

Addendum No. 2 to RFP 9600-71

DATE: September 21, 2017

PROJECT: Request for Proposals #9600-71 for Enterprise Master Person Index System

TO: All interested Contractors

SUBJECT: Changes to Calendar of Events and Responses to Questions

This Addendum No. 2 to the Request for Proposals #9600-71 for Enterprise Master Person Index System is to notify all interested contractors on changes to the Calendar of Events and responses from Natividad Medical Center and the Health Department to questions submitted by interested contractors.

A. Calendar of Events

Pursuant to Section 3.0 of RFP #9600-71, the Calendar of Events shall change as follows:

3.1 Issue RFP	August 23, 2017
3.2 Deadline to ask Questions	September 6, 2017
3.3 Proposal Submittal Deadline	October 6 th , 2017
3.4 Shortlist announced on or before	October 27 th , 2017
3.5 Scheduled Demonstrations (ESTIMATED) <i>(See Section 3.10 below for more info on demos)</i>	November 7 - 9, 2017
3.6 Estimated Notification of Final Selection	November 22, 2017
3.7 Estimated AGREEMENT Date	January 19 th , 2018

B. Responses to Questions

1. In statement 5.1 The Enterprise Master Person Index (“EMPI”) shall create and maintain a unique ID across the three specified County of Monterey EHR systems.
 - a. How many patients are currently in each EHR?
 - **ANSWER:**

- o Meditech - 528,487
- o Epic - 139,125
- o Avatar - 36,139

b. How many patients do you expect the EMPI solution to manage in Year 1? To Year 3?

ANSWER: Please refer to the number of patients currently in the system as an estimate for Year 1. We cannot infer from prior growth numbers what our patient counts will be.

2. In Statement 5.4 Bidder shall provide technology and conversion services to NMC and MCHD that will allow for the cleanup of existing MPI by means of identification and merging of multiple unique records within and across systems prior to “go-live.”

a. How many duplicate records currently exist in each EHR?

ANSWER: This is not known until the matching is performed by our future EMPI.

3. 5.5 When patients are added to the EMPI work queue, there is a well-defined process and portal capability for the organization’s HIM professionals to review the information in the in-bound transaction to determine if there is a match to another EMPI entry, or if the message represents a new patient. The workflow must permit easy access to the transactions in the EMPI work queue, and to the EMPI itself, and must have a simple way to link the transaction or replay the transaction

a. In what situations do you plan to create patients starting within the EMPI as opposed to the EHR?

ANSWER: We are not anticipating entering the EMPI system itself to create patients as part of our normal workflow. We plan on using the EHR system to register patients. If your product has a different workflow, please state this in your RFP proposal.

b. How many HIM professionals do you currently leverage?

ANSWER: 34

c. Can you explain the idea of "replaying" a transaction?

ANSWER: The capability to link transactions to patients and then “replay” by means of being able to easily view the transaction history and detail.

4. Are vendors requested to supply our license agreements, T&Cs, within the Section 3 of the response?

ANSWER: Yes.

5. Within "Proposal Section 4, Exception" is Monterey requesting for EXCEPTION or redlines to the Sample Agreement starting on Page 17? Or will the review of the sample agreement happen within the next phase?

ANSWER: We will review and consider the requested exceptions in all phases of the selection process.

6. Are all systems involved with the EMPI listed in the RFP? If not, can you please provide a list of other systems that will feed data into the EMPI and the volume of patient records within each?

ANSWER: Yes, the systems that will feed information into the EMPI are Meditech, Epic, and Avatar.

7. Are you anticipating the EMPI to be the "user interface" end users interact with at the point of care? Or, will existing EHR systems continue to function as the "front end", with the EMPI providing matching capabilities via integration?

ANSWER: We envision our EHR to be the "user interface" with active interaction with the EMPI. If your proposal has a different workflow, we encourage your detailed response.

8. Do you have any existing Interface engine or ETL tools currently in use? Are these tools expected to be available for use in this project?

ANSWER: We use Corepoint as our primary interface engine. It is available for use with this project but we expect any additional costs related to licensing, programming, and/or professional services required to make the EMPI tool function as designed to be clearly stated in the proposal.

9. What kind of resources with the City / County / or EHR Vendor are available for this implementation? Please breakdown by technical and analyst? Who will integrate the real-time data connections to the EMPI from each of the source systems and EMPI accessors - City / County or Vendor? If Vendor, please inform us of what integration options exist for each system that needs integration.

ANSWER: In general, we have limited resources to provide to this project and are looking for a complete solution. We are asking our vendors to specify and describe what resources are needed from the vendor and County side for a successful implementation.

10. Are there any milestones that need to be taken into account?

ANSWER: Not at this time.

11. Who are all of the participating vendors in this RFP?
ANSWER: This RFP is available to the public. Any interested vendor may participate and respond. We're unsure who exactly is "participating."
12. Section 7.2.1 - Vendors will supply hard copy responses however can vendors provide the electronic copy via email and not on specific media (USB drive)?
ANSWER: No.
13. The title on the signature page reads: HEALTHCARE VENDOR MANAGEMENT SYSTEM. The title of RFP #9600-71 is Enterprise Master Person Index System for County of Monterey. Should those be the same?
ANSWER: Natividad Medical Center and the Monterey County Health Department are owned and operated by the County of Monterey.
- a. The issue date on the top right reads March 6, 2017.
ANSWER: This is in error. Please refer to the dates in Section 3.0 or in any posted addendum on our website, if more current.
- b. The proposal due date reads April 14, 2017. It should read September 22, 2017.
ANSWER: This is in error. Please refer to the dates in Section 3.0 or in any posted addendum on our website, if more current.
14. Section 7.1 Content and Layout - is the pre-screening questionnaire (Section 2 of the final proposal) inclusive of attachment I and attachment II?
ANSWER: Yes, the pre-screening questionnaire is attachment I and II.
15. Section 7.1 Content and Layout – Do you have any requirements on the format of our answers to the pre-screening questionnaire? Do our answers have to be in a specific ink color, font, or margin format?
ANSWER: No specific ink color, font, or margin format is specified in the RFP for the pre-screening questionnaire.
16. What is the proposed budget for this engagement? Over what time period?
ANSWER: This is a three-year agreement with funds to be allocated yearly through the County budget process. Our budget for this project is flexible and dependent on our governance processes.
17. How many unique individuals will be managed in the EMPI? Should we assume 415,000 Monterey County Residents?
ANSWER: We are unsure at the current time how many unique individuals will be managed the EMPI. Please refer to the prior questions and patient counts.

18. Can you give a breakdown of the number of records in each of the EHR systems?

ANSWER: We are interpreting this question to refer to number of patients.

- Meditech - 528,487
- Epic - 139,125
- Avatar - 36,139

19. Does each of the EHR systems have an outbound ADT interfaces which is capable of sending registration events including updates to the EMPI?

ANSWER: Yes.

20. Is the Contractor responsible for maintaining any networking required between the Off Premises EHRs, the On-Premises EHR and the EMPI?

ANSWER: Contractor will not responsible for providing any wide-area networking services. Contractor will be responsible for stating in their RFP responses any networking requirements needed for the operation of the EMPI.

21. Are you an existing IBM customer? (i.e. have you purchased any IBM software in the past three years?)

ANSWER: Yes, we're a current IBM customer and have purchased IBM software within the last year (October, 2016).

22. How many patient/person records exist in each of the following healthcare information systems?

ANSWER:

- Meditech - 528,487
- Epic - 139,125
- Avatar - 36,139

23. How many registration/scheduling points exist in each of the following healthcare information systems?

ANSWER: Please refer to the RFP background for information on the number of clinics. Within them, there are multiple registration and scheduling points at each site. This will be difficult, but more likely confusing to our vendors to quantify as registration or scheduling may or may not be a "one-stop" depending on particular conditions.

24. Do each of the above systems have interfaces into your organizations CorePoint Interface Engine or will you want to create a point to point interface from each system into the EMPI application?

ANSWER: Each EHR utilizes interfaces within its supporting systems and functions to perform its key operations. Interfaces do not currently exist between the three systems, with the exception of isolated interfaces between EPIC and Meditech. If interfaces are needed to support your proposal, please state it as a requirement and the associated costs.

25. Does your version of Epic support HL7 Query/Response connectivity to external EMPI

solutions during the patient search process?
ANSWER: Yes – system is HL7 compliant.

26. Will your instance of Epic be able to receive and process an HL7 Merge messages from the EMPI?

ANSWER: Yes.

27. Will your instance Avatar be able to receive and process an HL7 Merge messages from the EMPI?

ANSWER: Yes.

28. In this question the vendor states that their EMPI is an on premise solution and the vendor does not sell hardware so they will not be able to provide pricing for the Microsoft physical servers or virtualized servers. The vendor asked if they can provide recommended hardware configurations for the proposed solution as an acceptable approach.

ANSWER: Yes.

29. Please tell us how many instances/databases of Epic the physicians have deployed in OCHIN. Are the county physicians in their own instance of Epic within OCHIN or do they share an instance of Epic with other organizations utilizing Epic within the OCHIN hosting environment?

ANSWER: County has EPIC through OCHIN. County does not have a separate instance of Epic.

30. Please describe how the physician practices are currently conducting their patient look up into the Epic MPI. Do they only query against their own patient population or do they query against the entire OCHIN patient population in EPIC?

ANSWER: Currently County has ability to query against all “service areas” that have Epic through OCHIN.

31. Do you know if OCHIN can configure Epic to allow your physicians to perform patient lookups against an external EMPI without requiring their other clients to also query the external EMPI?

ANSWER: External queries require an interface. EPIC – OCHIN has had successful interfaces with external systems.

32. Is this question, the a vendor requested a chart filled out to accomplish the following:

- a. Provide the vendor with a list of the EHRs we will need to interact with and the number of domains in each EHR as well as their total number of MPIs. This provides us with the number of data sources and EMPI scope of work.
- b. Provide the vendor with contracted lives MCHD and NMC have via PRIME, WPC, APMs, and/or Health Plans. This information will provide us with the ability to better

customize our strategy and proposal for Monterey County Health Department and Natividad Medical Center.

EHR / Contracted Patients/Members/Lives	# of Domains per EMR	# of Persons, MPIs, Patients, Members
EHRs - Source of MPIs		
Meditech C/S	1	
Netsmart MyAvatar	1	
OCHIN EPIC	1	
Contracted Members/Populations - Please include both Monterey County Health Dept and Natividad Medical Center Contracts/Plans.		
PRIME – Eligible population is approximately 11,000	N/A	
WPC – Approximately 600 persons		
<i>Other APMs, Health Plans, Contracted Populations:</i>		
1. None at this time.	N/A	
<i>HIEs Currently Connected to:</i>		
1. Central Coast Health Connect/Relay Health	N/A	

33. It is stated in the RFP: “All signatures must be manual and in BLUE ink. All prices and notations must be typed or written in BLUE ink. Errors may be crossed out and corrections printed in ink or typed adjacent, and must be initialed in BLUE ink by the person signing the proposal.

- a. Question: Specifically, pertaining to the term, “notations”, is this indicating any response made should be in Blue Ink? Including, Name, Date, Cover Letter, appendices, etc.? Or just items pertaining to pricing specific RFP responses?

ANSWER: Blue ink only applies to pricing specific responses.

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ANSWER: Blue ink only applies to pricing specific responses.

35. What is the estimate for the total number of unique “persons” in the final MPI?

ANSWER: An EMPI is need to determine the duplicate clients/patients. We are hesitant to speculate on what the total number of unique persons will be at go-live. Please refer to the patient counts stated in prior questions and price accordingly.

36. Are you asking how a Provider might participate in the process of matching patients across multiple EMRs using an MPI? Or are you looking for a solution for Provider Identity management across EMRs (e.g. a "Provider Directory" spanning multiple EMRs)?

ANSWER: The EMPI is intended for providers to use for patient matching.

37. Does the County require or prefer Microsoft Windows for its server environments, or is the Contractor free to bid Linux?

ANSWER: The County has standardized on the Microsoft Windows Server platform but we do not have a stated preference. You are free to submit a proposal for whichever operating system environment your organization determine provides the best performance and meet our needs.

38. Does the County currently use or prefer any specific “industry standard reporting tools” for analyzing data within the proposed solution?

ANSWER: The Country utilizes Microsoft SSRS for its reporting needs. We would like for our future EMPI to use the same technology for reporting but we’ve not stated a preference in the RFP.

39. Please expand on how code sets such as ICD9, ICD10, LOINC, etc. will be used by the MPI. Is this for query purposes; e.g. show a user a list of patients with a particular ICD9 diagnosis, and the MPI activities associated with those patients? Or some other use, such as using diagnosis information as part of the actual matching process?

ANSWER: We’ve asked for a list of supported code sets to better understand the proposal’s EMPI interoperability and reporting capabilities. As stated in the RFP

solicitation, we are anticipating on expanding the EMPI tool in the future to other County agency's systems.

40. All prices and notations must be typed or written in BLUE ink in the original proposal copy as well. Errors may be crossed out and corrections printed in BLUE ink or typed adjacent, and must be initialed in BLUE ink by the person signing the proposal. Can we type the info into the pricing form and change the font color to blue?

ANSWER: Yes, a blue font color is acceptable.

MCHD serves over 415,000 Monterey County residents through its nearly 800 employees organized in 7 Bureaus

41. How many unique patient records do you estimate will be required to be managed by the proposed solution?

ANSWER: This is unknown at this time until the initial match is performed.

42. What annual record growth rate should we assume?

ANSWER: We are not able to accurately answer this question as we're not confident that prior growth rates will reflect future growth rates due to the additional of our Level-II Trauma center and other initiatives.

43. What is the total record volume of the MPI?

ANSWER: We're not sure of what the "total record volume" will be at go-live, especially after clean up. Please refer to the record counts stated in this Q&A document to infer the total record counts.

44. What is the number of records for each system identified in the RFP? (MediTech, Epic, and Avatar)

ANSWER: Without a definition of "number of records" we are not able to answer this question. Please refer to the prior questions with number patients, which may include duplicates, in each system.

45. How many Vendors Received the RFP?

ANSWER: This RFP is available to any interested party to respond to. It is not by invitation. We're unsure of how many vendors received the RFP as it is published on our website and not by invitation.

46. Will you share the vendor names the RFP was sent to?

ANSWER: As mentioned in the prior answer, this RFP was made available to the public via our website. We've posted a legal notice regarding the publishing of the RFP in the Salinas Californian newspaper and posted it on our public website (Natividad.com). To increase the pool of those who may be interested, we've notified vendors who expressed a prior interest and those vendors we're aware of. We have not "sent" the RFP to any particular vendors. We welcome and encourage all responses.

47. How much preference will be given to Saas based offerings vs on premise offerings?

ANSWER: If a vendor meets all stated requirements, we will grant an additional 7.5% to their total score.

48. States that vendors need to agree to a 30-day cancellation clause. If this is not agreeable to the vendor will they be disqualified from consideration?

ANSWER: We may disqualify proposals based changes to the County's contract terms.

49. The RFP lists a number of different data types including ASCII, BLOB, EBCDIC, Hex16, Hex32, Printable, Raw, Signed Binary and Unsigned Binary; which of these data types are mandatory? Does the EMPI need to store these data types or process them in the native format?

ANSWER: The EMPI system will need to accept and process these data types. The EMPI does not need to store this data in its native format but will need to be capable of translating them back to its original data type.

50. How many total records do you have between the systems that will utilize the EMPI?

ANSWER: We are interpreting "total records" to mean number of patients. Please refer to the patient counts stated in prior questions.

51. Section 1.4 has a target commencement date of March 2018 with proposed services through February, 2021. Further, Section 1.2 says that the clean-up expected to be completed prior to going live. What is the county's expected timeline for implementation, clean-up, and production launch within this 3-year timeframe?

ANSWER: We are expecting to implement the EMPI within a reasonable time after contract execution. We've asked for you to provide this information in your RFP response through a Project/Work plan so we may review.

52. Section 2.2 - The RFP says that the County serves approximately 415,000 lives. The RFP also says that the Natividad Medical Center (NMC) performed approximately 137,000 services in 2015. For sizing purposes for the solution we plan to propose, we need to understand numbers of services, numbers of persons and the growth rates for all 3 Bureaus.

For NMC:

- a. How many unique persons did the NMC serve in 2015?

ANSWER: Data is not available for 2015. For 2016 - inpatient- 19,538 / outpatient- 55,726 accounts

- b. How many patients or persons are in your Meditech system?

ANSWER: Meditech: 528,487 medical record numbers have been assigned to date. We expect that a portion of these numbers are duplicate patients.

- c. Of these, how many persons are "active" patients?

ANSWER: 115,410

- d. Do you want all persons or just "active" patients loaded into the EMPI?

ANSWER: All patients.

- e. If just “active”, is there a data field or flag available from your Meditech system that indicates who is an “active” Patient?

ANSWER: N/A

- f. How many persons are estimated to be duplicates in your Meditech system?

ANSWER: We are not able to accurately calculate this until we have the EMPI tool.

- g. What are these numbers for 2014 & 2016? If that data is not available, what is the trend or growth rate of both persons/patients and of services/transactions?

ANSWER: With the addition of our Level-II Trauma Center, we cannot provide an accurate estimate at this time.

For the MCHD Behavioral Health Bureau and its clinics:

- a. How many unique persons did these clinics serve in 2015?

ANSWER: Avatar in 2015 - 11,222

- b. How many services did these clinics perform?

ANSWER: 468,530

- c. Are these 12 BH clinics on a single/shared instance or on separate instances of NetSmart Avatar? If multiple instances, how many instances do you have?

ANSWER: One Avatar Instance hosted by Netsmart

- d. How many patients or persons are in your NetSmart system(s)?

ANSWER: 36,000

- e. Of these, how many persons are “active” patients?

ANSWER: 6,264

- f. Do you want all persons or just “active” patients loaded into the EMPI?

ANSWER: All persons.

- g. If just “active”, is there a data field or flag available from your NetSmart system(s) that indicates who is an “active” Patient?

ANSWER: N/A

- h. How many persons are estimated to be duplicates in your NetSmart system(s)?

ANSWER: We are not able to accurately calculate this until we have the EMPI tool.

- i. What are the numbers for 2014 & 2016? If that data is not available, what is the trending or growth rate of both persons/patients and of services/transactions?

ANSWER:

- Unique Clients Served / Services
- 2014 9,569 / 432,971 (calendar years)

- 2015 11,222 / 468,530
- 2016 12,320 / 509,620

For the MCHD FQHC clinics:

a. How many unique persons did these clinics serve in 2015?

ANSWER:

2015 = 65,715 unique patients served – Calendar year

2016 = 61,171 unique patients served – Calendar year

b. How many services did these clinics perform?

ANSWER:

2015 = 182,047 encounters – Calendar year

2016 = 188,072 encounters – Calendar year

c. Are these 7 FQHC clinics on a single/shared instance or on separate instances of Epic OCHIN? If multiple instances, how many instances do you have?

ANSWER: Single/shared instance of Epic.

d. How many patients or persons are in your EPIC system(s)?

ANSWER: 139,125 excluding deceased

e. Of these, how many persons are “active” patients?

ANSWER:

Patients with encounter within calendar 2017 = 55,093

Patients with an encounter within at least 2016 to present = 71,023

Patients with an encounter within at least 2015 to present = 87,707

f. Do you want all persons or just “active” patients loaded into the EMPI?

ANSWER: All persons.

g. If just “active”, is there a data field or flag available from your EPIC system(s) that indicates who is an “active” Patient?

ANSWER: N/A

h. How many persons are estimated to be duplicates in your NetSmart system(s)?

ANSWER: Unknown at this time until the initial match is initiated between systems.

i. What are the numbers for 2014 & 2016? If that data is not available, what is the trending or growth rate of both persons/patients and of services/transactions?

ANSWER: Please refer to provided 2016 numbers with the relative numbers.

53. Across all 3 bureaus and systems (the NMC, the BH Clinics and the FQHCs), how many persons are estimated to be duplicates, that is, they exist in any 2 or all 3 of these systems (cross-system duplicates)?

ANSWER: This is unknown until we run our future EMPI on and between the three systems.

54. Section 5.4 – the RFP asks for technology and conversion services to NMC & MCHD to allow for cleanup.

- a) Is the County’s expectation that the vendor provide the clean-up of duplicates?

ANSWER: Yes.

- b) Or will NMC & MCHD use the technology/tools provided by the vendor to do the clean-up of duplicates?

ANSWER: NMC is expecting the vendor proposals to provide professional services to clean up existing duplicates within the three systems.

55. Can you identify the particular sections of Cal-OSHA that are applicable to the software and services related to this project?

ANSWER: We are asking our vendors to review appropriate sections of Cal-OSHA and determine which is applicable to their proposals.

56. Please elaborate on question 2.8: “Encounter transfer functions”.

ANSWER: This is in relation to the patient merger function and the transferring patient of encounters into the merged patient record.

57. Is there an existing interface engine or middleware platform that will be used or is preferred for the integration between the EMPI and external systems?

ANSWER: We use Corepoint as our primary interface engine. It is available for use with this project but we expect any additional costs related to licensing, programming, and/or professional services required to make the tool function with the proposed EMPI to be clearly stated in the proposal. We don’t have a stated preference.

58. In reviewing the RFP thoroughly, while there were numerous questions about the capabilities of the EMPI itself, there weren’t many questions about Data exchange between the 3 EMRs (Meditech, NetSmart, and Epic) and the EMPI or NMC or County Technical or End-user staff and their access & usage to manage the operation of the EMPI, such as:

- Will the EMR (Meditech, NetSmart, and Epic) systems be sending data real-time, batch feeds, or both to the EMPI for updates?

ANSWER: We need to work out the specifics with the three EHR vendors but it will likely real-time through HL7 and the EHR vendors API. We will rely on batch feeds where this is not possible.

59. Will the EMR (Meditech, NetSmart, and Epic) systems be receiving data real-time, batch feeds, or both from the EMPI for updates?

ANSWER: See refer to preceding answer.

60. What message formats will be used to transmit data from the EMR (Meditech, NetSmart, and Epic) systems? HL7, XML, flat file, etc..?

ANSWER: HL7 will be for the EHR systems. For Non-HL7 systems, RFP respondent will need to clarify formats accepted.

61. What are the response time requirements for real time integration (queries, adds, updates, etc.), if any?

ANSWER: We have not stated response requirements but we encourage the vendor proposals to add any detail they feel is pertinent and that may strengthen their proposal.

62. How many end-users or IT staff from the NMC, Behavioral Health, and the FQHCs do you anticipate using or having access to the EMPI's application's data management tools, reports, etc.?

ANSWER: We estimate a total of 15.

63. How many and which environments need to be created (e.g. Prod, Test, Dev, Staging, etc.)?

ANSWER: As a best-practice, we would like a production and a test environment. We would like for all vendors to propose the model that works best for their environment and processes.

A signed copy of this Addendum No. 2 must be submitted along with your original bid proposal package to verify receipt of this Addendum No. 2.

Company Representative Name

Signature

Date