



Erie County Medical Center Corporation
RFP # 21820
Addendum Number 2

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CARE MANAGEMENT IT SOLUTION

The deadline for submission still remains:

Tuesday, June 5, 2018 at 11 a.m. EST.

The following questions were submitted to the Designated Contact:

- 1) Section 7, page 5: *Services Provided on Type of Data*
 - Please describe your services based on Medical/Clinical Data;
 - Services based on Finance / Revenue Cycle; and
 - Services based on Business.

Question: Please explain what is meant by Services?

This question should be rephrased as: What are the security services or security controls are utilized to secure the different types of data listed?

- 2) Section 8, page 6:
Define the provider remote access capabilities of your system, including view-only vs. full function. Describe the recommended hardware and software, network bandwidth and network latency necessary to support this access

What is meant by PROVIDER? Are they referring to users who need to access the system from outside the network? Or post-acute Providers? Please explain.

Providers include insurance companies, nursing homes, home care agencies and adult residences; next level care providers. It also includes post-acute Providers.

- 3) BACKGROUND, page 1:
ECMCC has an advanced academic medical center consisting of 583 inpatient beds, as well as a Center for Oncology Care, a Center of Excellence for Transplantation and Kidney Care, a Behavioral Health Center of Excellence.

Are the Oncology Care, Transplant/Kidney Care and Behavioral Health centers contained within the ECMCC acute care hospital (part of the 583 beds?) Or are these separate facilities?



All areas of inpatient care provided to these services are included in this figure.

4) Are you able to tell us the annual number of inpatient and observation discharges across the ECMCC system?

In 2017, we had 2,440 Observation patient discharges.

In 2017, we had 19,258 Inpatient discharges.

5) What is the total physical site count within the ECMCC system that your chosen solution will need to be available for? How many categorized as hospitals? How many categorized as outpatient care?

The ECMCC system has 1 hospital, 1 SNF, 1 MRU and 26 clinics.

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

This question was answered in Addendum Number 1 – see question #36.

7) Whether we need to come over there for meetings?

This question was answered in Addendum Number 1 – see question #37.

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

This question was answered in Addendum Number 1 – see question # 11.

9) Can we submit the proposals via email?

No.

10) We are assuming that CM tool is applicable for Patient population who are selected for Care management program (Risk stratified sub-set of the entire inpatient population), is this correct?

Yes.

11) Would the referral / utilization review to Payers apply to all inpatients or only the patients selected for Care management Program?

All patients.

12) Will the community providers have their own IT system or will they be accessing our solution?

We cannot provide an answer about the community providers systems, but would anticipate that they will access our solution to review patient data and to respond to requests.

13) In case of Phase wise implementation, can you order the below features based on your priority?

Our preference would be to implement a complete roll out, but if that is not possible or the chosen route, our priorities are as follows:

- Case management / Disease management #2
- Utilization review and referrals #1
- Analytics and reports #3



14) Is creation of 278 request and processing of 278 response, expected as part of solution? If so, do have a clearing house or vendor for the same?

278 transactions are not a required part of the solution immediately, but may be something we would consider at a later time. If your software contains this functionality, please describe this process to us.

15) Do they need to access all the EMR information about their patients or any specific information?

They need access to all information related to their patients only.

16) What kind of information needs to be sent to the community providers and the payers?

Patient specific information regarding care needs, level of services required and additional needs as anticipated. A few examples include would include wound vaccinations and IV antibiotic needs.

17) Can ECMCC provide us the list of data elements that needs to be shared along with the formats in which payers can accept the data?

Currently we do not have a predictive analytics tool, so we not have anything embedded in our workflow.

18) What would be the required frequency of sending actionable insights back to Allscripts and Meditech (Real-time/Daily/Weekly/Custom)?

We would like the data sent real time.

19) What predictive analytics tool do you currently use? Is ECMCC embedding the predictive analytics data into workflows?

Examples of data to send are included in the functional requirements below. Another example of data we send is nursing assessments. Today, we sent data via fax to Ciox who forwards it to payers. We also can generate a pdf that is faxed to payers via Xsolis.

20) The medication drug database requirement has been removed from the old issued RFP. Is it not a part of the scope anymore?

Correct. This is no longer part of the RFP requirements.