

Spokane Regional Health District
1101 W. College Ave
Spokane, WA 99201

Addendum No. 2 to All Offerors

Reference – Request for Proposal: RFP-2024-450-566-1
Commodity: Electronic Health Record
Date: July 31, 2024
Proposal Due: August 16, 2024

Addendum #2 to the RFP addresses inquiries received after 12 p.m. Friday, July 26, 2024. There remains a few additional inquiries to which SRHD will respond no later than Thursday, August 1, 2024 by 5:00pm.

1. Why is SRHD looking for a new EHR at this time? Are there shortcomings of the current system? Please describe.
SRHD does not believe a response to this inquiry will assist the vendors to respond to the RFP.
2. What is the preferred go live date for SRHD? What is driving that date?
This will be determined during negotiations with the successful vendor.
3. What is the latest acceptable go live date for SRHD? What is driving that date?
This will be determined during negotiations with the successful vendor.
4. The RFP states that the TS program serves more than 1,000 patients. Are those all MAT? What percentage of those are in the methadone program? What percentage receive buprenorphine?
All individuals that are enrolled in the SRHD Outpatient (OTP) program are prescribed methadone except for five (5) individuals that are prescribed Buprenorphine/Naloxone.
5. Please describe how the clinic uses e-prescribing. Does SRHD use e-prescribing only for buprenorphine? If not, please list the typical treatments and drugs served by e-prescribing.
SRHD does not utilize e-prescribing currently, other than to pull in the current list of medications, list of pharmacies, list of allergies and list of providers. All dosing happens onsite.
6. What other medications does SRHD prescribe and dispense besides methadone and buprenorphine?
None
7. Please describe your inventory management requirements in greater detail. Do your inventory management requirements go beyond the opioid addiction program?
inventory Management is for methadone and buprenorphine/naloxone.
8. Does SRHD require inventory management for drugs other than methadone? If so, please provide a list of the drugs.
Methadone and buprenorphine/naloxone.
9. What Weight Tracking Scale for Inventory is currently being used?
SRHD currently does not utilize a weight tracking system for inventory.

10. What Integrated Robotic Assembly System is currently being used?

SRHD does not use an integrated robotic assembly system.

11. Please provide details on the workflow and expected functionality during the process for a “dosing queue with external monitoring visibility and announcer.”

Clients check into SRHD TS and if there are no holds they are placed into dosing queue and the monitor will show where their client ID# is in the order that they checked in (constantly refreshing). The announcer function would tell the client that is next in line which door is available for them to go to.

12. Does TS currently use pre-pour?

Currently SRHD is not doing pre-pours, however in the past it has done so.

a. What percentage of dispenses are from pre-pour?

None at this time.

b. Are the pre-pour doses patient-specific or only dose-specific?

i. If patient-specific, what does the clinic do with pre-pours that are not picked up?

Not applicable

ii. If dose-specific, what does the clinic do with pre-pours that are not used that day?

Not applicable

14. In Section 9, can vendors add notes to the ‘Vendor Response Yes/No’ column if an explanation or clarification is needed?

Answering of the RFP questions may not exceed ten (10) pages. The ten (10) page response does not include any of the questions 3 or to the questions of the 9 table. Vendors may add notes if they do not exceed the space provided.

15. Section 9 includes a requirement for a “Kiosk for patient check-in with scanner and built-in payment system.” Please describe how the scanner is used during check-in, e.g., what is being scanned, what data is collected, how is that data used, etc

SRHD does not currently have a system in place.

16. How many appointments per month would require reminders?

SRHD is seeking to learn more about the vendors system functionality and capabilities of your patient portal.

17. If the selected platform offers appointment reminders, are email and text reminders sufficient, or does SRHD also need recorded voice message reminders?

SRHD is seeking to learn more about the vendors system’s functionality and capabilities of your patient portal.

18. Regarding the SRHD clearinghouse requirement, approximately how many claims are processed per month and approximately how many eligibility checks per month?

SRHD is seeking to learn more about the vendors system’s functionality and capabilities of your claims processing.

19. Is remote training via Zoom acceptable, or does SRHD require some portion of training be conducted onsite?
SRHD will require some portion of the training to be in-person.
20. Does SRDH want an incident management system in the proposed solution?
SRHD would like the vendor to provide information on what they offer and what its system looks like.
21. How many staff place lab orders? Approximately how many lab orders are placed monthly?
Approximately 15 staff may place lab orders, monthly could run up to 1100 depending on which lab (urinalysis, blood)
22. Does SRHD require a billing interface to send information to the general ledger?
This is not a requirement but if it is an option please provide the information.
23. How many providers will use patient portal? How many support users will use patient portal?
That would vary on the systems capacity and what it can do.
24. Will travel expenses be reimbursed?
Anticipated expenses are to be included in the RFP response.
25. Please confirm if you require hosted (via a managed cloud service) platform or if the system will be hosted by Spokane Regional Health District.
SRHD would like the new EHR to host.
26. To ensure an apples to apples comparison across all vendors, please confirm that pricing should be based on 80 named EHR users? These users can include clinicians, social workers, IT, administrative and support staff, etc. (Anyone who would need access to the EHR).
The pricing in the budget should be based on 80 names EHR users.
27. When was the TenEleven EHR system implemented?
SRHD does not believe a response to this inquiry will assist the vendors to respond to the RFP.
28. Are you seeking additional functionality beyond that which is available today in your legacy system? If yes, what functionality is specifically lacking?
SRHD is seeking to learn more about the vendors EHR's functionality and capabilities.
30. Have you established a budget for this initiative? Both for implementation / one-time fees and ongoing annual subscription fees.
SRHD is not able to provide an established budget as this is an RFP process.
31. Could you provide insight into the budget allocated? Sharing this information will assist vendors in tailoring their proposals to align with your project scope and requirements. Any and all information is appreciated.
SRHD is not able to provide insight as this is an RFP process..
32. What FTEs and resources will SRHD have dedicated to the implementation of the awarded EHR?

SRHD will dedicate resources towards the implementation of the awarded EHR including IT, Application Specialist, Managers and Billing personnel.

34. The RFP requests that the new EHR must include a “Treatment Plan Wizard.” Could you please elaborate on your expectations for this feature? Specifically, are you looking for integration with tools such as Wiley Treatment Planners?
SRHD is looking for a treatment plan tool which not only assists in the development of treatment plans, but also has reminders for updates.
35. The RFP states that you require an “Appointment reminder interface.” Do you have a specific tool that you currently use, or are you open to considering tools provided by the vendor as part of the project scope?
SRHD is seeking to learn more about the vendors EHR’s functionality and capabilities.
- a. Additionally, is SRHD interested in reminders being delivered via voice, email, and/or text messages?
SRHD is seeking to learn more about the vendors EHR’s functionality and capabilities.
36. What lab companies are you currently working with? Does your agency have a direct interface to any lab providers that will need to be established in the new EHR system? If yes, which lab provider(s)?
SRHD does have direct connections with lab providers for orders and results.
37. Does your agency currently connect to a Health Information Exchange (HIE)? If yes, which HIE?
SRHD currently connects to multiple Health Information Exchanges, including BHDS, EDIE, PDMP, Lighthouse, Raintree, and SAW.
40. Also, you ask about the integration that exists “between the clearinghouse, ICD-10 and DSM-5, Golden Thread, and PDMP.” Could you please elaborate on what is meant by “integration”?
Describe how the billing is captured between all of these components and no gap results in these areas.
41. In Section 2, “General System Requirements,” you ask about practice management system interface capabilities. What are your specific practice management functionality needs? We are trying to determine if the required functionality is already inherent in our fully integrated system or if you use a separate system to which the new EHR will need to integrate.
This would be part of the demonstration and Q&A.
42. Can your agency provide a list of all bi-directional interfaces that should be included in scope and please answer the questions below for each:
Numerous bi-directional interfaces exist in SRHD’ current EHR that handle lab orders/results, equipment operation, and A/R claims. The format of this data is probably industry standard across the board and it is handled within the EHR. The entire list of interfaces will have to be generated by whomever is awarded the final contract.

Spokane County Regional Health Administrative Service Organization EDI Specifications. Service encounters and claims are to be sent to the Spokane County Regional Behavioral Health service organization (SCRBH) in EDIX12N format (837) by following the ASCX12 standards and 5010 837 professional guide. Individual supplemental client data is to be sent to SCRBH using a proprietary format which is supplied by them.

Behavioral Health Data System (BHDS), the file expectations are left justified, tab-delimited text files with Windows style row delimiters. Each element is reported by matching the BHDS guide.

Provider Entry Portal (Secure Access Washington) same specification as the Behavioral Health Data Systems.

- a. What is the connection type and how is the data exchanged - TCP/IP VPN, sFTP, Web services, API or other?
- b. What is the format of the data - e.g., HL7, FHIR, XML, flat CSV file, database table, proprietary or other?
- c. How many data points/fields?
- d. Is this Query-based or triggered?
- e. Is this sending discrete data only or will this include embedded documents?
- f. Is the expectation that the new EHR will generate documents, generate reports, or create new client records?
- g. If updating/overwriting existing data, will it be reviewed manually before writing to the database?
- h. How and by whom will this information be used in the staff workflow?
- i. Is this existing functionality in your EHR today?

44. Please select which nationally recognized assessments should be included in the proposed scope from the list below:

- ABAS
- ACE
- AIMS
- ANSA
- ASAM
- ASI Lite
- AUDIT
- BASC
- BBDSS
- BNSA-PSRS
- BPRS
- CAFAS
- CAGE
- CALOCUS
- Childhood Trust
- Events Survey
- CIWA
- CIWA-B
- COWS
- CPST
- CRAFFT
- C-SSRS Adult Screener
- C-SSRS Adult Since Last Visit
- C-SSRS Child/Adolescent Lifetime/Recent
- C-SSRS Child/Adolescent Since Last Visit
- C-SSRS-Lifetime / Recent Child
- Commercial ASAM

- DAST
- DLA-20
- E&M Note
- Edmonson Fall Risk
- FTND
- GAD-7
- GASS
- HAM-D
- LOCUS
- MCAs
- MDQ
- SIS
- SIS-A
- TABE
- UNCOPE
- Vanderbilt Rating Scale
- WRAT
- ZUNG SD
- Metabolic Syndrome
- MMSE
- PCL5
- PECFAS
- PHQ-9
- PHQ-A
- Quality of Life (QOL)
- QUIDS
- Safety Plan
- SASS

45. Are there other assessments currently being used which are not named above? If yes, what additional assessments must be included in the new EHR?

Not applicable

46. Do you report clinical quality measures such as Merit-Based Incentive Payment System (MIPS), Certified Community Behavioral Health Clinic (CCBHC), National Outcomes Measurement System (NOMS), and/or Healthcare Effectiveness Data and Information Set (HEDIS) reporting now, or any other quality measures, or possibly plan to in the future?

No, but the capability would be beneficial for future use.

a. Which specific measures should be included in the project scope and pricing?

See above

47. Can you please share what your state reporting needs will be?

The EHR proposals should understand the reporting requirements for Washington State prior to submittal of the RFP.

48. Please elaborate on your Central Registry reporting needs? And the reporting needed to the Behavioral Health Data System (BHDS)?

The EHR proposals should understand the requirements for Central Registry and Behavioral Health Data System reporting needs prior to submittal of the RFP.

49. Do your users complete 270/271 eligibility checking?

SRHD is seeking to learn more about the vendors EHR's functionality and capabilities on completing 270/271 eligibility checking.

50. How many different 837 / 835 formats and sources should be included in scope? We typically include one direct to Medicaid / Medicaid MCO, one direct to Medicare, and one to the clearinghouse of your choice, but can modify as needed.

SRHD bills on 837p (professional claims) only, but the format changes by payers and primary to secondary claims. Example, direct Medicaid requires not rendering on primary claims, then requires the rendering on a secondary claim.

51. Do you bill Medicaid and Medicare directly, or does this go through a clearinghouse? If you use a clearinghouse, which one?

SRHD uses a clearinghouse and bills directly. SHRD uses Inavalon.

52. Do you utilize a human resource management system? If yes, would you be interested in a one way interface that can pass demographic and credentials for auto staff setup in the new EHR system? This could be included in project scope and pricing, or detailed below the line as optional.

No SRHD does not, however this could be part of the vendor demonstration if they are selected.

53. Will you need a Microsoft Outlook interface to block staff schedules? Or a Gmail interface?

SRHD is seeking to learn more about the vendors system functionality and capabilities.

a. If yes, should the interface be included in the project scope and pricing or detailed below the line as optional?

As this is not a mandatory component the pricing for this can be shown as optional.

54. Does your agency have its own enterprise data warehouse, or should vendors include a data warehouse in their proposed project scope and pricing?

SHRD has it's own data warehouse and will not be a data source with the new EHR system.

a. If you have an existing data warehouse, will the data warehouse be a data source for the new EHR system?

See answer above.

55. Approximately how many clients will need access to the patient portal?

Approximately 1000 patients would need access.

56. Should vendors include a mobile/disconnected solution in the proposed project scope and pricing that staff could use when providing services in the community? For example, providing your users with the ability to document a service note in the field, without internet access, on a mobile device such a smartphone or tablet.

SRHD is seeking to learn more about the vendors system functionality and capabilities.

a. If yes, how many named users will need access to the new EHR system in a disconnected state?

See answer above

57. How many administrative offices / service delivery sites does your agency maintain?

One