



Erie County Medical Center Corporation
RFP # 21820
Addendum Number 1

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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 on a previous RFP and are being provided to assist respondents in developing their responses.

1. How many users will be using the entire solutions? What are all the different user types - like care coordinators, case managers, social workers etc.?
Approximately 100 users will utilize the system. Our user types include case managers, social workers, discharge planners, social worker assistants and utilization review staff.
2. ECMCC have any specified dashboard & visualization tools?
We do not have any dashboards or tools in place today.
3. Any specific Key Indicators that ECMCC is looking for? Any Key Indicators that you have prioritized.
ECMCC would like to focus on worklists and ease of management to have visibility to monitor staff's productivity, correct status, LOS, prompting when patient is ready for discharge, severity indicators, co-morbidity condition ranking and active problems.
4. How the different stakeholders to access Dashboard solutions and how many users are will be accessing it?
Dashboards providing specific patient data will be utilized by approximately all 100 team members. Dashboards that highlight workload and progress of reviewing cases and similar will be used by approximately 10 managers.



5. What is the approx. size of the data (for applying predictive Analytics & BI reporting)?
Hospital EHR database (Meditech) combined with data warehouse are approximately 4TB.
Outpatient EHR (Allscripts) is approximately 500MB.
6. You have any existing analytics solutions? If yes what are the pain points? Any algorithms already available?
We have Xsolis for utilization review and communication with our providers. With Meditech, our EMR, our biggest pain points is that our EMR does not allow access remotely for any payor or screener for only the accounts they are accessed to view.
7. How often will data from the EMRs be received and sent back?
We would like as close to real time data transfer as possible.
8. Will all the required access to Meditech, Allscripts and Cerner EMRs API will be provided by ECMCC?
Yes.
9. Solutions works on both cloud as well as on premise data center?
We will consider both cloud based and on premise solutions.
10. Do you have your own internal data-center for solution deployment or you prefer cloud solution or external data center?
We will consider both cloud based and on premise solutions. We do have a data center onsite.
11. Can the development / Part of development happen outside US (e.g: India)?
We would prefer the development of the product be done in the United States, however we would be willing to hear a proposal for off-shore development. We would require a detailed plan with the specific items outlined that would be developed off-shore and also know which off-shore organization would be doing the work. Also, at no time can the data reside outside of the United States, nor can it be temporarily located outside the United States.
12. ECMCC looking for both web and mobile application solutions?
Yes, we would like to be able to access the solution via the web or mobile.
13. Whether patient is allowed to access the application?
The patient will not have access to this application.
14. Are the referrals to payers expected to be part of the system, if so is that through 278/275 or any manual referrals?



Referrals should be a part of the system, and manual and automated referral responses should be tracked.

15. Will 835 and claims be only source for tracking denials or is there a specific EDW available as source for denials?

835 tracking, as well as the Case Management Team's manual tracking process should be part of the solution.

16. "It is mentioned that ""Describe the capability for limited functionality for vital signs/continuous monitoring."" You are looking for Remote Patient Monitoring solutions along with Care Management IT solutions?

No, we are not looking for a remote monitoring solution.

17. What is the usage of the Drug data base?

We would like a reference database of different medications as a tool to support the staff.

18. Can you let us know the total Number of users, Avg no of user, Max no of user, latency time, volume of data coming-in and sent back with frequency, Response time expected out of the solution?

We estimate approximately 100-110 users throughout the day from 6am-11pm. The majority will be 8-4. We are looking for concurrent data updates between our EMR's and the solution.

19. Does your current system has the capability to integrate data from the vital monitoring devices?

Some areas of the facility have the vital devices automatically uploaded into our EMR while others are still manually documented.

20. Will the solution also need to be Tablet compatible?

This capability is not required.

21. Are the Discharge planners and social workers part of the ECMCC?

Yes, discharge planners and social workers are ECMCC employees.

22. If they are part of ECMCC, What are the systems/information they can view?"

They can view our Inpatient EMR (Meditech), Outpatient EMR (Allscripts), InterQual and Xsolis platforms.



23. Will the community providers and resource networks will have access to the EMR system? Is the system expected to integrate based on single sign on to the EMRs for the community providers to view EMR?

Today, these users do not have remote access to our EMR, but access the data if they were on site. With the new software application we would like to provide remote access to them, if we can restrict the patient cases they are able to view.

24. Community providers and resources networks part of ECMCC? Or they are external to ECMCC?

They are external to ECMCC.

25. Are Community providers and resource network internal stakeholders of the EMCC system?

They are external to ECMCC.

26. How are you currently interfacing with Payers for pre-auth and referrals?

We are using fax, telephone and Xsolis.

27. Do you have any Infrastructure team with you or you are expecting it to be provided by us?

We have an IT Department consisting of network engineers, interface engineers and analysts.

28. What is the current scope / extent of usage of Cerner Healthintert, as itself a population management system?

It is a data warehouse of all entities who are part of our Performing Provider System in NYS. Our EMR sends data to them today and will not require integration at this time. In the future we will be looking to expand this initiative and have integration developed.

29. What information will Cerner Healthintert provide to the solution?

It is a data warehouse for all patients' information from all entities who are a part of PPS. Medicaid data only. Can pull performance data to use within your system.

30. Have you already identified the High risk population?

The expectation on the solution is to stratify and group in levels. We have a limited high risk identifier tool utilized in the ED only. We are looking for the solution to assist in identifying patients at risk for readmission and failed community plans. The expectation is the solution will assist and stratify the patients in to different risk levels.

31. What is the use case for the care management solution that requires risk stratification? Do you have care plans available for these patients for different risk levels (say 1,2,3 or high med, low)?



We have limited plans in place for high utilizers and they are developed specific for each patient. Our goal is to expand this program.

32. Do you have any risk stratification methodology adopted, if so what is that?

Our staff has limited utilization of the LACE tool.

33. What are the discipline and zones that you have?

The disciplines include case managers, social workers, discharge planners, social worker assistants and utilization review staff. The zones are our various nursing units throughout the hospital.

34. Do you have disease management programs and specific criteria / rules for these programs? Please share.

We have Congestive Heart Failure program in place in which we follow "Get with the Guidelines" model. We are looking for a solution to help expand into other diagnostic groups.

35. Section 6.1 Referral Management: Question: Ability to provide risk stratification for: Patient registries, plans of care and easy reporting extraction. Will your question owner please elaborate? We don't understand what Erie is looking for around risk stratification for plans of care or easy reporting.

We need to be able to easily identify a patient as high risk or super utilizer upon presentation in the ED or if they are at appointments at the clinic (or any entry to our organization). We need a consolation, easily customizable way to report on this information.

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

The contract ownership and accountability must be with a US-headquartered company.

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

This would be a requirement if a vendor from outside the US was selected. We would expect a visit at project kick-off to be appropriate and at project closure.

38. Can we perform the tasks (related to RFP) outside US (like, from India or Canada)?

We would prefer the development of the product be done in the United States, however we would be willing to hear a proposal for off-shore development. We would require a detailed plan with the specific items outlined that would be developed off-shore and also know which off-shore organization would be doing the work. Tasks can be performed outside the United States. However, the data has to reside in the United States and not be temporarily located outside the United States.



39. Can we submit the proposals via email?

No.

40. Where is Appendix B located?

The Appendices are located prior to the Exhibits. (See attached).

41. How many lives does ECMCC currently support?

Meditech: 82,707 unique patients in 2017 and Allscripts: 26,822 unique patients in 2017.

42. How many users do you anticipate using the Care Management platform?

Approximately 100-110.

43. On page 9 of the RFP (11.2.2 & 3) there are two sections that are mentioned but are missing:

Exhibit A-2 (M/WBE Utilization Plan) and A-3 (SDVOB Utilization Plan)

Also Section 7 on page 9 refers to Section 7 below and there is not a Section 7

Could you please share the Utilization Plans that you are looking to have completed or point me towards where they are in the document if I have missed them?

For purposes of this RFP and Contract, ECMCC is not establishing any specific goals for Minority and Women-Owned Business Enterprises ("MWBE") participation or Service-Disabled Veteran-Owned Businesses ("SDVOB"). Therefore, Exhibits A-2 and A-3 are not applicable.

44. How many care coordinators will use the system?

Approximately 100.

45. Would you like to give users within your health system who access the care coordination system infrequently (monthly) access to the system? If so, how many users?

Approximately 10 users monthly.

46. Would you like to give care coordination access to service providers outside of your organization such as skilled nursing units or meals on wheels? If so how many users make up this population? Yes if we can limit their use/access to specific patients.

We estimate 30-50 users.

47. How many users will access the analytics portion of the system?

10 managers.

48. Are you tracking any particular quality metrics? (Hedis, MIPS, ACO, EBM)



These are not currently tracked by our team.

49. Could you give us an inventory list of all the data sources that you would be planning to integrate to support the care management and analytics solution?

We would like to integrate data from Meditech, Allscripts, InterQual and possibly HealthIntent.

50. Are you looking to source your clinical data from the EHR in addition to claims data? If so, can you confirm the names, versions, and number of instances of all in-scope EMRs?

Yes, we are on Meditech Client Server 5.67 and Allscripts version 17.1

51. Can you provide the number of patients you serve, across each EHR?

Meditech: 82,707 unique patients in 2017 and Allscripts: 26,822 unique patients in 2017

52. Can you confirm the number of adjudicated claims feeds?

Approximately 20.

53. How many patients are represented by your adjudicated claims feeds?

We do not have this data at this time.

54. Under section 6.4 where it states that there must be the correct status. What does correct status define and where does this status come from?

This refers to the correct level of care - inpatient, observation, same day surgery. Currently we are contracted to use InterQual and XSOLIS products to determine the correct status.

55. Under section 6.5 bullet two where it states you need the ability to gather data from all your EMRs and easily send to payors electronically. Can you elaborate on the use case you are trying to accomplish with this requirement?

Currently we must provide communication with payers via fax or telephone or pdf from HIM. We would like a solution that can easily compile data from the various EMR system, bundle the data and electronically send to the payers (ex. upon admission, continued stay review and discharge review).