TO: Interested Parties
FROM: Michelle Kato, Contract Manager
SUBJECT: Addendum No. 1
RFP No. 17-001
Electronic Health Record for Long-Term Care

Addendum No. 1 responds to Phase I and Phase II questions received for RFP No. 17-001.

1. Is HHSC currently budgeted and have a specific timeline for the awarding of a contract for this RFP? (We are asking this since in the past HHSC had an RFP and an RFI which eventually were never awarded).
   Response: Yes, this project is budgeted. The estimated timeline for an award is December 1, 2016.

2. Are minimum requirements considered passing if the functionality will be available at implementation but is currently under development?
   Response: All minimum requirements must be functional and available by RFP submittal deadline (September 23, 2016).

3. What data elements do you want to pass from billing to GL?
   Response: We require that revenue, contractual adjustments, administrative adjustment are posted to general ledger by payor type (financial class - medicaid, medicare, private pay and etc). Also, we would like for the program to estimate the allowance for contractual adjustment by payor type.

4. Can we get the documents issued in MS Word version?
   Response: Yes, please see Addendum No. 1 attachment in separate file.

5. In accordance with Section 1.7 of RFP No: HHSC 17-001, we provide the following exceptions. These are based on the assumption that HHSC is looking for a cloud-hosted solution. We infer that from Section 6 of the RFP. If that assumption is incorrect, and you are looking to possibly host our software on HHSC servers, please let us know.
   Response: HHSC is seeking for a cloud-hosted solution.

6. Also, we would like clarification of Section 5.4, which states that that the General Conditions in Exhibit J are non-negotiable. This requirement contradicts the statement
made in RFP Section 1, Sub-section 1.7 where the state is allowing Offerors to take exceptions only during Phase I (Questions phase).

Response: Section 1, Sub-section 1.7 is correct. Exceptions will be taking during the question phase. Responses to the exceptions will be responded to each Vendor prior to any award.

7. Further, We need clarifications on Exhibit A, specifically more detail on requirements for item 6, Encoder and/or interface capability with 3M, and item 31, Worklist of billing denials. More specifically, there are several references to 3M interfacing in Exhibits C & D. We need more specifics about those interfaces.

Response: 3M is the software that the facility uses for coding purposes. This is the process of the workflow: from Series to 3M we send ADT transactions to send Patient and Encounter information. To maintain the Provider file, we send MFN transactions from Series to 3M. To send coding/abstracts from 3M to Series we send BAR^PO1 messages. These are all standard HL7 messages.

The Worklist of billing denials is a list of denied claims by denial codes, insurance payor or etc which supervisor can (1) assign to biller to follow up and (2) monitor the status of follow up.

8. Pursuant to 3.7.1, 2.1 Section 5 and Exhibit E:
   • We do not offer a Dietary module, although we have multiple interfaces to 3rd party vendors.
     Response: The dietary module is not a minimum requirement of the RFP. Currently, both facilities use Gerimenu.

9. Pursuant to 3.7.1 and Exhibit E
   • We do not offer a staff scheduling module, but we can easily interface to a third party. We do provide resident and resource scheduling.
     Response: The staff scheduling module is not a minimum requirement.

10. Pursuant to 3.7.1 and Exhibit J
    • Remote access policy – Not really applicable since that appears to apply to any connection to HHSC directly. The one place where it would apply is for Support access to workstations that should be fine since HHSC allows the use of either VPN or web-based remote control software.
    • Info Security Summary – Not applicable and appears to apply only to HHSC’s own internal systems (although we already follow similar policies at our Platform)
    • Secure Areas Summary – Not applicable and appears to apply only to HHSC’s internal systems (we already comply with SOC2 and SOC3 requirements)
    • Reporting InfoSec Events – Not really applicable and appears to apply to HHSC’s internal systems and policies/practices (although we already follow similar policies at our Platform)
    • Compliance Legal – Not applicable as this doc appears to describe HHSC’s own internal policy concerning compliance and reporting

Response: The HHSC IT Security Department will be involved in final stages of the RFP evaluation. The HHSC IT Security Department will review each system to ensure that the system meets the policy.
11. What are your top five business issues are you trying to address with a clinical and financial EMR?
   Response: This is a RFP and we have no top businesses. All submittals will be evaluated according to the evaluation criteria.

12. Is the installation of an EMR budgeted?
   Response: Yes, there is a budget allocated.

13. What is the timeline for project start and go live?

14. What systems are you using today and for what purpose?
   Response:
   - ADL - MDS
   - Claims Administrator-Relay Health
   - Lytec-3rd party physician billing
   - McKesson Series-AS400 Series AP/GL
   - Midas-Credentialing
   - LASER-TB
   - 3M-HIM Medical Records
   - Onestaff-Nursing scheduling
   - Access Databases created in house for: IDT scheduling, Trust fund
   - Gerimenu-Dietary
   - RALS Web 3-Glucometer (Roche)

15. What is your pharmacy name and pharmacy information system?
   Response: Pharmacy Corporation of America (a.k.a. Pharmerica). The information system is unknown at this time. An future addendum will be issued to provide more information.

16. Is your therapy outsourced or in-house?
   Response: The therapist are in-house. Contract therapist are called on an as needed basis.

17. What therapy information system are you using today?
   Response: None, for billing fee tickets are manually entered into McKesson Series billing program. No order entry.

18. What system are you using for AP/GL?
   Response: McKesson Series - AS400 Series

19. What EMR/EHR does your geriatric physician clinic use today?
   Response: None, manual.

20. In section 5.4.2 the language states that certificates of compliance are due at contract signature and in section 4.2.1 the compliance documents are due with the RFP response. What is the correct due date?
   Response: The compliance documents are due with RFP submittal.

21. What percentage of your referral base comes from the HHSC acute care facilities?
   Response: None
22. What percentage of residents transfer between your facilities?
Response: This type of transfer is very rare, if there is a transfer between facilities the patients are discharged and then admitted to the respective facility.

23. What percentage of your residents move from your skilled service line to adult day?
Response: Leahi - 10% Maluhia - less than 5%

24. What percentage of your residents transfer between your facilities?
Response: This type of transfer is very rare, if there is a transfer between facilities the patients are discharged and then admitted to the respective facility.

25. What percentage of your residents move from your skilled service line to adult day?
Response: Leahi - 10% Maluhia - less than 5%

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27. What percentage of your residents move from your skilled service line to adult day?
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28. What percentage of your residents move from your skilled service line to adult day?
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29. How are you receiving the CCD from the HHSC and other acute care facilities?
Response: Fax or website (Carelink for Queens)

30. What percentage of your residents move from your skilled service line to adult day?
Response: Leahi - 10% Maluhia - less than 5%

31. How are you receiving the CCD from the HHSC and other acute care facilities?
Response: Fax or website (Carelink for Queens)

32. What percentage of your residents move from your skilled service line to adult day?
Response: Leahi - 10% Maluhia - less than 5%

33. How are you receiving the CCD from the HHSC and other acute care facilities?
Response: Fax or website (Carelink for Queens)
34. How does your business office follow-up on claims and denials? Functionality Questions
   Response: The (1) AR Aging is used to follow-up on claims that are outstanding.
   (2) Upon receipt of remittance advice electronically, denials are itemized using excel spreadsheet. These denials are then followed up with the fiscal intermediary via phone call or website.

From Functionality Matrix:

35. Please clarify: Does your system include a non-by pass feature? Physician non-by pass for any query from the clinical staff
   Response: A non-by pass feature would not allow any user to by-pass any required documentation that needs to be completed. For example, the staff needs the Physician to provide a clarification on an order. The non-by pass feature would not allow the Physician to complete a new order until the clarification is responded to.

36. Reports List – Please clarify "Needs Change"?
   Response: Change in Care Needs ~ MDS questions cognition; behavior; weight loss / weight gain; worsening pressure ulcer

37. Is Hawaii Health System planning to deploy the Cerner clinicals and revenue cycle platform across the organization to replace the existing Soarian Siemens platform?
   Response: There are no plans to use Cerner clinicals or Soarian Siemens platform at this time.

38. If Hawaii Health System decides that they do not want to use their existing Health System general ledger (GL) and requires vendors to provide another option can the vendor submit a GL business partner as part of the EHR RFP proposal response?
   Response: This would be considered a Sub-Contractor role and will be an acceptable RFP response. All Sub-Contractor roles shall be integrated with AP and the rest of the proposed system.

39. Our organization can meet all minimum specifications with the exception of bar code scanning at med pass. Would Hawaii Health System consider not making this a minimum requirement or still allow us to participate in the vendor evaluation for the following reasons since we have done a significant amount of scoping associated with this perceived need and have determined that the scanning in the long term care setting does not meet the needs and attain the level of benefits as it does in acute care settings:

   - In the long term care setting you do not place bracelets on all residents, as most are there long term and this is a dignity issue and infringes on their personal image as people.
   - Most long term care EMR vendors have determined that photo IDs with their EMR process more beneficial and less maintenance than managing bracelet development and bar code scanning module software.
   - Drug packaging between the acute and long term care is much different which will require a tremendous amount of manual work with the breaking of packaging to meet the bar code workflow needs at med pass which then moves the potential risks from med pass to the repackaging phase where the wrong pills could go in the wrong package.

   Response: Pending discussions with Pharmerica.
What we’re wondering is if we can get details on what the interface to 3M entails. What are the data elements you are trying to pull? For what purpose? Would a standard API interface work or are we looking at a custom HL7 interface?

Response: From Series to 3M we send ADT transactions to send Patient and Encounter information. To maintain the Provider file, we send MFN transactions from Series to 3M. To send coding/abstracts from 3M to Series we send BAR^PO1 messages. These are all standard HL7 messages.

End of Addendum No. 1