Mississippi Department of Information Technology Services

Questions and Clarifications Memorandum

To: Vendors Responding to RFP No. 4280-45588 for the Mississippi Department of Mental Health (DMH)

From: David C. Johnson

Date: May 25, 2021

Subject: Responses to Questions Submitted and Clarifications to Specifications

Contact Name: Khelli Reed

Contact Phone Number: 601-432-8194

Contact E-mail Address: Khelli.Reed@its.ms.gov

RFP Number 4280 is hereby amended as follows:

1. **Title page, INVITATION is modified as follows:**

   INVITATION: Proposals, subject to the attached conditions, will be received at this office until ~~January 8, 2021~~ **June 10, 2021 @ 3:00 p.m.** Central Time for the acquisition of the products/services described below for **Mississippi Department of Mental Health**.

2. **Title page, third box is modified as follows:**

PROPOSAL, SUBMITTED IN RESPONSE TO RFP NO. 4280 Due ~~January 8, 2021~~ June 10, 2021 @ 3:00 p.m., ATTENTION: Khelli Reed

3. **Section VII Technical Specifications, Item 4 Procurement Project Schedule is amended as follows:**

Task	Date
Deadline for Questions Answered and Posted to ITS Web Site	~~12/18/20~~ 05/25/21
Open Proposals	~~01/08/21~~ 06/10/21
Evaluation of Proposals	~~01/08/21~~ 06/10/21
System Demonstrations (TBD)	Beginning 06/21/21
ITS Board Presentation	~~01/21/21~~ 07/15/21
Contract Negotiation	~~01/21/21~~ 07/15/21

| Proposed Project Implementation Start-up | ~~02/08/21~~ 08/02/21 |

4. **Attachment A, Item Number 39 is being modified to read:**

The solution must be scalable to accommodate growing numbers of patients and users at no additional cost to DMH, except for agreed upon subscription and hosting costs. DMH does not expect to exceed the estimated 1,500 users during the scope of the resulting agreement.

5. **Attachment A, Item Number 76 is being modified to read:**

Solution must have controls in place to prevent the creation of duplicate records for existing patient identities. For example, the solution must generate a unique client identifier for each client.

6. **Section VIII Cost Information Submission is being replaced with the attached Revised Cost Information Submission form.**

Vendor must include in their proposal a response to each amended requirement as listed above. Vendor must respond using the same terminology as provided in the original requirements.

The following questions were submitted to ITS and are being presented as they were submitted, except to remove any reference to a specific vendor. This information should assist you in formulating your response.

Question 1: I'm writing to better understand if the new EHR under this solicitation will replace a legacy system or systems? We are a leading vendor neutral legacy data migration and archiving company that can assist with your legacy data management plan from any system you may be retiring in this process. Please let me know if there are going to be legacy systems so I can provide more information if it's helpful.

Response: **Yes, the new EHR under this RFP will replace a legacy system. DMH will not be entering into a contract with a separate Vendor to migrate data. This will be the responsibility of the awarded Vendor.**

Question 2: This is with regard to your requirement for Request for Proposal for 3120002103, 4280 Electronic Health Records System for the Department of Mental Health?

1. Whether companies from Outside USA can apply for this? (like from India or Canada)

Response: **Companies outside of Mississippi and/or the United States may respond to the RFP; however, the awarded Vendor must be able to meet all legal requirements to conduct business in the United States and Mississippi, as well as meet the requirements provided in the RFP and exhibits. Vendors should carefully review all requirements to determine whether Vendor(s) can comply with said requirements.**

2. Whether we need to come over there for meetings?

Response: **Whether or not the awarded Vendor will need to be on-site at any time will be determined by project demands such as planning, designing,**

implementing, hosting, testing, training, maintenance, and support. DMH reserves the right to require on-site Vendor participation if it would be in the best interest of DMH.

3. Can we perform the tasks (related to RFP) outside USA? (like from India or Canada)

Response: **DMH system's data should not be stored outside the U.S. Government Cloud environment. DMH prefers developers/staffing to be based within the United States, but there are no restrictions in the RFP.**

4. Can we submit the proposals via email?

Response: **No, ITS is only accepting Vendor responses via a USB flash drive. Refer to Section II Proposal Submission Requirements of the RFP for details on how to respond.**

Question 3: Also, can the RFP response be submitted by email?

Response: **No, ITS is only accepting Vendor responses via a USB flash drive. Refer to Section II Proposal Submission Requirements of the RFP for details on how to respond.**

Question 4: I saw an inquiry from the city of Jackson, MS for an electronic health records system. This was posted on 11/10/2020. Will the Information Technology department of Mississippi that you oversee be looking to acquire any Storage hardware or software for this particular project? I just wanted to cover my bases here and I figured you would be the best person to ask.

Response: **No, DMH nor ITS is not seeking to acquire any storage hardware or software for this project.**

Question 5: Can you tell me more about your dental needs in the RFP, outside of just the billing codes?

Response: **DMH does not have dental needs outside of billing codes.**

Question 6: General - Can you please share the main RFP ("rfp4280.1.pdf") that is in a searchable format similar to "Appendix -A"? The one we have is not searchable and does not allow us to copy sections/forms included in the RFP that we must submit along with the proposal. For example – page 36, 37, 40, etc.

Response: **RFP4280.docx is the Word Format for RFP Number 4280 and is searchable. RFP4280.1.pdf is the PDF format for RFP Number 4280.**

Question 7: On the formatting of our response, should the questions start with number 1 or do you want the numbering to match your document (start with number 7).

Response: **It is the State's preference for Vendors to number their response to match the requirement numbers in the RFP. For example, Vendors should begin**

responding with Item 7; therefore, their response should start with number 7.

Question 8: Do you have or plan to have a learning management solution to manage end user training and competencies?

Response: **DMH has a learning management solution but plans to have Vendor-provided user training via in-classroom, on-the-job, or online with an instructor. Future training can be recorded and placed in DMH's learning management solution.**

Question 9: How many shifts are there per day at facilities? Are shifts different between facilities?

Response: **There are three shifts at the facilities. The three shifts are different in all facilities.**

Question 10: Has this project been budgeted and approved? If so, what is the approved budget?

   1. Initial?
   2. Annual?

Response: **A budget has not been established for this project. However, all State Agency budgets are considered public record and may be viewed at www.transparency.ms.gov.**

Question 11: Has a budget been set aside for the EHR project?

Response: **A budget has not been established for this project. However, all State Agency budgets are considered public record and may be viewed at www.transparency.ms.gov.**

Question 12: Will each facility be budgeting separately for the EHR and/or required interfaces, migration, and hosting costs or will the project be financed centrally?

Response: **Each facility will be budgeting separately for the EHR and/or required interfaces, migration, and hosting costs.**

Question 13: Is the budget part of a capitol fund for the duration of the contract or will annual budget be needed for approval each year?

Response: **The system will be paid for through the General Fund. If DMH chooses to continue with the contract, the funds will be requested through the annual budget to the State Legislative Budget Office for appropriation.**

Question 14: I have received notification and have now reviewed your RFP for the MS Dept of Mental Health. We at [Vendor] are specifically a Data Archival/Migration solution provider, and therefore could not address the EHR components of your RFP. We can though address the Record Retention/Archival piece. Would it be acceptable to submit a response to address that area of need? Please advise.

Response: **DMH is seeking a Vendor who will provide a complete electronic health record system that will meet the requirements as set in the RFP.**

Question 15:   Best I can tell, and hopefully you can confirm, but the majority of users of the EHR would be in an in-patient setting, correct?

Response: **Yes, your statement is correct.**

Question 16:   Confirm DMH is not looking for a dental EMR solution but rather an interface for billing for Dental? What solution is being used currently for the dental EMR?

Response: **DMH does not have a dental EMR solution. DMH is not seeking a dental EMR solution. DMH is seeking to acquire billing services for this project.**

Question 17:   Does implementation include the campus Nursing Facilities?

Response: **No, implementation does not include Nursing Facilities as it is not within the scope of this project.**

Question 18:   Please confirm that bidders can place required forms (submission cover sheet, proposal exceptions, references, etc.) on our proposal template for consist formatting with headers and footers.

Response: **Yes, Vendors can place required forms on Vendor's proposal template.**

Question 19:   RFP: ITS RFP Response Checklist, page 2 - Is it permissible for bidders to submit a transmittal letter, prior to the Submission Cover Sheet identified in the submission requirements outlined in the RFP Checklist?

Response: **Yes, a transmittal letter is permissible to be included in Vendor's proposal response prior to the Submission Cover Sheet.**

Question 20:   RFP: ITS RFP Response Checklist, Item 1, page 2 - Please confirm that bidders are to only submit one single USB flash drive with their completed proposal and no hard copies are required for submission.

Response: **Yes, one single USB flash drive that includes the Vendor's complete proposal should be include in Vendor's response to RFP Number 4280.**

Question 21:   RFP: ITS RFP Response Checklist, Item 1, page 2 - Please clarify whether the USB flash drive should consist of individual files for each item outlined in the RFP Response Checklist or bidders can include a single file on the USB drive for their complete proposal.

Response: **Yes, one single USB flash drive that consists of individual files for each item outlined in the RFP Response Checklist with the Vendor's complete proposal should be included in Vendor's response to RFP Number 4280.**

Question 22:   RFP: ITS RFP Response Checklist, Item 1, page 2 - Are hardcopies of vendors' proposals required for submission? • If yes, how many hardcopies should be submitted? • Should vendors only submit a hardcopy of the signed and dated

Submission Cover Sheet or should vendors submit hardcopies of their complete proposal response in addition to the ecopy on the USB flash drive?

Response: **Vendors should not submit hardcopies of their complete proposal response. DMH is accepting an electronic form of submission via USB device. The signatures should follow the processes defined in the procurement, which is an official signature in blue ink. Refer to RFP Number 4280, Section II Proposal Submission Requirements.**

Question 23: RFP: Section II Proposal Submission Requirements, Item 5, page 6 - In light of the COVID-19 pandemic, would DMH allow electronic signatures in place of the required "signatures in blue ink are required on the Submission Cover Sheet and Configuration Summary"?

Response: **The signatures should follow the processes defined in the procurement, which is an official signature in blue ink. Refer to RFP Number 4280, Section II Proposal Submission Requirements.**

Question 24: RFP: Section II Proposal Submission Requirements, Items 9.1, 9.2, and 9.12, pages 6-7 - Due to extensive postal delays and unpredictability since the US election, will the State consider permitting submissions to be electronic only?

Response: **No, the State is not permitting submissions to be electronic only. The State is accepting an electronic form of submission via USB device. Refer to RFP Number 4280, Section II Proposal Submission Requirements.**

Question 25: RFP: Section II Proposal Submission Requirements, Item 9.11 and Section VII Technical Specifications, Items 1-6, pages 7 and 30 - There seems to be a discrepancy between these two sections. In Section II, 9.11, the RFP states that "The Vendor must fully respond to each requirement within the Technical Specifications…" However, in Section VII, Technical Specifications, the six subsections of this section appear to be informational only. Please clarify what specific items (1-6) in Section VII need to be responded to by bidders and placed in this response section of our proposals.

Response: **Section VII Technical Specifications, Items 1-6 are included for informational purposes and it is the State's understanding that responding vendors comply and agree with these statements. The "Technical Specifications" of this RFP are in Attachment A.**

Question 26: RFP: Section III Vendor Information, Item 14, page 12 - Vendor Personnel – We understand that the DMH may require a telephone/onsite interview for project personnel. Though we always ensure that the key project team members are made available through phone or for onsite visits on short notice throughout the project life cycle. Some framework/product team members work from locations outside the US. They support the development of the base product. Will the DMH be looking for an onsite interview for those members or only the one who will be working with DMH?

Response: **If DMH requires a telephone or onsite interview, it will be required for personnel who will be working with DMH.**

Question 27: RFP: Section IV Legal and Contractual Information, Item 28, page 20 - Ownership of Developed Software – We understand that vendor will use their base EMR Framework to configure, customize, and build a solution to meet requirements as detailed in the RFP. Is DMH interested in their IT staff or any other contractors hired by the DMH in taking over the solution and maintain/modify the code? Is the DMH expecting to use the code outside this project?

Response: **No, DMH is not interested in their IT staff or any other contractors hired by the DMH in taking over the solution and maintain the code. No, DMH is not expecting to use the code outside of this project.**

Question 28: RFP: Section VII Technical Specifications, Item 3, Page 30 - Given that there are three major holidays between the RFP issuance and submittal date of January 8, 2021, would the State consider a two week extension for response? In addition to the holidays, current Q/A release gives vendors only 11 business days to digest and appropriately modify their responses.

Response: **Refer to Clarification Number 3 in this Memorandum.**

Question 29: RFP: Section VII Technical Specifications, Item 3, Page 30 - If the State is willing to grant an extension, could the State advise vendors prior to the Question and Answers proposed date of December 18, 2020?

Response: **Refer to Clarification Number 3 in this Memorandum.**

Question 30: RFP: Section VII Technical Specifications, Item 6.2.4.1.2, page 34 - 1. Is the expectation that potential demos will be deep dive demonstrations of the proposed solution?

Response: **The expectation of a demonstration, at the discretion of the State, is to provide a system overview and/or clarification or amplification of information presented in any part of the Vendor's proposal as described in RFP Number 4280, Section VIII, Item 6.2.4.1.1.**

2. How much time will be allotted for a requested demonstration?

Response: **The time allotted for a requested demonstration will be provided by DMH after the preparation of the demonstration's agenda. Vendors will be given a 7 calendar day notice of the requested demonstration.**

3. Are there any use case scenarios available for advance preparation should a vendor be asked to demonstrate their proposed solution?

Response: **The case scenarios for a requested demonstration will be provided by DMH after the preparation of the demonstration's agenda.**

Question 31: RFP: Section VIII Cost Information Submission, pages 36-37 - Does the State have a preference for front loading the cost of the project since implementation is an initial cost or spreading out the cost over the contract term?

Response: **DMH is not amenable to the front load option; however, DMH is willing to negotiate detailed payment schedules during contract negotiations.**

Question 32: RFP: Section VIII Cost Information Submission, pages 36-37 – Is there any cap on the initial, annual, or total cost for 5 years?

Response: **No, there is not a cap on the initial, annual, or total cost for 5 years. The State expects Vendors to propose their best pricing. A budget has not been established for this project. However, all State Agency budgets are considered public record and may be viewed at www.transparency.ms.gov.**

Question 33: RFP: Section IX References, Item 1, page 38 - References - As mentioned above, we have experience in implementing the Specialty EMR products and custom-built solutions for Government agencies, University hospitals, and Private sector. Will it be acceptable if the provided references are not related to the newly developed EMR framework proposed here? We have done considerable work in specialty EMRs including, but not limited to infectious diseases division. Will experience working with similar government agencies, but not directly with the Mental Health agencies be acceptable?

Response: **During the proposal evaluation, the qualifying Vendor(s)' references may be contacted. DMH prefers that at least two references have previous experience in the development and implementation of EHR solutions of similar size and scope. DMH prefers that at least one of the references have previous experience in the behavioral/mental health environment.**

Question 34: Att A: Section I.A, General Overview and Background, Item 2, page 1 - What specific APMs besides MIPS does the proposed EHR solution need to accommodate?

Response: **The State expects an ONC certified solution and a Vendor capable of providing those services/quality measures that are identified. The State will choose which quality measures to complete.**

Question 35: Att. A: Section I.A, General Overview and Background, Item 2, page 1 - What specific agencies does the EHR need to interoperate with? Is the integration work with specific agencies part of the contracted work or just the capability for interoperability part of the scope?

Response: **DMH is seeking a solution that has the capability for interoperability. There are no specific agencies that the proposed EHR need to deliver interoperability with; however, the State expects the proposed ONC certified solution to deliver interoperability with any and all third-party systems and processes as required by the State. This includes interoperability in every form required by the Federal Government, the State of Mississippi, or DMH, including, but not limited to, reporting Mental Health and Substance Use at no additional cost to the State as stated in Attachment A, Item Number 17, page 3.**

Question 36:   Att. A: Section I.A, General Overview and Background, Item 3, page 1 - Which version of SQL server are you using? What is your expectation from the vendor on the reporting server? Would you like the vendor to replicate the data?

Response: **DMH is using version SQL 2016. DMH expects the Vendor's proposed EHR solution to be compliant with, at a minimum, SQL 2016 Enterprise edition. Vendors may offer SQL replication as an add-on cost.**

Question 37:   Att. A: Section I.A, General Overview and Background, Item 3, page 1 - Are each of the six mental health facilities using the same incumbent EHR solution or different solutions?

- Is the incumbent EHR solution(s) homegrown or purchased from a vendor?
- If purchased from a vendor, what is the name of the solution(s) used at each mental health facility?
- When did the solution(s) go-live?

Response: **Each of the facilities are using the same solution. The incumbent EHR solution was purchased from a Vendor. The name of the solution used at each mental health facility is Coordinated Care Platform (CCP) and it went live in 2015.**

Question 38:   Att. A: Section I.A, General Overview and Background, Item 3, page 1 - Do the six facilities have standardized content/forms, standardized ordering of medications/tests, and standardized work flow processes today? If not, is the State endeavoring to achieve standardization in advance of implementation or is such standardization part of the scope of work that should be priced and factored into implementation timelines?

Response: **The six agencies are currently working in one EHR system with standardized content/forms, ordering of medications/tests, and workflow processes.**

Question 39:   Att. A: Section I.A, General Overview and Background, Item 3, page 1 - Is your data warehouse an outsourced solution?

Response: **No, DMH's data warehouse is internal.**

- If yes, what is the name of the solution and who is the vendor?

Response: **N/A.**

- If an EHR vendor also offers a data warehouse, are you interested in receiving details about the vendor's solution?

Response: **Yes.**

- If you choose to keep your current data warehouse solution, will it continue to be used for reporting to comply with State and Federal requirements such as SAMHSA after the new EHR is implemented?

Response: **DMH is hoping to keep the current data warehouse.**

> • Will the data warehouse be a data source for the new EHR, which means we will need to establish an interface?

Response: **An interface will be needed for the existing data warehouse for State and Federal reporting. The interface will be done by the awarded Vendor.**

Question 40: Att A: Section I.A, General Overview and Background, Item 4, page 1 - Metrics needed for pricing:
• # of clinician prescribing meds,
• # of Claims,
• # of FTE's,
• # of admissions.

Response: **# of clinician prescribing meds = 100**
# of Claims = DMH is not currently performing billing services; therefore, this number is unavailable.
# of FTEs = 1,500
# of admissions = 5,769

Question 41: Att A: Section I.A, General Overview and Background, Item 4, page 1 - Metrics needed for pricing. total operating expense

Response: **It appears this question regarding total operating expense is related to the items specified in Question 39. See below.**

# of clinician prescribing meds = 100
# of Claims = DMH is not currently performing billing services; therefore this number is unavailable.
# of FTEs = 1,500
# of admissions = 5,769

Question 42: Att A: Section I.A, General Overview and Background, Item 4, page 1 - Can you provide a breakdown of the 1,500 solution end users by role?
• Number of MDs =
  o Number of MDs above that prescribe =
  o How many of the prescribers write EPCS =
  o Number of MDs above who write Medical Orders only =

• Number of Psychiatrists (not inclusive of the MDs above) =
  o Number of Psychiatrists above that prescribe =
  o How many of the prescribers write EPCS =
  o Number of Psychiatrists above who write Medical Orders only =

  • Number of Nurses supporting eRx (e.g., refills) =
  o Number of Other clinical type end users =
  o Number of Case Managers =
  o Number of Administrative =

Response: **Number of MDs = 100**

- Number of MDs above that prescribe = 100
- How many of the prescribers write EPCS = 0
- Number of MDs above who write Medical Orders only = 0

Number of Psychiatrists (not inclusive of the MDs above) = 20
- Number of Psychiatrists above that prescribe = 20
- How many of the prescribers write EPCS = 0
- Number of Psychiatrists above who write Medical Orders only = 0

Number of Nurses supporting eRx (e.g., refills) = 400
- Number of Other clinical type end users = 700
- Number of Case Managers = 0
- Number of Administrative = 280

Question 43: Att. A: Section I.A, General Overview and Background, Item 4, page 1 - Can you provide a break-down of the number of users by site and by role (i.e. M.D., P.A. N.P. prescribers, nurses, social workers, therapists, psychologists, administrative staff)?

Response: **See response to Question 43 which provides totals by categories of users by role.**

Question 44: Att. A: Section I.A, General Overview and Background, Item 4, page 1 - Can you provide a break-down of the number of beds at each facility out of the 750 total beds described?

Response: **Refer to Attachment D - EHR Information, which is attached and incorporated herein by reference and posted on the same website location as this Questions and Clarification Memorandum, for a high-level description. Note, due to COVID19 and staffing, bed capacities change frequently. This high-level description does not relieve the Vendor from proper discovery, design, and configuration.**

Question 45: Att. A: Section A, page 1 - If the sites are part of a single Enterprise EHR system, is there a site-specific patient identifier and a State-level patient identifier or is a Master Patient Index (MPI) solution also required?

Response: **Yes. Each client needs a unique client identifier generated. Refer to Clarification Number 5 of this Memorandum. A Master Patient Index is not required.**

Question 46: Att. A: Section I.B, Solution Requirements Overview, Item 8, page 1 - What specific ONC MU measures and features are required for the 6 behavioral health sites?

Response: **In the general overview, MIPS and APMs are referenced as examples of healthcare incentive frameworks. Refer to Item Number 8, which specifies ONC standards and PIP incentives relative to CEHRT. The State expects an ONC certified solution and a Vendor capable of directing the State toward the best outcome for available incentives.**

Question 47: Att. A: General Overview & Background, page 1- Is there a consolidated coding/billing unit today or does each site manage billing separately? Is a consolidated billing unit desired/planned as part of this EHR project?

Response: **No, there is not a consolidated coding/billing unit. No, DMH is not seeking consolidated coding/billing unit in the scope of this project.**

Question 48: Att. A: General Overview & Background, page 1- How many billing staff are there currently (by site if not consolidated unit)?

Response: **There are two billing staff at each site.**

Question 49: Att. A: General Overview & Background, page 1- Is the State seeking a single Go-Live/cutover for all sites or a rolling implementation after a pilot period?

Response: **DMH is seeking a rolling implementation.**

Question 50: Att. A: Section I.B, Solution Requirements Overview, Item 16, page 2 - Will each facility have the option to implement the selected EHR or are all sites part of the project and centrally managed?

Response: **All six facilities are a part of this project and are centrally managed.**

Question 51: Att. A: Section I.B, Solution Requirements Overview, Item 16, page 2 - Is the State seeking an Enterprise solution for a single EHR database instance for all 6 facilities or will each facility require a separate EHR instance but have a means of sending data/interoperating with the other 5 facilities?

Response: **DMH is seeking an Enterprise solution for a single EHR for all six facilities. The number of databases depends on the system's architecture.**

Question 52: Att. A: Section I.B, Solution Requirements Overview, Item 17, page 2 - Please list the third-party systems with which the new EHR solution is expected to interoperate?

Response: **The third-party systems with which the new solution is expected to interface include Orchard, Labcorp, AEL, QS1, internal and external Lab, internal and external pharmacy, and interface to the Web Infrastructure for Treatment Services (WITS) system for state reporting.**

Question 53: Att. A: Section I.B, Solution Requirements Overview, Item 17, page 2 - Can the State provide the name of every vendor/system with which the EHR must interface with, with elaboration on the data points/functionality required for each interface? Please provide all necessary information for:

1. Pharmacy
2. Laboratory
3. Radiology
4. Hospital
5. HIE (if applicable)
6. Other

Response: **The third-party systems with which the new solution is expected to interface include Orchard, Labcorp, AEL, QS1, internal and external Lab, internal and external pharmacy and interface to the Web Infrastructure for Treatment Services (WITS) system for state reporting. All data points/functionalities follow Health Level 7 standards.**

1. **Pharmacy – QS1**
2. **Laboratory – LabCorp/Orchard**
3. **Radiology - Novarad**
4. **Hospital – N/A**
5. **HIE (if applicable) – N/A**
6. **Other – WITS System**

Question 54: Att. A: Section I.C, Vendor Qualifications, Item 21, page 3 - We are providing vendor-hosted application service for licensing, insurance, and banking sectors for 15+ years. Can non-EMR hosting experience be included?

Response: **No, non-EMR cannot be included.**

Question 55: Att. A: Section I.E, Compliance Standards, Item 30, page 3 - ONC Certification: As mentioned above that the proposed solution is a newly build EMR framework that can be configured, customized, and build to meet your specific needs. The proposed solution framework is developed considering industry standards and certification requirements. Can the vendors work with the DMH during the fit-gap/implementation phase to get ONC Health IT and any other meaningful use certification required?

Response: **No, it is mandatory that the awarded Vendor be ONC certified at the time of proposal submission.**

Question 56: Att A: Section I.E, Compliance Standards, Item 32, page 4 - What health IT application(s) must the proposed EHR solution interface with?

Response: **The third-party systems with which the new solution is expected to interface include Orchard, Labcorp, AEL, QS1, internal and external Lab, internal and external pharmacy and interface to the Web Infrastructure for Treatment Services (WITS) system for state reporting. All data points/functionalities follow Health Level 7 standards.**

1. **Pharmacy – QS1**
2. **Laboratory – LabCorp/Orchard**
3. **Radiology - Novarad**
4. **Hospital – N/A**
5. **HIE (if applicable) – N/A**
6. **Other – WITS System**

Question 57: Att A: Section I.E, Compliance Standards, Item 33, page 4 - Of the DMH reporting standards listed (immunization, syndromic) will all of the hospitals perform cancer diagnosing and treatment?

Response: **No, DMH will not perform cancer diagnosing and treatment. Only behavioral and mental health conditions, medications, treatments, etc. will be managed by this solution.**

Question 58: Att. A: Section II.A, Hosting Environment, Item 38, page 4 - No of Users: Clarification - Is 1500, the total number of users or expected max number of users who may log into application at any given time?

Response: **There are 1,500 total estimated users. There will be an estimated total of 300 – 500 users that will be logged on at one time.**

Question 59: What is the maximum (concurrent) number of users that will be on the system at any given time?

Response: **There will be an estimated total of 300 – 500 users that will be logged on at one time.**

Question 60: Att. A: Section II.A, Hosting Environment, Item 38, page 4 - How is the department requesting to handle user licensing

Response: **DMH expects to obtain the number of licenses for a maximum of 1,500 users.**

Question 61: Att. A: Section II.A, Hosting Environment, Item 38, page 4 - RFP states that hosted system must support 1500 current users and support additional users at no additional cost to the State; since hosting costs are based on number of users, how should an unspecified number of additional future users be provisioned for?

Response: **The State expects the solution to be scalable to accommodate growth and a greater amount of usage. As far as unit costs, Vendor should propose a per unit cost in the RFP response on the change that DMH users increased beyond 1,500. DMH will evaluate all costs that are submitted on each Vendor's Revised Cost Information Submission form.**

Question 62: Att A: Section II.A, Hosting Environment, Item 39, page 4 - Does the department's indication of "no additional costs" in this section, intended to suggest the department is willing to pay a premium for an enterprise licensing model from vendors, if they offer one?

Response: **No, the State is not seeking an enterprise licensing model. DMH will evaluate all costs that are submitted on each Vendor's Revised Cost Information Submission form. Refer to Clarification Number 4 of this Memorandum.**

Question 63: Att A: Section II.A, Hosting Environment, Item 39, page 4 - Is the reference to additional costs in section referring to implementation, training or vendor-mandated fees, or does the department intend to suggest it expects a model that will not increase utilization fees?

Response: **This item refers to hosting services, not to implementation, training, or vendor-mandated fees. The State expects the hosted environment to be scalable in response to demand.**

Question 64: Att A: Section II.A, Hosting Environment, Item 39, page 4 - Can the department provide growth expectations for the length of the requested term?

Response: **DMH's budget and staffing remain stable but can be affected by Legislative actions. All State Agency budgets are considered public record and may be viewed at www.dfa.ms.gov and click the Transparency link. Patient enrollment numbers remain fairly steady from year to year.**

Question 65: Att. A: Section II.B, Web Access, Item 43, page 5 - To take full advantage of newer technologies such as "[Vendor product name]", built on the latest standards of the web platform, only support modern browsers. Making new applications built using the latest technologies compatible with Microsoft Explorer is not recommended. It results in compromising certain features and functions supported by modern technologies. Even Microsoft is also recommending users to switch to Edge from Internet Explorer. Does the agency require the application to be compatible with Microsoft Internet Explorer 11?

Response: **Yes, DMH currently has users that are on IE11 and some moving to Edge.**

Question 66: Att. A: Section II.D, Behavioral Health Workflows, Item 54, page 5 - Can you provide specifics on behavioral health workflows used/desired by the State? (e.g. interdisciplinary treatment plans, group notes, treatment mall)

Response: **DMH is seeking standard workflows that can be modified to meet behavioral health requirements. Some examples include, but are not limited to, electronic management of patient data, patient care, decision support, results management, administrative processes, and reporting.**

Question 67: Att. A: Section II.C, Mobile Access, Items 49 – 53, page 5 - Mobile Access:
• Is the mobile access is limited to hospital staff?

Response: **No.**

• Will it be allowed to all staff members or some users with specific roles for selective activities?

Response: **All staff members who have access to the application should have mobile access.**

• Will they be accessing application outside the agency network?

Response: **Yes.**

• Will the mobile access be limited to larger devices such as tablets etc.? You are not accepting them to access all functions and features using mobile phone.

Response: **The mobile access should be available on all mobile platforms, including phones and tablets.**

- Please confirm, the mobile access will be available with real time access to the application. There is no need to perform certain function in offline mode with no access to application database.

Response: **The mobile access will be available with real time data and access to data on a mobile platform. No offline with a sync process will be performed.**

- Can you please elaborate item C-52?

Response: **The solution must accommodate system management functions on mobile platforms. For example, authorized users must be able to access system management functions from a mobile device.**

Question 68: Att. A: Section II.C, Mobile Access, Items 49-53, page 5 - What system management functions on mobile platforms is the DMH looking for specifically? Is the expectation to view reports/dashboard or perform system administrator activities?

Response: **The solution must accommodate system management functions on mobile platforms. For example, authorized users must be able to access system management functions from a mobile device. Yes, DMH's expectation is to view reports/dashboard and perform system administrator activities.**

Question 69: Att. A, Section II.C, Mobile Access, Items 49-53, page 5 - How many mobile users will require access to the new EHR solution?

Response: **DMH does not currently have this capability, but the estimated number of users will be 200.**

Question 70: Att. A, Section II.C, Mobile Access, Items 49-53, page 5 - Will the described mobile devices be the property of the State with appropriate security software installed, or will mobile devices by the personal devices of staff?

Response: **The mobile devices will be the property of the State with appropriate security software installed.**

Question 71: Att. A: Section II.E, General Functionality, Item 72, page 6 - Does the State require the functionality of an integrated electronic medication administration record (eMAR)?

Response: **Yes.**

Question 72: Att A: Section II.E, General Functionality, Item 73, page 6 - Please provide a list of existing third-party solutions the State is intending to continue to integrate with. Regarding Lab, will a third-party lab be the go-forward strategy, or will Lab be in-house, or both?

Response: **DMH must interface with Labcorp, Orchard, AEL, QS1, and Novarad. The third-party lab will be both in-house and outsourced.**

Question 73: Att. A: Section II.E, General Functionality, Item 102, page 8 - Do the immunization registries provide necessary API or an equivalent infrastructure for the solution to fetch the immunization records from the respective registries? Are those interfaces documented and made available to the solution vendor?

Response: **No, these records are exported from the electronic health records system and manually uploaded onto the Mississippi State Department of Health website. Data is not currently "fetched" from the State's immunization system.**

Question 74: Att. A: Section II.E, General Functionality, Item 112, page 8 - Will the State please provide examples of the specific keyboard shortcuts they are seeking for inclusion within the solution?

Response: **The requirement refers to common Microsoft shortcuts such as CTRL-C, CTRL-X, etc.**

Question 75: Att. A: Section II.E, General Functionality, Items 118 and 119, page 8 - Could the State provide examples or further clarification on the templates that will be needed?

Response: **Many behavioral health workflows and templates are common to EHR processes. DMH expects the proposed solution to be able to accommodate typical workflows and templates and for authorized users to make modifications in response to changing specifications. For example, DMH intake procedures are fairly generic and common.**

Question 76: Att. A: Section II.E, General Functionality, Item 119, page 8 - Solution must allow authorized users to configure and maintain templates and components – is very generic. Can you elaborate or provide specifics about what kind of templates & components shall be configurable?

Response: **Many behavioral health workflows and templates are common to EHR processes. DMH expects the proposed solution to be able to accommodate typical workflows and templates, and for authorized users to make modifications in response to changing specifications. For example, DMH intake procedures are fairly generic and common.**

Question 77: Att. A: Section II.F, Administrative Management, Item 129, page 9 - What kind of triggers and navigation are expected to be configurable by the administrative users through the system?

Response: **One of the triggers and navigation is email notifications to clinical staff and system administrators that includes, but is not limited to, test and medication schedules and SQL log messages.**

Question 78: Att. A: Section II.F, Administrative Management, Item 131, page 9 - Please provide examples of the types of TOTs the State would require.

Response: **DMH administrators must be able to use input workflows to test new and modified types of transactions (TOTs). The TOTs can be any of those ingested by or created as output by any other workflow. Some examples include creating and/or editing process workflows.**

Question 79: Att. A: Section II.G, Document Capture, Imaging, and Managing, page 9 - Is there an existing document management solution in place today? If so, is the expectation that the awarded eHR will integrate with, or replace said solution?

Response: **DMH currently does not have a document management solution.**

Question 80: Att. A: Section II.G, Document Capture, Imaging, and Managing, Item 134, page 9 - The requirement indicates the need to import/injest bulk scanning of paper documents. Will the State please elaborate as to which entity is performing the bulk document scanning operation related to this requirement? Additionally, will the State please provide metrics pertaining to the volumes of paper documents expected as well as provide document samples/formats in order for the vendor to appropriately size the solution?

Response: **DMH is requesting that client charts be scanned into the electronic health record and accessible in the EHR. Scanning of paper documents will be done at each facility location. The system needs to have the capability to upload scanned documents to client records. Refer to Attachment A, Items 136 and 137 for typical document format. Refer to Attachment B - DMH EHR Sizing Information, which is incorporated herein by reference and posted on the same website location as this Questions and Clarification Memorandum, for a high-level description. Note, this high-level description does not relieve the Vendor from proper discovery, design, and configuration.**

Question 81: Att. A: Section II.G, Document Capture, Imaging, and Managing, page 10 - Does the State require a DICOM/PACS imaging solution? Does the State require DICOM image viewers?

Response: **No, DMH does not require a DICOM/PACS imaging solution or DICOM image viewers.**

Question 82: Att. A: Section II.G, Document Capture, Imaging, and Managing, page 10 - Are there existing DICOM image storage requirements that will shift to the hosted/Cloud environment? If yes, can you provide information about the volume/size of the images?

Response: **No, there are no DICOM image storage requirements.**

Question 83: Att. A: Section II.G, Document Capture, Imaging, and Managing, Item 156.w, page 11 - How are documents expected to be attached directly from email into the EHR? Will there be a dedicated email address to which, such documents would get sent?

Response: **Yes, there can be a dedicated email address.**

Question 84: Att A: Section II.H, Reports and Dashboards, Item 160, page 12 - Are you asking for simple to use reporting functionality, native to the proposed solution? Or is there a specific reporting tool MDH wants to interface with the proposed solution?

Response: **DMH expects typical reporting functionality as well as the specific functionality required by the RFP to be native to the proposed solution.**

Question 85: Att A: Section II.H, Reports and Dashboards, Item 168, page 12 - Does QA mean "quality assurance" reports?

Response: **Yes, QA means quality assurance.**

Question 86: Att. A: Section II.N, Optional Functions, Item 208, page 14 - Can the State provide a timeframe, or details and when and under what circumstances, a patient portal would need to be created?

Response: **The patient portal is one of the requirements of Meaningful Use. DMH does not currently have a patient portal. DMH hopes to pursue creation of a patient portal within three months of the final acceptance of the awarded EHR solution.**

Question 87: Att A: Section II.N, Optional Functions, Item 209, page 14 - What is the estimated minimum number of end users that will need to access speech to text functionality in the future

Response: **The estimated number of prescribers using speech to text is 120.**

Question 88: Att. A: Section III.A, Patient Intake, Item 210, page 15 - If the State would like to replicate the incumbent solutions process, can the State provide further information on these procedures?

Response: **Present intake workflows and procedures are considered to be common to behavioral health entities of similar size and scope and to ONC certified EHR solutions. DMH expects the proposed solution to accommodate such procedures. Vendors may visit the website provided below for additional information. For example, pages 6 – 8 of refer to intake processes and Face Sheet required data elements.**
http://www.dmh.ms.gov/wp-content/uploads/2016/08/Final-PDF-2016-Record-Guide-for-Distribution.pdf.

Question 89: Att. A: Section III.A, Patient Intake, Item 210, page 15 - To ensure that we are aligned in our understanding, please provide examples of the intake procedures that are present in the incumbent solution and that must be present in the new solution. We have built, implemented, and maintain EHR solutions for behavioral health entities of similar size and scope however entities generally have customized workflows and we want to be certain that we have a shared understanding of that which is considered "common."

Response: **Present intake workflows and procedures are considered to be common to behavioral health entities of similar size and scope and to ONC certified EHR solutions. DMH expects the proposed solution to accommodate such**

procedures. Vendors may visit the website provided below for additional information. For example, pages 6 – 8 refer to intake processes and Face Sheet required data elements.
http://www.dmh.ms.gov/wp-content/uploads/2016/08/Final-PDF-2016-Record-Guide-for-Distribution.pdf.

Question 90: Att. A: Section III.A, Patient Intake, Item 212, page 15 - Please provide details/examples of the DMH screening requirements the solution must accommodate and which govern the process after intake information has been gathered.

Response: **Vendors may visit the below website for additional information. For example, page 101 provides information regarding Youth and Adult Pre-Evaluation Screening.**
http://www.dmh.ms.gov/wp-content/uploads/2016/08/Final-PDF-2016-Record-Guide-for-Distribution.pdf.

Question 91: Att. A: Section III.A, Patient Intake, Item 213, page 15 - Will the State please provide clarification and/or specifics on the data types/format of patient health history information expected for import from the existing DMH EHR system?

Response: **Refer to Appendix 1, Patient Encounter Data Elements for examples of data elements. DMH expects the solution to accommodate data types typical to EHR solutions, such as client demographics, medications, diagnosis, treatment plans, assessments, etc. Appendix 1 is located on the same website location as this Questions and Clarifications Memorandum.**

Question 92: Att. A: Section III.B, Patient Eligibility, Item 219, page 15 - Can the State provide an example/sample of the socio economic form that is required from the contractors?

Response: **Vendors may go to the link below. This document contains numerous sample forms. For example, pages 6 – 8 of the Record Guide for Distribution refer to intake processes and Face Sheet required data elements.**
http://www.dmh.ms.gov/wp-content/uploads/2016/08/Final-PDF-2016-Record-Guide-for-Distribution.pdf.

Question 93: Att A: Section III.F, Patient Encounter, Item 240, page 16 - What dental solution are you using today and what are the plans for that solution as part of this RFP?

Response: **DMH is seeking to acquire billing services as part of this RFP. DMH is not seeking to acquire a dental solution as part of this RFP.**

Question 94: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 - How many prescribers will be ordering medications?
• Inpatient?
• Outpatient?
• Do prescriptions go to both retail and in house pharmacies?

Response: **There will be 100 clinicians prescribing medications. Responses to your additional questions can be found in Attachment B - DMH EHR Sizing Information, which is incorporated herein by reference and posted on the same website location as this Questions and Clarification Memorandum, for a high-level description. Note, this high-level description does not relieve the Vendor from proper discovery, design, and configuration. Prescriptions will be provided for retail and inhouse pharmacies.**

Question 95: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 - Pharmacy Current State- How many pharmacies are currently active? Are they owned and operated by DMH?

Response: **DMH uses QS1. Each of the six facilities has its own inhouse pharmacy. The pharmacies are owned and operated by DMH.**

Question 96: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 - Pharmacy Current State- What is the current state of DMH's current pharmacy processes?

Response: **DMH uses some QS1 and some manual processes.**

Question 97: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 Does DMH's pharmacy/pharmacies also fill prescriptions? Are they responsible for entering dispense quantities and refill amounts?

Response: **Yes, DMH's pharmacies fill prescriptions. Yes, they enter dispense quantities and refill amounts.**

Question 98: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 - Does the state of Mississippi have state specific reporting and/or documentation requirements?

Response: **Yes, Vendors may go to http://www.dmh.ms.gov/wits-documentation/ to find State-specific reporting and/or documentation requirements.**

Question 99: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 - For pharmacy today, do clinicians place an inpatient order for medications? (i.e., the order does not contain dispense quantity info or refill amounts. Ex. 1 tab PO BID vs. 30 tabs w/ 3 remaining refills)

Response: **Yes, medication orders include quantity dispensed, quantity to take, frequency to take, and time to take.**

Question 100: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 - Pharmacy Charges- where/how are the charges for medications occurring in current workflows?

Response: **Medication charges are calculated at the time of billing.**

Question 101: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 - Pharmacy- Do clinicians plan to scan their patients and medications? if so, what medication orders should be scanned (e.g., prescription and/or inpatient orders)?

Response: **DMH would like to use scanning for clients and medications. Medication orders are inpatient orders.**

Question 102: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 - Is the State seeking an outpatient/retail pharmacy solution or the ability to order discharge medications at commercial pharmacy locations using e-prescribing?

Response: **No, DMH is not seeking an outpatient/retail pharmacy solution or the ability to order discharge medications at commercial pharmacy locations using e-prescribing.**

Question 103: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 - Do the six facilities have a shared/common drug formulary?

Response: **No, the six facilities do not have a shared/common drug formulary.**

Question 104: Att. A: Section IV.B, Pharmacy, Items 255-264, page 17 - Do the six sites require inpatient pharmacy functionality for on-site pharmacy use or are all meds dispensed from a contract/commercial pharmacy?

Response: **Yes, the six sites require inpatient pharmacy functionality as all meds are dispensed from an inhouse pharmacy**

Question 105: Att. A: Section IV.B, Pharmacy, Item 258, page 17 - Are the in house drugs an onsite inventory, or do you have an inpatient pharmacy, owned and managed by DMH?

Response: **DMH owns and manages an inhouse pharmacy**

Question 106: Att A: Section IV.B, Pharmacy, Item 259, page 17 - 1. Do you have onsite pharmacies?

Response: **Yes.**

2. If so, how many?

Response: **Six; each facility has an inhouse pharmacy.**

3. Are the pharmacists part of an outside contract or are they FTEs of the hospital?

Response: **The pharmacists are FTEs of MDMH.**

4. What are your closed loop requirements?

Response: **An order is sent to the pharmacy and an acknowledgement updates the EHR when the order is filled.**

Question 107: Att A: Section IV.C, Lab, Items 265-288, pages 17-18 - Does DMH have their own lab. It appears it does from the requirements section. Or is it just sending to refence labs.

Response: **Both. Mississippi State Hospital has an internal lab. The other facilities use Labcorp, Orchard, and AEL for lab pickup and processing.**

Question 108: Att A: Section IV.C, Lab, Items 265-288, pages 17-18 - Does DMH submit to any other reference labs beyond labcore? If so, what other reference labs.

Response: **Yes, DMH also submits to Labcorp, Orchard, and AEL.**

Question 109: Att. A: Section IV.C Lab, Items 265-288, page 17 - Does the State seek a full in-house laboratory information system for the six sites, or interfaces to a single or multiple contracted lab providers? If interfaces are required, what lab system/s need to be integrated?

Response: **DMH is seeking interfaces to multiple contracted lab providers. Orchard, Labcorp, and AEL are currently being used.**

Question 110: Att A: Section IV.C, Lab, Item 272, page 18 - How many supporting staff, of the 1,500 end users, does this include?

Response: **There are 12 technical resources. Other super users will be defined in the various areas.**

Question 111: Att A: Section IV.C, Lab, Item 274, page 18 - In addition to LabCorp, what other outside labs must each hospital interface with through proposed solution?

Response: **DMH must interface with LabCorp, Orchard, and AEL.**

Question 112: Att A: Section IV.C, Lab, Item 274, page 18 - Of the 6 hospitals, which ones have inside labs that the proposed solution must interface with in addition to the outside labs above?

Response: **Mississippi State Hospital is the only in-house lab.**

Question 113: Att. A: Section IV.C, Lab, Item 274, page 18 - In addition to LabCorp, are there other labs to which the solution must interface? If yes, which labs?

Response: **Yes, the solution must interface with Orchard, Labcorp, and AEL.**

Question 114: Att A: Section IV.C, Lab, Item 285, page 18 - What instruments must the proposed solution interface with?

Response: **The proposed solution must interface with scanners, such as, but not limited to, Ortho Clinical Vitros 5600, Roche Cobas U 411, Sysmex XS-1000i, Pathfast analyzer, I-Stat, and BD Veritor.**

Question 115: Att A: Section V.A, Billing, Items 290-306, pages 18-19 - Does the State require an integrated encoder/coding solution as part of the financial/billing system, or will an existing encoder need to be integrated?

Response: **No, the State does not require an integrated encoder/coding solution. There is not an existing encoder solution.**

Question 116: Att A: Section V.A, Billing, Items 290-306, pages 18-19 - If a coding system is required, can you provide the number of coding staff users? Is this a separate group from billers?

Response: **There are 30 coding staff users. No, this is not a separate group from billers.**

Question 117: Att. A: Section V.B, Claims, Item 308, page 19 - Will the State please provide expected daily/monthly claims volumes submitted both electronically and via paper as well as document samples/formats in order for the vendor to appropriately size the solution?

Response: **Refer to Attachment B - DMH EHR Sizing Information, which is incorporated herein by reference and posted on the same website location as this Questions and Clarification Memorandum, for a high-level description. Note, this high-level description does not relieve the Vendor from proper discovery, design, and configuration. DMH submits approximately 1,500 claims electronically, monthly. The document samples/formats are standard to Medicaid, Medicare, and private providers.**

Question 118: Att A: Section V.C, Payments, Item 320, page 20 - 1. Are you currently collecting credit card payments?

Response: **No.**

2. If yes, what credit card vendor are you using?

Response: **N/A.**

3. How are you collecting credit card payments (standalone device, online, other)?

Response: **N/A.**

4. What is your monthly credit card payment volume?

Response: **N/A.**

5. What is your estimated average transaction size.

Response: **N/A.**

6. How many physical locations will you be accepting payments at?

Response: **6.**

7. How many tax IDs do you have payments applied under?

Response: **Each facility has an NPI and TAXID number.**

8. Will you need or want to provide an online payment option to clients?

Response: **No, DMH will not need an online payment option at this time.**

9. Will you require a separate root system code for each hospital or one partitioned root system code?

Response: **DMH will require a system that contains six agencies' data with security built so that each agency can only see its own clients' information.**

Question 119:   Att. A: Section V.C, Payments, Item 320, page 20 - Please clarify the types of credit card transactions that the system needs to support. Does this include terminal based transactions where payment data is provided to the systems or does the system need to process eCommerce transactions?

Response: **The ability to process Visa and Mastercard is a future need for the application. The State is not currently accepting this form of payment. The RFP requires the system to be configurable for future credit card use through a partnership with the State's payment processor, NIC Mississippi. The system does not need to include terminal based transactions where payment data is provided to the systems. The system does need the ability to process eCommerce transactions.**

Question 120:   Att. A: Section VI.B, Service Availability and Restoration, Item 332, page 21 - Please confirm that our response will be a statement of understanding of the previous requirements and the State does not require more detail in this section.

Response: **Yes, your statement is correct. Item 332 is provided as a definition of _catastrophic event_. Refer to Attachment A, Section VI.C. - Continuity of Operations Plan/Disaster Recovery.**

Question 121:   Att. A: Section VII.B, Project Management Plan, Item 347, page 23 - Please note, estimating exact hours for each task may not be accurate until the data structure and quality is evaluated. Usually, the estimated costs are based on the number of sources, size, number of tables, and experience. For each task are you expecting the vendor to provide total hours or fixed cost as per the cost sheet will be sufficient?

Response: **Attachment A, Item 347 requires a preliminary project management plan (PMP) that will reveal Vendor's readiness to provide the requested services. Vendor's PMP should reveal plans for addressing each task and estimated timelines. The PMP will be amended as necessary during implementation. At this point, DMH needs evidence that the proposing Vendor has the necessary knowledge and experience. DMH is expecting the Vendor to provide total hours and fixed cost for each task.**

Question 122:   Att. A: Section VII.B, Project Management Plan, Item 347, page 23 - The RFP states DMH's desire to implement the proposed solution as rapidly as possible following contract execution.
   • Is there a specific date by which the new EHR solution must go-live?
   • Are there factors influencing the need for a rapid implementation?

Response: **No, but it is the DMH's desire that the new EHR solution will go live after the rolling implementation between 12 – 24 months after project kick-off.**

Question 123: Att. A: Section VII.C, Data Migration, Item 357, page 24 - If the DMH facilities choose to migrate their legacy data, do any of the facilities have multiple solutions from which we will need to migrate data?

Response: **No, the facilities do not have multiple solutions from which they need to migrate data. Each facility has one system from which data will be migrated.**

- If yes, which facilities and what are the solutions?

Response: **N/A.**

- What data do you anticipate needing to migrate into the new solution from these facilities?

Response: **DMH anticipates migrating client demographics, medications, diagnosis, treatment plans, assessments, etc. This will be determined by each facility.**

- If a DMH facility chooses not to migrate their legacy data, is there another method by which they anticipate inputting the legacy data into the new solution?

Response: **Legacy data can be pulled from the existing EHR system.**

Question 124: Att. A: Section VII.C, Data Migration, Item 357, page 24 - Can the State provide specifications for the type of data to be migrated, the volume of patient data/span of time to be migrated, and an example of the format of the data to be migrated?

Response: **Refer to Attachment B - DMH EHR Sizing Information and Attachment E – Sample Data Format, which are incorporated herein by reference and posted on the same website location as this Questions and Clarification Memorandum, for high-level descriptions. The Sample Data Format file does not represent all data collected and reported by the State. It is only provided as a sample of the format of the data, as requested. Note, these high-level descriptions do not relieve the Vendor from proper discovery, design, and configuration. For additional information, see response to Question 127.**

Question 125: Att. A: Section VII.C, Data Migration, Item 357, page 24 - Can the State provide any information/metrics about the data to be migrated such as the size of the data, timeframe the data encompases, data quality, etc.? Please provide a sample.

Response: **See Attachment B - DMH EHR Sizing Information and Attachment E – Sample Data Format, which are incorporated herein by reference and posted on the same website location as this Questions and Clarification Memorandum, for high-level descriptions. The Sample Data Format file does not represent all data collected and reported by the State. It is only**

provided as a sample of the format. Note, these high-level descriptions do not relieve the Vendor from proper discovery, design, and configuration. For additional information, see response to Question 127.

Question 126: Att. A: Section VII.C, Data Migration, Item 357, page 24 - Data Migration:
-The approximate number of patient records stored currently.

Response: **Approximately 26,148 records**

• What is the total database size as of this RFP date and the approximate number of tables?

Response: **270 gigabytes**

• Is there any data stored outside SQL Server Database that the vendor is required to migrate? For example, electronic documents stored in the document database or file server, etc.?

Response: **No.**

• Is there a count of data/size of the database by DMH facility? This information will be helpful for vendors to quantify the effort of migration involved, so that costing can be provided based on the quantity.

Response: **No.**

Question 127: Att A: Section VII.C, Data Migration, Item 357, page 24 - 1. Which of the following record types does DMH potentially require migrated or converted from the legacy system?
  o Client Demographics
  o Client Admission movement (MVA)
  o Client Discharge movement (MVD)

Response: **DMH requires Client Demographics, Client Admission movement, Client Discharge movements as well as, but not limited to, the data elements listed in Appendix 1, Patient Encounter Data Elements, which is located on the same website as this Questions and Clarification Memorandum.**

2. What other record types may require conversion?

Response: **There are no other record types that may require conversion.**

3. Which one of the following conversion strategies for the data elements above is preferred?
  o All clients
  o Clients from the last X number of years (X =?)
  o Active clients only and active episodes only
  o Active clients only and all episodes?

Response: **All clients and all episodes are preferred.**

4. Does each facility have a separate database to potentially convert?

Response: **No, all agency data is in multiple SQL databases within one system. Security is based on the Agency.**

Question 128: Att. A: Section VII.E, User Training and Documentation, Items 364-371, page 25 - Is the State planning a "train-the-trainer" approach with the 40-50 users only trained by the vendor, or will all 1500 users be trained by the vendor?

Response: **DMH is planning to train 40 to 50 DMH staff users with a train the trainer approach.**

Question 129: Att. A: Section X.A, Customer Support, Item 409, page 29 - Will the State please provide metrics on call volumes/types to be expected as part of this requirement?

Response: **The approximate call volume is 100 calls per month. The types of calls to be expected are system defects, user error, system processing errors, upgrades, etc. All call types are dependent on the software solution.**

Question 130: Att A: Section X.F, Backup Services, Item 436, page 33 - Does DMH require a separate root system code for each of the 6 facility locations or 1 root system code with 6 partitions?

Response: **DMH will require a system that contains one root system with six agencies' data.**

RFP responses are due June 10, 2021, at 3:00 p.m. (Central Time).

If you have any questions concerning the information above or if we can be of further assistance, please contact Khelli Reed at 601-432-8194 or via email at Khelli.Reed@its.ms.gov.

cc: ITS Project File Number 45588

Attachments: Attachment B – DMH EHR Sizing Information
              Attachment C – Revised Cost Information Submission Form
              Attachment D – EHR Information
              Attachment E – EHR Sample Data Format