcode define the type of product, volume, expiration date/time, etc?)

Answer #69: The Department does not administer blood products within its healthcare delivery system. The Department has contracts with community hospitals and healthcare providers for these services.

Question #70: Page 20, Section 5-Proposal Evaluation Process
In the interest of providing the most relevant response possible, can the state please provide some high level details on the evaluation committee that will be reviewing these responses including titles and credentials?

Answer #70: No, in order to preserve the integrity of the evaluation committee this question will not be answered.

Question #71: Please clarify how to respond to Table C-3 Deliverables (Page 36 of 130)

Answer #71: Please disregard proposed delivery dates in chart and provide your own schedule.

Question #72: Page 44, Topic 5 refers to an Attachment 7 (CJIS); we cannot seem to locate this file in the RFP documents.

Answer #72: Please refer to page 31 of 130, Item i.

Question #73: Page 54, Topic 17 refers to current interfaces as A-3 of Appendix A, should the reference actually be C-4 Required Interfaces, Table C-4 EHR Interfaces? There does not seem to a reference to interfaces in A-3.

Answer #73: Yes.

Question #74: Is there supposed to be an Attachment 7 per the comment in the RFP "The Vendor will facilitate the FBI Criminal Justice Information Services Security Addendum FBI CJIS Attachment 7". Also, do you want the original RFP intact when submitting the FBI CJIS addendum or should this document be included as an attachment?

Answer #74: Please refer to page 31 of 130, Item i.

Include completed FBI CJIS form as part of the proposal response; one original for each of the two original proposals and a copy of the completed form for each of the three copies of the proposal.

Question #75: Please clarify your billing process today?

Answer #75: We remit commercial insurance claims infrequently using a paper process and bill other States under the Interstate Compact System.

Question #76: Are you looking to interface to a billing system or have the EHR System do the billing?

Answer: #76: We are interested in an EHR system that allows for our claims data to map to the medical data to track utilization costs by areas such as diagnosis, level of service, procedures and other common healthcare services for trending and forecasting.

Question #77: Clarification on this statement: Support claims processing for NHDOC Financial Services with electronic claims processing.

Answer #77: See Question and Answer #76.

Question #78: Approximately how many appointments get scheduled per month?

Answer #78: We average 294 appointments scheduled across all sites for an average 5,880 a month for all sites.

Question #79: Please clarify Practice Management System-are there physician offices that would use the EHR? If so, how many physician offices, # of physicians. Would the PMS need to do billing?

Answer #79: The Department is interested in understanding the viability of interface with Practice Management Systems as we do business with community partners. We would not be looking for a PMS billing component.

Question #80: Please clarify what is meant by Offsite Medical Information (Attachment 3 Table). Does this refer to remote access to the system or to something else?

Answer #80: Please see response to question #56.

Question #81: Please clarify Health Educational Records (Attachment 3 Table). Are you referring to the educational records of NHDOC staff or education that has been delivered to the patient?

Answer #81: Healthcare educational information for a patient.

Question #82: Recipient Rights Information (Attachment 3 Table)-Please clarify what type of information you are referring to. Is this similar to Consents and Authorizations?

Answer #82: Information relating to patient rights.
Yes

Question #83: Patient Dietary Services (Attachment 3 Table)-Please provide more information as to what you are looking for. Is this a food and menu management system? Or are you referring to clinical functionality such as patient diet orders, dietary assessments, ordering of consults, etc.

Answer #83: Information relating to dietary needs of a patient. Needs will include dietary assessment for newly admitted patients, ongoing and periodic patient dietary assessments, special patient dietary limitations and requirements, dietary assessment triggers due to lab test results or medication orders and the ability to tie to food services applications.

Question #84: Please clarify what is meant by "Court Tracking Information". What type of information are you looking to capture as part of the EHR?

Answer #84: Please see response to question #56

Question #85: Page 7, 4. Instructions-One (1) electronic copy on CDROM in MS Word format. What exactly does NHDOC want in MS Word Format? The complete proposal including the spreadsheet-converted to Word?

Answer #85: Bid responses must be in MS Word format.

Question #86: Page 12, 4.10 Public Disclosures
Clarification: "If you believe any information should be kept confidential as financial or proprietary information; you must specifically identify that information in a letter to the agency and should make/stamp the materials as

such." How do you want us to represent this letter; as a separate document, or part of the Cover Letter?

Answer #86: By separate letter.

Question #87: Page 17, 4.18.5 Glossary of Terms/Abbreviations
Acronyms and abbreviations are self-explanatory, but what is NHDOC looking for relating to "all terms…"

Answer #87: Please provide a glossary of terms used in your proposal that may not be readily known to the average reader or that you feel warrants additional definition to provide clarity.

Question #88: C2 Business Requirements S.2.2.1 Health Record Output
Clarify: The NHDOC definition of disclosures, do you need a way to manage disclosures?

Answer #88: The NHDOC wants a product that will release the defined medical record when proper disclosure is processed.

Question #89: C2 Business Requirements S.3.2.1 and S.3.3.2
Clarify Rules Driven Coding Assistance

Answer #89: The user is assisted in coding information as established by CMS for clinical reporting reasons. For example, our provider will have to code the principal diagnosis in the EHR with applicable ICD-10 as a basis for assigning a diagnosis for the client being served.

Question #90: Appendix DC: C-3 Deliverables-Table C-3
Please clarify expectations of implementation duration (Project close out in week 22)

Answer #90: Please disregard proposed delivery dates in chart and provide your own schedule.

Question #91: Appendix C: C-4 Required Interfaces-Table C-4
Is the Offender Management Vendor HL7 compliant?

Answer #91: At this time CORIS (OMS) is not certified as HL7 compliant. CORIS is not a health system.

Question #92: Appendix C: C-4 Required Interfaces-Table C-4
Can you indicated if any of the systems listed are capable of sending data real-time in lieu of batches at the proposed minimum frequencies?

Answer #92: We cannot speak for third party vendors. If the system is housed at NHDOC then real time interfaces should be possible. If the system is not housed at NHDOC then it can only be batch process.

Question #93: Appendix C: C-4 Required Interfaces-Table C-4
Can you specify system vendors if known?

Answer #93: Lab: LabCorp of America, Inc.
X-ray: MobilexUSA
Pharmacy: KALOS, Inc.

At this time, medical records are paper. KALOS is the only current vendor using interface technology.

Question #94: Appendix C: C-4 Required Interfaces-Table C-4
Are systems contained in single databases, or are there multiple interface feeds? For example is there one single laboratory system with only one interface feed, or is there multiple lab systems requiring multiple interface feeds?

Answer #94: At this time the intent is to utilize one interface per lab, x-ray, pharmacy system, etc.

Question #95: Page 4: Since the majority of the healthcare is provided at four main locations, will all end user training occur at only those four sites? If additional training sessions should be facilitated at any of the Transitional Housing Unit, please provide (for each unit) its location (street address, city) and the number of end-users that will be trained at each facility.

Answer #95: The training will happen at the four main locations.

Question #96: Page 4: As part of our implementation model, we staff CorrecTek representatives during "go-live", the critical period when the software is first utilized by end users. Is there a need to provide CorrecTek representatives for coverage at any of the Transitional Housing Units? If so, please provide the number of Transitional Housing Units that will need coverage and the number of employees at each. Please include the location (street address, city) for each location.

Answer #96: No

Question #97: Page 14, Section 4.17, Section VIII: Financial Statement
It is common for privately held entities to withhold financial information. Will this be cause for elimination?

Answer#97 : See Question and Answer #9.

Question #98: Page 61, E-1.1.2. Financial Strength.

It is common for privately held entities to withhold financial information. Will this be cause for elimination?

Answer#98: See Question and Answer #9.

Question #99: Is wireless capacity available in every location in which medical care is provided? In which med-passes are performed?

Answer #99: The Department does not have wireless capacity at this time.

Question #100: Will the State incorporate the unique terms of the Software License Agreement into the final contract for execution?

Answer #100: Yes

Question #101: Can the state provide a list of the types of data to be converted from legacy systems to the selected EHR system; i.e., inmate demographic data, medication lists, problem lists, encounter/visit notes, appointments, orders, etc.?

Answer #101: No data conversion is expected.

Question #102: How many records of each type does the state expect to supply?

Answer #102: No data conversion is expected.

Question 103: What format will the data be supplied in, i.e. PDF files, tab delimited files, HL7 v2x files, proprietary file formats, etc.?

Answer #103: No data conversion is expected.

Question #104: Can the state provide specifications explaining how the data to be imported will be formatted? For example if the data is provided win tab delimited file, what are the field names and data types?

Answer: #104: No data conversion is expected.

Question #105: Can a field by field layout of the data elements to be imported provided?

Answer #105: No data conversion is expected.

Question #106: Can the state ensure that all data provided will follow the data type specified for a certain field? For example is a field contains date/time values can the state ensure only valid date values are provided in that field?

Answer #106: No data conversion is expected.

Question #107: Will each record to be imported have a unique record key value and a unique inmate key value?

Answer #107: No data conversion is expected.

Question #108: If there are field values that use a code system will the values and meanings for the code be provided? For example if a data element for status contains values P or C will the meaning for these codes such as Pending and Cancelled be provided?

Answer #108: No data conversion is expected.

Question #109: Does the state expect the data to be imported as discrete data points that are reportable values? i.e., should vital sign values be reportable values?

Answer #109: No data conversion is expected.

Question #110: Will the data imported be used for historical purposes only or will it be used to drive care for current/active inmates? For example, will pending orders, appointments, etc. need to be imported and presented on a list for a user to work from?

Answer #110: No data conversion is expected.

Question #111: Does the state intend to import data for inmates no longer under the supervison of the state DOC?

Answer #111: No

Question #112: Will sample test data be provided prior to the production import?

Answer #112: No data conversion is expected.

Question #113: If so, will the state review and sign off on imported test data prior to the production import?

Answer #113: No data conversion is expected.

Question #114: Can the data conversion process be completed after the EHR go-live? For example, if non-active inmate data is to be imported, can this be done after the EHR go-live?

Answer #114: No data conversion is expected.

Question #115: Is the state willing to complete the data conversion process using tools and instructions provided by the selected EHR vendor?

Answer #115: No data conversion is expected.

Question #116: Can the state provide a list of the types of data to be sent to the data warehouse by the selected EHR?

Answer #116: See Answer #39

Question #117: Can the state provide a list of data elements it would like sent to the data warehouse for each data type?

Answer #117: See Answer #39

Question #118: Can the state provide specifications for the communication protocols to be used for this interface? For example, will the data be transferred using a tab delimited format, HL7 v2.x messages, etc.? Will the data be transferred via shared files/folders, SFTP, web services, etc.?

Answer #118: See Answer #39