



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## REQUEST FOR PROPOSAL ELECTRONIC MEDICAL RECORD PROJECT

**#12-009-ITS**

**Addendum #6**

May 16, 2012

### **BACKGROUND**

The California Department of Corrections and Rehabilitation (CDCR), California Correctional Health Care Services (CCHCS), is requesting proposals for an Electronic Medical Record (EMR) solution using a multi-stage procurement approach. Contractor will work with CCHCS personnel and other stakeholders to design, install, configure, and implement a commercial off-the-shelf (COTS) EMR solution statewide.

Proposals are due **Monday Tuesday, May 21 22, 2012, at 3:00 p.m.**, Pacific Time (PT). Bidder proposal and other required documents must be submitted in hard-copy and clearly labeled to the department contact noted below.

### **ACTION**

To date, CCHCS has received two-hundred twenty-seven (227) bidder questions for RFP #12-009-ITS.

- This Addendum answers one-hundred twenty-four (124) of the 227 bidder questions posed in the first (1<sup>st</sup>) and second (2<sup>nd</sup>) round; and
- Additional questions and answers may be forthcoming.

Please recognize that the last date for submittal of second-round questions was May 4, 2012.

### **CONTACT PERSON**

Bidders may contact the following person with any questions or concerns:

California Correctional Health Care Services  
Attention: Alexander Thomson, IT Acquisitions  
501 J Street  
P.O. Box 4038  
Sacramento, CA 95812-4038  
(916) 322-0529  
[Alexander.Thomson@cdcr.ca.gov](mailto:Alexander.Thomson@cdcr.ca.gov)

All other RFP terms and conditions remain the same.

## **QUESTIONS/STATEMENTS AND ANSWERS**

### 1. Question(s)/Statement(s):

“Our software licensing requires the following client statistics, and we are hoping CCHCS could provide:

- Annual Operating Expense / budget;
- Total number of FTEs in the CCHCS;
- Annual OP visits;
- Annual ED visits;
- Number of CCHCS providers; and
- Rehabilitation visits.
  - a. In-patient
  - b. Out-patient”

Answer(s)/Statement(s):

CCHCS' Operating Expense/budget may be viewed in Senate Bill (SB) 87 (Leno), Chapter 33, Statutes 2011. SB 87, Page 467, Organization Code #5225-001-0001, is for the California Department of Corrections and Rehabilitation's budget.

The total number of CDCR FTEs may be viewed in the Governor's proposed budget for Fiscal Year (FY) 2012/13, dated January 5, 2012, Organization Codes 5225-5227 (i.e., <http://www.dof.ca.gov/budget/historical/2012-13/governors/>).

### 2. Question(s)/Statement(s):

“How is CCHCS currently administering all care and where?”

Answer(s)/Statement(s):

Approximately eighty-percent (80%) of care is outpatient, and 20% inpatient. Outpatient care is currently administered by approximately two-hundred fifty (250) clinics across thirty-three (33) institutions.

### 3. Question(s)/Statement(s):

“What are the specific medication administration routines? Many of the questions indicate point of care medication administration, routine medication administration, infusion management, IV calculations, long term care, nursing home type of care, etc.”

Answer(s)/Statement(s):

Care includes routine medication administration including pill lines three (3) times per day, cell front delivery three (3) times per day, Urgent Care (i.e., triage and treatment area [TTA]), and delivery of routine and intravenous medications in acute and sub-acute settings including long-term care and General Acute Care Hospitals (GACH).

4. Question(s)/Statement(s):

“We request an extension of 30 days for this bid response, due to the complexity, multiple sections and detailed requirements. We would also strongly suggest a bidders conference to vet out all the details and make certain that the state is receiving the most cost effective and productive responses. We are concerned that without more time to put all the necessary details and cost together, that the state will lose out on the best and most cost-effective response for this long-term objective. If an extension is not granted, we will not be able to respond.”

Answer(s)/Statement(s):

CCHCS clearly understands the complexity of responding to this RFP given the limited timeframe and that is the very reason for a multi-stag approach.

However, at this point-in-time, CCHCS may not grant a thirty (30) day extension to response due date.

CCHCS is only able to grant a one (1) day extension, with no extension possible beyond May 22, 2012.

5. Question(s)/Statement(s):

“Will you require Point of Service bar coding for your laboratory specimen collection and blood administration? (Similar to pharmacy POS bar coding.)”

Answer(s)/Statement(s):

Although this feature is desirable, it is not a requirement.

6. Question(s)/Statement(s):

“What Is the Dental EMR you wish to interface to?”

Answer(s)/Statement(s):

CCHCS has not yet selected its Dental EMR.

7. Question(s)/Statement(s):

“Please describe specific Dental requirements?”

Answer(s)/Statement(s):

Please see question/answer #6.

8. Question(s)/Statement(s):

“Page 27, Section C: Please clarify the 'Proof of Concept' requirement?”

Answer(s)/Statement(s):

The "proof of concept" is a Stage 1 deliverable and not a requirement.

9. Question(s)/Statement(s):

“Page 9, Section 1. Please clarify 'Use Cases'?”

Answer(s)/Statement(s):

"Use cases" or "scenarios" will be provided to Stage 1 contractors for consistent demonstration of their proposed solution.

10. Question(s)/Statement(s):

“What are CCHCS’ annual inpatient revenues?”

Answer(s)/Statement(s):

CCHCS provides care services to inmates in the custody of the prison system. Unlike a community healthcare provider, it does not generate revenue from its activities.

11. Question(s)/Statement(s):

“What are CCHCS’ annual outpatient revenues?”

Answer(s)/Statement(s):

See question/answer #10.

12. Question(s)/Statement(s):

“Number of years of data to back-load, if any?”

Answer(s)/Statement(s):

None.

13. Question(s)/Statement(s):

“Number of patient-inmates to have medical records back-loaded?”

Answer(s)/Statement(s):

None.

14. Question(s)/Statement(s):

“New assessments per Inmate/Patient per day?”

Answer(s)/Statement(s):

Laboratory had 2,090,963 from 01/01/11 through 12/31/11. CCHCS fills six (6) million prescriptions per year. Radiology has 130,000 radiology procedures per year and 4,500 mammography procedures per year.

15. Question(s)/Statement(s):

“Average problem entries per active Inmate/Patient day?”

Answer(s)/Statement(s):

CCHCS does not calculate individual results per inmate-patient, per day. CCHCS averages 34,000 laboratory results per month.

16. Question(s)/Statement(s):

“The RFP states the system must be able to scale to 3,000 simultaneous users. What do you estimate to be the average daily peak concurrent users within the first 5 years of deployment?”

Answer(s)/Statement(s):

The average daily peak concurrent users for EMR will depend on how the solution is integrated, and level of successful adoption.

For reference, the Electronic Unit Health Record (eUHR) has less than 1,000 daily concurrent users on average. This number is expected for the EMR system.

17. Question(s)/Statement(s):

“Medication Reconciliation Documents per Inmate/Patient per day?”

Answer(s)/Statement(s):

This questions lacks sufficient specificity to provide a response.

18. Question(s)/Statement(s):

“Average Plans of Care per Inmate/Patient per day?”

Answer(s)/Statement(s):

There are 5,775 average Plans of Care per day.

19. Question(s)/Statement(s):

“Medication Administration Records (MARs) per Inmate/Patient per day?”

Answer(s)/Statement(s):

Based on an average of six (6) feet of MARs submitted to the local health records units per month, per institution, CCHCS projects a total of approximately 403,254 MAR pages generated per month.

20. Question(s)/Statement(s):

“Number of Named Scheduling Users?”

Answer(s)/Statement(s):

There are 231 Named Scheduling Users.

California's adult institutions have an average of six (6) yards and one inpatient/GACG/OHU area. Six (6) institutions, however, are outliers.

21. Question(s)/Statement(s):

“Number of Dedicated Scheduling Users?”

Answer(s)/Statement(s):

See question/answer #20, above.

22. Question(s)/Statement(s):

“Number of Appointments Scheduled per month?”

Answer(s)/Statement(s):

According to the December, 2011, Receiver's Turnaround Monthly Report, approximately 420,000 per month.

23. Question(s)/Statement(s):

“Number of Appointments to back load?”

Answer(s)/Statement(s):

Up to three (3) months (i.e., approximately 1.2 million appointment records).

24. Question(s)/Statement(s):

“Number of Concurrent users for Enterprise Document Management (EDM) system?”

Answer(s)/Statement(s):

An Enterprise Document Management (EDM) system is not sought. However, if Bidder's proposed solution approach includes EDM capabilities, the same number of concurrent EMR users would be required for EDM.

25. Question(s)/Statement(s):

“Total number of anticipated scanned pages per day?”

Answer(s)/Statement(s):

140,000 scanned pages per day. However, please recognize that CCHCS' Electronic Unit Health Record (eUHR) system currently provides the scanning and storage of hardcopy medical record functionality required.

26. Question(s)/Statement(s):

“Number of months to retain EDM documents?”

Answer(s)/Statement(s):

Documents are retained in accordance with applicable legal statutes. However, please recognize the CCHCS' eUHR currently fulfills its EDM requirements.

27. Question(s)/Statement(s):

“Number of concurrent nursing users administering medications?”

Answer(s)/Statement(s):

2,772

28. Question(s)/Statement(s):

“How many years retention of radiological data?”

Answer(s)/Statement(s):

Indefinite. This means, once in the system, CCHCS will not get rid of the record.

Please recognize, however, that CCHCS is currently deploying an independent radiology information system (i.e., Fuji RIS/PACS) that has lifetime record retention capability. Bidder's EMR solution may interface and/or interface with CCHCS' RIS/PACS to access imaging records.

29. Question(s)/Statement(s):

“How many years retention of laboratory records?”

Answer(s)/Statement(s):

Indefinite. This means, once in the system, CCHCS will not get rid of the record.

Please recognize, however, that CCHCS currently relies on a hosted laboratory information system from an off-site reference laboratory (i.e., Quest360) that may be independent from its EMR solution. Bidder's EMR solution may interface CCHCS' laboratory system to access laboratory records.

30. Question(s)/Statement(s):

“Regarding Worksheets in Attachments 8 and 9: Some of the requirements request additional explanation to answers. If the response is more than a sentence or two would it be acceptable to respond via an attachment? The attachment will be clearly identified by the unique ID and label number.”

Answer(s)/Statement(s):

Yes, but the attachment should be clearly identified. Please recognize that descriptions will be considered part of Bidder's approach description.

31. Question(s)/Statement(s):

“What is the total number of nursing staff that would be using the medication administration workflow?”

Answer(s)/Statement(s):

2,100

All licensed nurses (i.e., LVN, LPT, RN). See question/answer #27, above.

32. Question(s)/Statement(s):

“On page 15, under Response requirements, statement 6, CCHCS is requiring the Bidder to provide CCHIT certifications. The term “bidder” means only the company who signs the contract or will this include any sub-contractors or partners with the said bidder?”

Answer(s)/Statement(s):

In addition to Bidder, this requirement may be met by any and all of Bidder's subcontractors.

33. Question(s)/Statement(s):

“On page 18 under mandatory requirements, A1. CCHCS is requiring bidder to have 3 years of continuous experience as an EMR system integrator. The term “bidder” means only the company who signs the contract or will this include any subcontractors or partners with the said bidder?”

Answer(s)/Statement(s):

In addition to bidder, this requirement includes any and all subcontractors.

34. Question(s)/Statement(s):

“Will CCHCS grant any extensions after May 21st?”

Answer(s)/Statement(s):

Yes; see question/answer #4.

35. Question(s)/Statement(s):

“Does CCHCS have a .DOC version of the rfp 12-009-its - emr solution.pdf file?”

Answer(s)/Statement(s):

CCHCS will not provide a Microsoft Word version of the RFP.

36. Question(s)/Statement(s):

“Please explain in detail what 'stage 1' and 'stage 2' represent?”

Answer(s)/Statement(s):

Awarded contractors will perform all Stage 1 deliverables and revise their proposal to compete for Stage 2 services. The revised proposals will include a fixed cost for Stage 2 services.

Stage 2 represents all services for the complete implementation of its EMR solution. CCHCS intends to award Stage 2 amendment to a single contractor, according to RFP Section VIII (Stage 1 and Stage 2 Evaluation).

37. Question(s)/Statement(s):

“Please explain the deliverables in the rate sheet file under the stage 1 cost proposal worksheet tab?”

Answer(s)/Statement(s):

The deliverables listed on Attachment 1 (Rate Sheet), Stage 1 Cost worksheet tab, correspond to deliverables specified in RFP Section V.4 (Stage 1 Deliverables).

38. Question(s)/Statement(s):

"We are assuming you will accept the CCHIT ONC-ATCB "Eligible Provider, Complete HER" certificate under the Minimum Business Requirements, Section III.3.B.3.c. This is the certificate that is required under the ARRA Meaningful Use program. Please confirm."

Answer(s)/Statement(s):

CCHIT ONC-ATB "Eligible Provider, Complete HER" certificate documents minimal outpatient functionality meets CCHCS' minimum requirement.

Any Office of the National Coordinator – Approved Testing and Certification Body (ONC-ATB) "Complete HER" certification from any ONC approved certifier is acceptable. However, CCHIT certification for Ambulatory, Long-Term Care, Behavioral Health and Emergency Department shall be given preference.

Key elements from CCHIT certification, HL7, and other requirements in the RFP and Attachments 8 and 9 will be used for evaluation and selection.

39. Question(s)/Statement(s):

"Regarding pharmacy: please provide the following metrics;

- a. How many prescriptions you fill a year?
- b. The # pharmacy locations you have? And
- c. The # of concurrent pharmacy users?"

Answer(s)/Statement(s):

- a. Six (6) million prescriptions per year;
- b. Thirty-four (34) pharmacies with eight (8) work stations per pharmacy on average. (This figure does not include the CHCF facility to open in May, 2013); and
- c. The number of concurrent pharmacy users can be up to 400, or more.

40. Question(s)/Statement(s):

"In Attachment 1, Rate Sheet, there appears to be a couple minor calculation errors in the cost worksheet (e.g. we believe cell C14 should sum C12:C13, not C13:C13). Should we make these fixes in our version or will you issue an update?"

Answer(s)/Statement(s):

Bidders should revise and/or correct the rate sheet provided to match their proposal.

41. Question(s)/Statement(s):

"In Attachment 1, Rate Sheet, is it permissible to modify the cost sheet to add in additional lines if needed?"

Answer(s)/Statement(s):

Yes; the cost worksheet should be revised according to the proposal's approach.

42. Question(s)/Statement(s):

"In Attachment 1, Rate Sheet, "Ongoing Expenses" Tab, "Cost Proposal Worksheet- Estimated Ongoing Expenses," the term is indicated as 5 years, although we understood the contract to be 4 years (June 2012 to June 2016). Please clarify."

Answer(s)/Statement(s):

Correct; CCHCS seeks a five (5) year estimate of ongoing expenses with Bidder's response, although the initial agreement term is four (4) years.

43. Question(s)/Statement(s):

"What are the medical specialties covered in the CCHCS?"

Answer(s)/Statement(s):

CCHCS provides primary care services (Internal Medicine, Family Practice, OB-GYN) on an outpatient and inpatient basis. The patient population includes patients being treated for chronic infectious diseases, such as Hepatitis C, HIV, and Tuberculosis.

44. Question(s)/Statement(s):

"In Attachment 7 - CCHCS Correctional Infrastructure, we were surprised not to see Primary Care and other non-behavioral medical specialties. Was this an omission, or should we focus on those end-users?"

Answer(s)/Statement(s):

CCHCS has Primary Care providers in all areas.

45. Question(s)/Statement(s):

“Regarding the medical device integration requirement, are you primarily interested in integrating with the low-acuity, spot check monitors like Welch Allyn? If so,

- a. How many total devices?
- b. Is there a standardized device in use today?
- c. Is there interest in procuring new integrated vital signs devices for this project if additional workflow benefits and integration points warrants it?

Are there any areas that will utilize (and want to integrate with) the high-acuity, continuous monitors; i.e. Spacelabs, Philips, GE. If so, how many rooms/beds and what device manufacturer/model number?”

Answer(s)/Statement(s):

Please recognize that Quest360 is CCHCS' current laboratory IT solution.

However, if Bidder's proposed approach includes integration of laboratory equipment, please note the following: vitals, vent settings, IV pumps, O2 saturation, and telemetry.

CCHCS is interested in spot check monitors like Welch Allyn, and have not at this time procured them. The California Health Care Facility (CHCF) project has approximately 100 of these monitors on the procurement schedule. CHCF is also procuring continuous monitors equivalent to GE Dash 4000. Exact manufacturer and model number is not yet available.

46. Question(s)/Statement(s):

“How many of the 34 locations have LTC services?”

Answer(s)/Statement(s):

Long Term Care will be centralized at three facilities: CHCF (Stockton), California Institute for Women (CIW), and California Medical Facility (CMF).

47. Question(s)/Statement(s):

“How many of the 34 locations have an acute care inpatient capability?”

Answer(s)/Statement(s):

Three facilities currently have General Acute Care Hospital licenses. CCHCS anticipates that these licenses will be transitioned to Correctional Treatment Center licenses in the near future.

48. Question(s)/Statement(s):

“How many clinical trials does the CCHCS typically participate in at any given time?”

Answer(s)/Statement(s):

None.

49. Question(s)/Statement(s):

“The 5 copies are also to be supplied in 3-ring binders?”

Answer(s)/Statement(s):

No; only the Master Copy is required to be in a three-ring binder.

50. Question(s)/Statement(s):

“Is CCHIT certification mandatory? (Page 15, paragraph 6)”

Answer(s)/Statement(s):

See question/answer #32.

51. Question(s)/Statement(s):

“The RFP mentions that handing over of product source code is one of the major deliverables. (Page 29, H. Deliverables 8) We are willing to put the source code in escrow; is that satisfactory?”

Answer(s)/Statement(s):

CCHCS may consider placement of bidder's proprietary product(s) in an escrow account, but any enhancements and/or customizations paid with State funds will be owned by the State of California.

Please note that the successful bidder will be subject to the State's General IT Provisions (Attachment #10).

52. Question(s)/Statement(s):

“Which are the exact documents to be compiled, completed and to be attached to the proposal as part of the Initial Stage? It would seem like it is attachments 1, 8 and 9, in addition to the proposal itself.”

Answer(s)/Statement(s):

In addition to meeting all response requirements (i.e., Section III.2)

53. Question(s)/Statement(s):

“Do we understand correctly that Stage 1 and 2 information would be submitted separately at a later date?”

Answer(s)/Statement(s):

No; Bidders are required to submit all requested information on or before RFP due date of May 22, 2012.

However, awarded Stage 1 contractors may be allowed to resubmit revised proposals prior Stage 2 amendment.

54. Question(s)/Statement(s):

“Do we understand correctly that vendors shortlisted for Stage 2 will have site visits?”

Answer(s)/Statement(s):

CCHCS does not anticipate requiring Stage 1 vendors to conduct institutional site visits.

55. Question(s)/Statement(s):

“How many full-time billing physicians do you have?”

Answer(s)/Statement(s):

None; CCHCS physicians do not bill for services.

56. Question(s)/Statement(s):

“How many part-time (20 hours or less) billing physicians do you have?”

Answer(s)/Statement(s):

See question/answer #55.

57. Question(s)/Statement(s):

“How many mid-level billing providers do you have?”

Answer(s)/Statement(s):

None; CCHCS providers do not bill for services.

58. Question(s)/Statement(s):

“Regarding Page 29 of 54, Item H, Deliverable 8 (Implementation and Change Management),

'Contractor shall provide all required technical, training, process management, planning, and reporting documentation including, but not limited to, all of the following:

...

## 2. Source Code

...'

Can source code be provided "in escrow" or is it required to be directly provided to CCHCS? Can you clarify the intent here?"

Answer(s)/Statement(s):

Same answer as question/answer #51.

### 59. Question(s)/Statement(s):

"Regarding Page 20 of 54, Section C (Minimum Mandatory Technical Requirements), Item 2. (Data Access)

a. 'The software must support use of industry standard protocols to access EMR data independent of the EMR application (e.g. SQL, ODBC, or JDBC)'

The concern is the following, allowing access to the EMR data independent of the EMR application would be considering a HIPAA violation as there is no ability to track who has accessed the data. We typically do not allow this type of 'back door' access for technical, legal, and HIPAA reasons. Can you clarify the intent here?"

Answer(s)/Statement(s):

This relates to the service oriented architecture requirement.

### 60. Question(s)/Statement(s):

"The Office of National Coordinator (ONC) has approved a number of non-governmental entities to provide third party review for ARRA certification. CCHIT is only one of the third party review entities approved by the ONC for this purpose. Our product is a fully certified EMR under the provisions and guidelines of the ARRA Meaningful Use criteria set forth by the ONC. We chose to utilize the certification process services of a different ONC approved entity.

There is no difference other than CCHIT brand recognition in the industry. Will our ARRA certification meet the provisions designated as "CCHIT" Certification?"

Answer(s)/Statement(s):

CCHIT ONC-ATB "Eligible Provider, Complete HER" certificate documents minimal outpatient functionality meets CCHCS' minimum requirement.

Any Office of the National Coordinator – Approved Testing and Certification Body (ONC-ATB) "Complete HER" certification from any ONC approved certifier is acceptable. However, CCHIT certification for Ambulatory, Long-Term Care, Behavioral Health and Emergency Department shall be given preference.

Key elements from CCHIT certification, HL7, and other requirements in the RFP and Attachments 8 and 9 will be used for evaluation and selection.

61. Question(s)/Statement(s):

“Regarding Page 19, Section III.3 (Mandatory Requirements), subsection 2:

Our company compiles financial statements in accordance with generally accepted accounting principles, issued by certified public accountants. Our accountants indicate that these statements are common for non-public entities such as ours. As we had submitted this earlier as a question/clarification we assume that these financial statements meet the requirements of your RFP?”

Answer(s)/Statement(s):

Yes; please see question/answer #9, Addendum 2, which indicates that generally accepted accounting principles meets the auditing/fiscal requirements.

62. Question(s)/Statement(s):

“RFP Section IV (RFP DOCUMENTS AND CONDITIONS), IV.1 (Bidder’s Guidelines) states, 'Bidder’s proposal is an irrevocable offer for twelve (12) months following the date for Stage 1 contract award as specified in Section II.5 (Key Action Dates).'

- a. How can a bidder offer an irrevocable offer for 12 months when Section I (Introduction)/Section V. SOW v.4/Section V. SOW/v.VI essentially state, 'contractors will be required to submit revised proposal for Stage 2 services including cost within CCHCS’ allocated budget'?
- b. What is the effective date of the bidder’s irrevocable offer?”

Answer(s)/Statement(s):

The RFP’s irrevocable offer requirement is intended for a bidder’s Stage 1 proposed cost (i.e., Stage 1 deliverables and the solution's out-of-the-box cost to meet minimum mandatory requirements).

However, CCHCS does intend to re-review bidder’s total proposed costs during Stage 1 negotiations for contract amendment.

63. Question(s)/Statement(s):

“Section V. Statement of Work/Section V.5 Stage 2 Deliverables/E. Deliverable 5 states, “a minimum of three (3) operating environments including: 1. Development, 2. Test, and 3. Production.

- a. Is there a specific, but unstated requirement for a stand-alone Training System with a predefined, reusable set of data that is independent of the environments used for code development and production?
- b. If yes, what is the required number of simultaneous trainee’s needed for this system?”

Answer(s)/Statement(s):

A training environment, especially for the period immediately following EMR implementation, is desired but not required.

64. Question(s)/Statement(s):

“Section V. Statement of Work/Section V.6 Stage/ 2. Medium-Level requirements,/ 6.data management/ a. “capability for multiple users....”

What is the required actual number of multiple users in this described business case?”

Answer(s)/Statement(s):

Please recognize that medium-level requirements are provided for background purposes and will not be evaluated until after contract award.

65. Question(s)/Statement(s):

“Section VII. INITIAL STAGE EVALUATION/VII.4 Proposal Evaluation Criteria/Technical Approach Topics e. Solution Security/ g. Solution availability strategy

a. Please clarify 'highly available'

b. Does this include a disaster recovery production system?

How is the EMR system availability from a data center the responsibility of the bidder to provide availability (i.e. the network) to a prison environment?”

Answer(s)/Statement(s):

Bidders must describe their approach/architecture to provide high availability, and what that level of availability will be. If the solution requires certain infrastructure services (e.g., load balancing, database clustering, etc.) to provide high availability, that must also be described.

66. Question(s)/Statement(s):

“Section V. Statement of Work/Section V.5 Stage 2 Deliverables/H. Deliverable 8, item #2 states, “source code” is a deliverable.

a. In our proposed solution, the source code is not touched in order to customize the solution. The customization occurs above application source code and our standard customer engagement does not include the delivery of source code. In this case, can the 'source code' be placed in escrow between CCHCS and our firm?”

Answer(s)/Statement(s):

Yes; same as answer/question #51.

67. Question(s)/Statement(s):

“In the Minimum Mandatory Requirements on page 20, you state: 'The software solution must implement customizations and configurations in a non-proprietary, industry standard that is generally available in the open market.' Can you please clarify?”

Answer(s)/Statement(s):

If any customization is required to meet CCHCS' minimum mandatory requirements, then customization should use industry standards. Bidder's solution must utilize software that is already available on the market instead of developing an enhancement from scratch specific to CCHCS requirements.

68. Question(s)/Statement(s):

“In the Minimum Mandatory Requirements on page 20, you state: 'The software must support integration with market leader system management solution(s) through a native integration support (i.e. use of adapters or agents) and/or use of industry protocols (e.g. Simple Network Management Protocol [SNMP]) to provide operational monitoring and alert capabilities, including performance and capacity planning metrics and reports.' Can you clarify and what is the pass/fail level on this issue?”

Answer(s)/Statement(s):

As part of the Technical Approach Score, CCHCS will evaluate whether Bidder's proposal describes integration with standard Centralized Monitoring and Management (CMM) suites.

Many CMM suites require a "Smart Plug-In" or client application to provide instrumentation and management functionality. Bidders must describe how integration with any monitoring and management suite (e.g., HP OpenView, BMC, Solarwinds, Spiceworks, and/or native monitoring as part of the EMR solution, etc.).

69. Question(s)/Statement(s):

““Provide First Databank clinical decision support capabilities” (page 33 of 55 of Addendum 4 version); is that the only CDS you will accept?”

Answer(s)/Statement(s):

Yes; First Databank is the only CDS that CCHCS will accept.

70. Question(s)/Statement(s):

“Have PIMS (Patient Information Management System) module native with the order communications module allowing the databases to be synchronized in real time' (page 33 of 55 of Addendum 4 version); would you expand on what you are asking for?”

Answer(s)/Statement(s):

Patient-related data must be synchronized. Databases themselves do not necessarily have to be synchronized so long as patient data is synchronized across the entire EMR solution.

71. Question(s)/Statement(s):

“The solution should provide a built-in Enterprise Master Patient Index (EMPI) system or have verified ability to integrate with a proven vendor's EMPI product' (page 33 of 55 of Addendum 4 version). Can you expand on the requirement and the business issue this is trying to accomplish?”

Answer(s)/Statement(s):

The solution must have a way to uniquely identify a patient. This functionality may be provided natively (i.e., built-in EMPI) by Bidder's proposed EMR solution, or through integration with another software product.

72. Question(s)/Statement(s):

“The Integration Architecture should comply with Web Service Interoperability Organization (WS-I) standards that ensures interoperability' (page 34 of 55 of Addendum 4 version). Can you further expand on this requirement and the business issue this is trying to address?”

Answer(s)/Statement(s):

CCHCS seeks a solution developed with the principles and methodology of software that is built as a set of services, which are: a) loosely coupled, b) easily reused, and c) quickly composed/aggregated to provide new business services.

The solution should follow industry standards (e.g., OASIS WS-I) to ensure interoperability using service oriented architecture.

73. Question(s)/Statement(s):

“Provide e-form capability;' (page 31 of 55 of Addendum 4 version). Would you please describe what you are looking for here?”

Answer(s)/Statement(s):

CCHCS seeks an EMR solution that has electronic form (e.g., HTML form, Java Applet form, etc.) capability.

Please see question/answer #72.

74. Question(s)/Statement(s):

“What system is being used to register/create an inmate’s patient record in the current healthcare system?”

Answer(s)/Statement(s):

The current system is a document-management system that scans a record created on paper.

75. Question(s)/Statement(s):

“Will this system continue to be used to register patients in conjunction with the new EHR system?”

Answer(s)/Statement(s):

Most functionality will be replaced or integrated into the EMR.

76. Question(s)/Statement(s):

“How many patient records exist in the current registration/billing system?”

Answer(s)/Statement(s):

CDCR's current total inmate population is a reasonable estimate.

77. Question(s)/Statement(s):

“Are there any physical records/charts/radiology film jackets that would also need to be corrected as the result of the merging of two records in the current registration/billing system?”

Answer(s)/Statement(s):

CCHCS may have some at this time, but these should be corrected by 2013. Bidder's EMR solution approach does not need to include correction.

78. Question(s)/Statement(s):

“Do you have a current registration system that will be interfaced or do you require this as part of your bid?”

Answer(s)/Statement(s):

Some existing CCHCS registration system interfacing will be required.

79. Question(s)/Statement(s):

“Do you have a current patient accounting/billing system that will be interfaced or do you require this as part of your bid?”

Answer(s)/Statement(s):

None; this is not required as part of the RFP response.

80. Question(s)/Statement(s):

“Do you have a medical necessity solution that will be interfaced or do you require this as part of your bid?”

Answer(s)/Statement(s):

No.

81. Question(s)/Statement(s):

“The software solution must support use of a Service Oriented Architecture (SOA) approach. Can you expand more on this issue and is this a pass/fail minimum requirement to bid?”

Answer(s)/Statement(s):

Please see question/answer #72, above.

82. Question(s)/Statement(s):

“The software must support integration with market leader system management solution(s) through a native integration support (i.e. use of adapters or agents) and/or use of industry protocols (e.g. Simple Network Management Protocol [SNMP]) to provide operational monitoring and alert capabilities, including performance and capacity planning metrics and reports. Can you expand on this requirement and is it a pass/fail minimum requirement to bid?”

Answer(s)/Statement(s):

See question/answer #68, above.

83. Question(s)/Statement(s):

“In Section VII Initial Stage Evaluation, Clinical Approach, it is stated that the 'score will be based upon submission of two (1) items: (1) Completion of Attachment 9 (EMR Clinical Evaluation Criteria); and 2) the Bidder’s approach must address all of the topics described below’.

Please confirm we are to provide a completed Attachment 9 and narrative responses to the questions/items in the section titled “Clinical Approach Topics”.

Is this in addition to the information requested in Section III.2.A for item 8. Description of Bidder’s Services Approach? Based on Addendum 4, should item h. be removed from the “Clinical Approach Topics”?”

Answer(s)/Statement(s):

Correct; all proposals must include a completed Attachment 9 and a description of Bidder's approach that include narrative responses to the questions/items in the section titled "Clinical Approach Topics".

Bidder's responses to the questions/items addressing Clinical Approach Topics are considered part of Section III.2.A, item 8, requirements (i.e., Description of Bidder's Services Approach).

Clinical Approach Topics, item h., is not removed. The topic specifies that, if available, Bidder's approach should include dental practice management system experience and capabilities.

84. Question(s)/Statement(s):

“In Section VII Initial Stage Evaluation, Technical Approach, it is stated that the “score will be based upon submission of two (1) items: (1) Completion of Attachment 8 (EMR Technical Evaluation Criteria); and 2) the Bidder’s approach must address all of the topics described below”.

Please confirm, we are to provide a completed Attachment 8 and narrative responses to the questions/items in the section titled “Technical Approach Topics”. Is this in addition to the information requested in Section III.2.A for item 8. Description of Bidder’s Services Approach?”

Answer(s)/Statement(s):

Correct; all proposals must include a completed Attachment 8 and a description of Bidder's approach that include narrative responses to the questions/items in the section titled "Clinical Approach Topics".

Bidder's responses to the questions/items addressing Technical Approach Topics are considered part of Section III.2.A, item 8, requirements (i.e., Description of Bidder's Services Approach).

85. Question(s)/Statement(s):

“Is a response required to Section V. Statement of Work? If so, how would you like us to respond? With the actual information requested or with a confirmation that we can provide the information required for each Deliverable?”

Answer(s)/Statement(s):

Bidder's description of services approach must include a description for performance of deliverables specified in Section V (Statement of Work). See question/answer numbers 83 and 84, above.

86. Question(s)/Statement(s):

“Page 41 – Bidder Experience (60 Points)

It appears some of the Mandatory Requirements are included in the calculation of the Bidder Experience score. This implies that the Mandatory Requirements are not truly mandatory criteria.

Please confirm that a negative response to any question in the Bidder Experience will not eliminate a vendor from consideration. EMR vendors may disqualify themselves and not respond because they do not meet a Mandatory Requirement. This could artificially limit the choices available to CCHCS.”

Answer(s)/Statement(s):

Correct; Bidder Experience requirements listed on page 41 are scored and not pass/fail.

87. Question(s)/Statement(s):

“Page 41 – Bidder Experience (60 Points)

How are the 60 points apportioned to each of the 8 questions? Selections should be as transparent as possible in order to eliminate potential vendor disputes.”

Answer(s)/Statement(s):

The 60 Bidder Experience points indicated on page 41 are apportioned evenly to each of the eight (8) bidder experience requirements listed.

88. Question(s)/Statement(s):

“Page 41 - Bidder Experience (60 Points)

Please provide a technical and functional definition of the word ‘user’. A misinterpretation of what constitutes a user could lead to a number of issues including incorrect responses and configuration issues. All of these could ultimately lead to an incomplete or under-configured response.

Please define what is meant by 'successful adoption'. This is a subjective question that is too open to interpretation.”

Answer(s)/Statement(s):

A "user" is any person that CCHCS directs to use its EMR solution. This may be State employees, independent agencies, and/or contractors.

"Successful adoption" means that the EMR solution was not only successfully deployed and functional, but also used by the entity as the primary medical record system.

89. Question(s)/Statement(s):

“Page 41 – Bidder Experience (60 Points)

Please confirm that not-for-profit, publicly owned hospitals will be considered ‘public sector clients’ and ‘health care organizations’. Inpatient facilities face many of the same cost and delivery pressures of state organizations and are a reasonable proxy for evaluating vendor capability. ”

Answer(s)/Statement(s):

Yes; hospitals that operate meet all IRS requirements for non-profit businesses in addition to health and privacy regulations may be considered public-sector clients.

90. Question(s)/Statement(s):

“Page 41 – Clinical Approach (70 Points)

What is the scoring system that will be used to determine the Clinical Approach? How are the 70 points apportioned?”

Answer(s)/Statement(s):

Each clinical approach topic item will receive an equal number of points (i.e., 7 points each topic).

91. Question(s)/Statement(s):

“Page 42 - EMR Clinical Evaluation Criteria

There are several references to an integrated EMR in the RFP. However the evaluation criteria and demonstration scripts appear to be based on CCHIT and HL7 criteria, which we evaluate as to how well products can be interfaced. Please confirm if truly integrated, single-database solutions are preferred?

Can you explain to us the importance of the emphasis on CCHIT certification? Is CCHIT certification a mandatory requirement or can you be open to number of successful installations, KLAS awards and other certification criteria?

Many market leaders in the healthcare software industry are not CCHIT certified, so this would limit the vendors that would be able to meet this requirement.”

Answer(s)/Statement(s):

CCHIT certifications listed provide a compact listing of requirements that closely represent CCHCS' functional requirements. Bidders will be evaluated on their ability to meet the requirements that are represented by the CCHIT certifications in ambulatory, long-term/sub acute care, emergency care, and behavioral health.

See question/answer #38, above.

92. Question(s)/Statement(s):

“Page 42 - EMR Clinical Evaluation Criteria

How will the Solution Scope and Solution Approach responses be scored? Are certain features weighted more heavily than others?

Many of the criteria are compound questions with a single answer. How are we to respond to these kinds of questions? How will scoring be handled?”

Answer(s)/Statement(s):

Bidder's description of services approach will be scored evenly across all approach topics. See question/answer #90.

93. Question(s)/Statement(s):

“Page 43 – Clinical Approach Topics

How will these questions be scored and weighted?

There are limited Requirement Statements for Mental Health. Please explain how this capability will be scored?

SOMS – Please provide technical specifications for SOMS interface or explain how this will be scored?”

Answer(s)/Statement(s):

Bidder's description of services approach will be scored evenly across all approach topics. See question/answer #92.

Information regarding the Strategic Offender Management System (SOMS) is publically available. Patient registry information will be obtained in some way from SOMS. The interface may be a web interface, a connection to a database, or another method.

94. Question(s)/Statement(s):

“Page 45 – Technical Approach (70 Points)

What is the scoring system that will be used to determine the Technical Approach? How are the 70 points apportioned?”

Answer(s)/Statement(s):

Each technical approach topic item will receive an equal number of points (i.e., 10 points each topic).

95. Question(s)/Statement(s):

“Page 45 - EMR Technical Evaluation Criteria

How will the Solution Scope and Solution Approach responses be scored? Are certain features weighted more heavily than others?

Many of the criteria are compound questions with a single answer. How are we to respond to these kinds of questions? How will scoring be handled?”

Answer(s)/Statement(s):

Bidder's description of services approach will be scored evenly across all approach topics. See question/answer #94.

96. Question(s)/Statement(s):

“Page 45 – Technical Approach Topics

How will these questions be scored and weighted?”

Answer(s)/Statement(s):

See question/answer #94.

97. Question(s)/Statement(s):

“By Submitting a proposal your firm agrees to the RFP’s terms and conditions.’

Are the terms within the RFP and/or Model Contract negotiable? Are there any terms that would be non-negotiable?”

Answer(s)/Statement(s):

The State does not intend to change the general terms (i.e., Attachment 10).

98. Question(s)/Statement(s):

“Please define your definition of Software as a Service (SaaS)?”

Answer(s)/Statement(s):

SaaS means that the EMR system is hosted externally and the solution is presented as a service (i.e., installed, configured, and implemented independent of CCHCS) instead of an application (i.e., system administration, installation, and configuration not independent from CCHCS).

Bidder's solution shall include administrative access to the entire EMR system and unobstructed (i.e., no additional software/module, or service required) access to its data.

99. Question(s)/Statement(s):

“Does CCHCS require a single database or multiple databases?”

Answer(s)/Statement(s):

Bidder's services approach shall include a description of its database implementation. CCHCS does not require single or multiple databases or database servers.

100. Question(s)/Statement(s):

“Is Attachment A an online submittal as well as a hard copy? For example, when the print button is clicked, will it automatically submit the form?”

Answer(s)/Statement(s):

No.

101. Question(s)/Statement(s):

“Are nurses included in the 980 provider count? We define a provider as:

Licenses are tied to the number of providers, not number of CPU's or users. “Providers” mean those Physicians, Nurse Practitioners, Physician Assistants, Audiologists, Optometrists, Physical Therapists, Music Therapists, Speech Therapists, Massage Therapists, Chiropractors, Anesthesiologists, Psychologists, Dentists, Hygienists, Licensed Social Workers, Midwife, Nutritionists, Dietitians, Counselors, Mental Health Practitioners, Neurophysiologists, and Podiatrists employed by or under contract with Customer to provide services within the medical field.

No license or restriction is applied to office managers, secretaries, or other administrative staff, or Nurses (other than Nurse Practitioners), and (hereinafter referred to as “Customer Personnel”).

For any category of Customer staff not identified above, our firm and the Customer shall agree in writing as to who is a Provider.”

Answer(s)/Statement(s):

No; nurses are not included in the 980 provider count.

102. Question(s)/Statement(s):

“In regards to data migration – please provide additional detail on what information you would like to migrate.”

Answer(s)/Statement(s):

This depends on whether and/or how the EMR solution will replace or interface existing clinical systems. Bidder's services approach description should address data migration.

103. Question(s)/Statement(s):

“In regards to the Rate Sheet – our firm does not typically price its software and services in the way CCHCS is requesting.

For example, if the deliverable is not something we typically price out, should we put \$0?

Is CCHCS open to receiving pricing in an alternative format? If not, is CCHCS willing to have a discussion via phone to explain how pricing should be included in this rate sheet?”

Answer(s)/Statement(s):

Bidder's Rate Sheet should be generated according to proposal's description of services approach.

104. Question(s)/Statement(s):

“You have removed many of the requirements for dental from the RFP in Addendum 4. Is it still your intention to expand the system to dental in a current or future phase? We believe that there are significant cost advantages in implementing dental along with the rest of the EMR and a significant operational advantage from implementing a dental module integrated with the rest of the EMR.”

Answer(s)/Statement(s):

Yes; CCHCS is open to receiving a Bidder's pricing in an alternative format. However, Bidder's pricing must meet, at minimum, the proposal's response requirements including an explanation and/or description for any variations.

Please recognize that only Bidder's Stage 1 cost and out-of-box cost to meet minimum mandatory requirements will be evaluated.

105. Question(s)/Statement(s):

“Can you provide additional information on the interface to Cornerstone Automation Systems (CASI)? We would like to understand the nature of the interfaces required for this system and the data required to be exchanged.”

Answer(s)/Statement(s):

CCHCS' Maxor GuardianRx pharmacy system has an interface to the CASI based central fill pharmacy, which may be accessed via a web service to enter and/or receive prescription order and medication system.

Bidder's may propose alternative approach to interfacing the CASI central fill pharmacy system.

106. Question(s)/Statement(s):

“How many pharmacies does CCHCS have?”

Answer(s)/Statement(s):

Thirty-six (36).

107. Question(s)/Statement(s):

“How many dispensing locations? (Carts and windows)”

Answer(s)/Statement(s):

Pharmacy dispenses to Registered Nurses (RNs) in clinical areas. RNs then distribute medicine to patients in various ways, including cell-to-cell medication administration.

108. Question(s)/Statement(s):

“What other pharmacy dispensing hardware does CCHCS have and to what degree do they need to be interfaced with?”

Answer(s)/Statement(s):

CCHCS' current pharmacy information system (i.e., GuardianRx) interfaces its Cornerstone Automation Systems, Inc., (CASI) solution. CCHCS is in the process of interfacing GuardianRx with the Omnicell System.

109. Question(s)/Statement(s):

“So that we can estimate training requirements, what is the total number of nursing staff involved in medication distribution?”

Answer(s)/Statement(s):

4,500.

110. Question(s)/Statement(s):

“What is the breakdown of pharmacy fills done at your central fill location vs. other pharmacy locations in your system?”

Answer(s)/Statement(s):

In general, CCHCS has an ambulatory system. Six (6) million prescriptions are filled per year. However, CCHCS has three (3) hospitals, one (1) Skilled Nursing Facility (SNF), and eighteen (18) Correctional Treatment Centers (CTCs – similar to 23-hour units).

111. Question(s)/Statement(s):

“Please confirm that vendor costs associated with Stage 1 work are limited to \$20,000.”

Answer(s)/Statement(s):

Confirmed.

112. Question(s)/Statement(s):

“Is the cost evaluation for Stage 1 going to consider only the submitted Stage 1 costs or will the estimated Stage 2 costs provided in the proposals be considered during the Stage 1 cost evaluation?”

Answer(s)/Statement(s):

The Initial Stage Evaluation will not evaluate bidder's estimated Stage 2 cost as part of the cost score.

113. Question(s)/Statement(s):

“Based on the instructions, it appears that responses are required for Sections III.2 and III.3. However, there are other sections containing statements that will be evaluated and are not identified as needing to be returned as part of the proposal response. Please clarify any other sections (i.e., Section V-Statement of Work and Section VII.4.2 through VII.4.4) and documents (Attachments 8 and 9) that need to be returned with the RFP response and their location in the hardcopy response binder.”

Answer(s)/Statement(s):

Bidder's proposal must meet all requirements specified in Section III.2 (Response Requirements).

114. Question(s)/Statement(s):

“Section II.6, Page 12 references a Bidders Library and vendors are instructed to review the documents located there. After clicking the link, you are directed to a site containing a number of RFPs. Is there specific information the vendor should look for other than documents pertaining to the Electronic Medical Record Project RFP # 12-009-ITS?”

Answer(s)/Statement(s):

The EMR RFP and bidders library (including all RFP documents) is located under the heading "Electronic Medical Record Project" at:

[http://www.cphcs.ca.gov/project\\_rfp.aspx](http://www.cphcs.ca.gov/project_rfp.aspx)

115. Question(s)/Statement(s):

“Please define manifest.

‘The solution should perform edit checks during the manifesting process to confirm that the medication has been verified, barcode checked, validates that the patient is in the building being manifested, and to ensure that Rx has not be associated with a different manifest.’”

Answer(s)/Statement(s):

"Manifest" in the above quoted sentence refers to: "Pharmacist Verification". "Manifesting" also means that the drug was sent out from the pharmacy to the patient or nurse.

116. Question(s)/Statement(s):

“Regarding the Secretary of State Certificate if we do not have a copy on hand to submit with the RFP response, can the vendor provide the Business Entity Detail available on the website (<http://kepler.sos.ca.gov/cbs.aspx>)?”

Answer(s)/Statement(s):

Bidders must prove they are certified by the Secretary of State to conduct business in the state of California.

117. Question(s)/Statement(s):

“How many locations have document scanning or high-speed document scanning requirements?”

Answer(s)/Statement(s):

Two: Health Records Center (HRC) and California Medical Facility (CMF).

Please recognize, however, that CCHCS currently has an eUHR that may fulfill these requirements.

118. Question(s)/Statement(s):

“Will the State data center be providing SAN and backup infrastructure for the applications?”

Answer(s)/Statement(s):

The State's data center currently has SAN and backup infrastructure in place to support existing CCHCS applications.

CCHCS' EMR solution may leverage the existing SAN and backup infrastructure, but this is not a requirement.

119. Question(s)/Statement(s):

“Do IT infrastructure requirements for application access need to be quoted for the various locations, or will those requirements be bid separately or part of stage 2?”

Answer(s)/Statement(s):

An estimate of IT infrastructure requirements must be included with Bidder's approach description. The infrastructure requirements may be revised after Stage 1 award.

120. Question(s)/Statement(s):

“How are the various locations connected to the State data center and what is the current bandwidth and utilization of those links.”

Answer(s)/Statement(s):

CCHCS' network is constructed using Verizon's Multiprotocol Label Switching (MPLS). Each end site is connected via a dedicated MPLS OC3 route with current utilization reaching 16%.

The State data center is connected to Verizon's MPLS Network with dual 500GB MPLS connections, provided with diverse routes. The current data center network bandwidth utilization is approximately 60%.

121. Question(s)/Statement(s):

“Are high level diagrams available for the WAN architecture?”

Answer(s)/Statement(s):

Yes; these will be provided to Stage 1 contractor(s) upon request.

122. Question(s)/Statement(s):

“Under what conditions would CCHCS be willing to remove the bond requirements?”

Answer(s)/Statement(s):

None; the successful EMR solution contractor will have a performance bond prior to starting EMR implementation services.

123. Question(s)/Statement(s):

“Will this new EMR replace or interface with the Health Care Scheduling System (HCSS) that was purchased from HP in 2010?”

Answer(s)/Statement(s):

HCSS is now the Health Care Scheduling and Tracking System (HCSTS). HCSTS replacement or interface depends on Bidder's description of services approach.

124. Question(s)/Statement(s):

“Will this new EMR replace or interface with the Clinical Data Repository (CDR) that was purchased from IBM in 2008?”

Answer(s)/Statement(s):

The CDR infrastructure is available for use by the EMR solution. CDR replacement or interface depends on Bidder's description of services approach.