**ACCESS**

**EHR RFP**

**Questions & Answers**

1. Can you provide a more detailed overview of the supported locations and services by location covered by the proposal?

**Two primary - Clinics in each county providing MH, IDD, SA outpatient services**

1. What is the number of and what is the breakdown of the beds in the inpatient and residential facilities? **Have 2 IDD-ICF group homes contracted out and only report QA data to state but if contracts revert back to Center for any reason, will need residential reporting capabilities. It is also anticipated that there may be future expansion into inpatient or other residential services.**
2. Has the budget been allocated and can you speak to overall technology investment and funding in the future? **Budget and technology investment will be allocated dependent on best fit of product selected and any options considered.**
3. Has the incumbent vendor been invited to bid on this project? **All vendor proposals will be considered equally.**
4. 115 named users seems low for the type of settings describe. What is your expected growth in that number over the next 24 months? **Unknown at this time but anticipated to grow due to expanded CCBHC and DPP activities.**
5. Can you explain more about the request to import patient data on page 10? **Standard behavioral health data sets with potential for future growth**
6. Does the Center own or license any of the Clinical Practice Guideline (CPG) content listed on page 25, section 8, of the RFP or is the vendor expected to supply this content? **Vendor is expected to supply the content.**
7. Who provides the pharmacy services to the Center? Can you describe those services including approximate prescription counts? **East Texas Behavioral Health Network provides prescriptions not available through Patient Assistance Programs. Volume is low but increasing as PAP programs are becoming less available. Potential for in-house pharmacy is also considered.**
8. Can you speak more to the services provided by the Intellectual and Developmental Disabilities Program? Is this primarily case management or are you also providing direct services, (e.g. group homes, day programs, etc**.)? IDD services are primarily case management, with other services contracted out, including 2 ICF-IDD group homes, day habilitation, respite, workshop, vocational, and MCAID Waiver services – but there is always the potential to have to take over any of those programs if providers leave or contracts have to be terminated.**
9. Can you provide a list of the current interfaces? **None**
10. Are you currently connected to an HIE? **No**

**12.** Can ACCESS provide the estimated total number of Telehealth users?**30-35**  
**13.** Please provide a list of the forms and reports, including those needed to meet  
regulatory requirements, to be included in the new EHR solution? **Too numerous to list but all existing HHSC reports and forms will be included.  
14.** Is ACCESS currently using a clearinghouse? **Yes** if yes, who is this? **ClaimMD; Tejas  
15.**Please provide a list of Labs, pharmacies, health information exchanges, or other  
 solution partners ACCESS will interchange data with? For each one, please advise if  
 it is required at Go-Live. **At Go-Live -HHSC platforms, East Texas Behavioral Health Network.**

**Others – at Go-Live; Clinical Pathology Services and other labs, HIEs can come on gradually.**   
**16.** Does ACCESS have a defined budget for the new EHR solution? **No**

**17**. Does ACCESS have any other state or local reporting requirements? **Numerous, and frequently**

**changing state requirements in response to legislative activity, including, but not limited to,**

**Encounter submission; CARE; CMBHS; DSRIP/1115 Waiver/DPP reporting; CCBHC**

**reporting.**  
**18.** Is ACCESS a CCBHC today or is this a future requirement? **Currently in process of pursuing**

**certification through HHSC and on schedule for review.  
19.** Can ACCESS supply a full list of Clinical Practice Guidelines (CPG) that you are  
 targeting? **APA (Psychiatric), APA (Psychological), TRR, HEDIS Measures**

**20.** With what systems will the new EHR System be expected to interface/integrate:

* 1. Laboratories (i.e. LabCorp, Quest, etc.), including Radiology? If yes, please provide the names of the labs? **No expectation of interface needed with Radiology. Current lab services are provided through contract with Clinical Pathology Services. Have contracted previously with Quest and LabCorp. ACCESS is seeking enhanced functionality in all aspects of its clinical and fiscal operations and capacity to interface/integrate with external systems wherever possible would be ideal.**
  2. The RFP specifically references ClaimMD. Is ClaimMD the only clearinghouse used for claims submission and eligibility checking? If not, please provide the other clearinghouse name(s)? **Tejas (checks TMHP 271s)**
  3. Do you have specific equipment that must integrate with the new EHR System? For example, Holter monitor and Glucometer are specifically referenced in the RFP. **Not currently but potentially will be required due to CBHC and DPP expansion activities.**

**21.** How many staff will need access to the new EHR System in a disconnected state? For example, staff

who provide services in the community and who often do not have access to reliable Wi-Fi. **30-35 currently, with potential for expansion as additional programs and services come on line.**

**22.** The RFP states that the new EHR System must include and maintain evidence-based Clinical Practice Guidelines (CPGs). What CPGs are included and maintained in your current EHR System? **None currently.**

* 1. Is this the same list of CPGs that should be included and maintained in the new EHR System? **N/A**
  2. Are there other CPGs that will need to be added**? Addition of APA (Psychiatric) and APA (Psychological), TRR, and HEDIS Measures relating to behavioral health would be useful.**

**23**. The RFP asks if the EHR System can provide a closed loop bi-directional interface to an onsite pharmacy. Please confirm that ACCESS has an onsite pharmacy and the interface is required**? No on-site pharmacy at present but anticipate future development.**

**24.** What standard assessments will be required? (i.e. DLA-20, PHQ-9, ACE, GAD-7, AIMS, etc.) **In addition to those noted, ASSIST, ICAP, IPC, SASI, CSSR, SBIRT tools, CANS/ANSA, multiple others as developed and may be required by HHSC.**

**25.** The RFP states that the new EHR system must include Inpatient/Residential functionality inclusive of a Bed Board, Order Entry, and eMAR. Please provide additional information regarding the program services provided by ACCESS including the number of facilities and beds? Should this functionality be included in your required project scope and pricing or should it be included as an add-on (optional)? **Include as an optional add-on. There are currently no Inpatient/Residential facilities but future expansion in these areas is expected.**

**26.** Do you report on Meaningful Use measures? **Yes – some currently through participation in 1115 Waiver, but expanding as certification for CCBHC is obtained, as well as participation in DPP initiatives. (MIPS – mental/behavioral health measures in eCQMs, CQMs, QCDRs, etc.)**

**27.** Regarding the data to be migrated to the new EHR System, our base hosting includes 250 GB of storage. Will you require a higher level of storage capacity? **Current data is at 45-50 GB; scanned storage is at 450 GB. Interested in suggested solutions to address storage issues.**

**28.** Is ACCESS interested in a Data Warehouse? If yes, should the Data Warehouse be included in the

required project scope and pricing or should it be included as an add-on (optional)? **Unsure but interested in additional information regarding potential functionality.**

**29.** Please describe the IT resources you will have available. Do you have in-house IT resources who are

available for this project? **Yes - but very limited availability due to other work assignments**

* 1. Do they have experience with projects of this scope? **Yes**
  2. Do they possess SQL knowledge? Are they able to write reports utilizing Microsoft SSRS- **No**, Crystal Reports - **Yes**, or Power BI - **No**

**30.** What are ACCESS’ top three (3) pain points with the current EHR System that should be resolved in

the new system? **1) Ease of use for clinical users – without multiple tabbing ; 2) recent history**

**summaries readily available in current view; 3) lack of patient portal and performance**

**dashboards.**

**31.** Is Meaningful Use Certification a deal breaker? We have tested for phase 1 and passed with flying

colors, we just haven't had the need to complete the process. We are willing to continue the process

for certification if we are awarded this contract, will that suffice to still be considered? **Yes, if**

**product meets all other requirements for consideration.**