



CLARK COUNTY

RFP #811

SOFTWARE and IMPLEMENTATION for an ELECTRONIC HEALTH RECORDS (EHR) SOLUTION

QUESTIONS and ANSWERS

UPDATED: NOVEMBER 3, 2021

	QUESTION	ANSWER
1.	How many users are expected, in total, to be using the future system?	Please see page 8 (Part I, Section 1A, #3) for a table containing the anticipated number of future users of the EHR solution. This table presents a breakdown by functional area of the number of anticipated future users of the solution, and below the breakdown, the table identifies a total of 50 anticipated named users of a future EHR solution.
2.	What is the total prescribing and non-prescribing provider count for the purposes of this RFP?	There are two CCPH employees (Doctors) who can prescribe but outside MDs will prescribe for our TB clients and we'll need to track that as well.
3.	The clarification deadline is listed as October 27, which is only 1 week prior to the proposal due date. Will the County consider a 2 week extension for vendors to incorporate any adjustments needed in order to meet the proposal due date? The proposal would need to ship November 1 to meet the proposal due date, allowing only 3 days to incorporate changes based on clarifications from the County.	An Addendum will be issued.
4.	The link included returns a message that the page could not be found. Will the County be posting answers to clarification questions prior to the clarification deadline of 10/27? And if so, where can we find those answers?	All questions and answers will be posted at the following link: https://clark.wa.gov/internal-services/request-proposal-1 As the need arises, the County may issue periodic responses to questions prior to the clarification deadline by posting such responses at the above link.
5.	Vendor Response Column I has a drop down in rows 6-13 to select a response of Custom or Standard interface type. The remaining rows do not have this drop down. Is the County expecting the use of this drop down for all rows? Or is the County expecting a Vendor Response of S/F/C/T/N on this tab as used on other tabs and also indicated in the instructions?	Vendors are instructed to use the same responses for INT.9-12, as the responses provided via drop-down in INT.1-8.

6.	Would the County consider lengthening the page limit of 8 pages for Tab 1? The RFP text alone utilizes 6 pages without response content included.	An Addendum will be issued.
7.	Would the County consider lengthening the page limit of 12 pages for Tab 3? The RFP text alone utilizes 8 pages without response content included.	An Addendum will be issued.
8.	Would the County consider lengthening the page limit of 3 pages for Tab 5? The RFP text alone utilizes 2 pages without response content included in Section III Project Schedule Questions.	An Addendum will be issued.
9.	Would the County consider lengthening the page limit of 5 pages for Tab 6? The RFP text alone utilizes 3 pages without response content needed for 13 descriptive answers.	An Addendum will be issued.
10.	Would the County consider lengthening the page limit of 3 pages for Tab 8? The RFP text alone utilizes 2 pages without response content.	An Addendum will be issued.
11.	Would the County consider lengthening the page limit of 5 pages for Tab 9? The RFP text alone utilizes 4 pages without response content.	An Addendum will be issued.
12.	Item # 5 indicates that the offer should “remain open and valid for the period indicated in this solicitation”. We are unable to find this information in the RFP. How many days does the offer need to remain valid after submission?	An Addendum will be issued.
13.	<p>The Table on page 2 in Attachment H lists 14 tabs with Tab 7 as “Data Conversion Plan”. This conflicts with Attachment D, which only includes 13 tabs and does not include a Data Conversion Plan.</p> <p>In addition, the instructions in Attachment H on page 3 identifies Attachment E as Tab 14, which conflicts with Attachment D that identifies it as Tab 13.</p> <p>Which instructions take precedence: Attachment D or Attachment H?</p>	An Addendum will be issued.
14.	The instructions in Attachment H on page 3 with regard to Attachment E indicate a “no bid” response option; however, this is not included in the instructions within Attachment E.	A response for No Bid should only be used in the event a vendor is not proposing certain functionality – including a grouping or area of functionality within Attachment E (e.x. Immunization Management Tab 3).

	Which instructions take precedence: Attachment D or Attachment H?	A response of "N" for "No: Feature/Function cannot be provided" should be used when responded to an individual requirement within Attachment E (e.x. GT.1 or IM.11).
15.	# I – Deviations to Scope of Work. There is not a section titled "Scope of Work". Can the County please specify the sections name(s) and location(s) in the RFP that encompass Scope of Work for which we should include any necessary deviations or exceptions?	Vendors are encouraged to note any exceptions to Section IB Work Requirements, or any exceptions to the scope of functionality, services or other requested items contained in Attachments D and E.
16.	# II - DEVIATIONS TO RFP TERMS AND CONDITIONS FOR CONTRACTS PROPOSED BY THE COUNTY AND CCPH. Can the county please specify the sections name(s) and location(s) in the RFP that encompass sample contract language?	Please note the County intends to include the RFP and the proposal response as parts of the resulting contract. Vendors are encouraged to note any exceptions to the terms and conditions presented in the RFP.
17.	As one of the organizations preparing a response for the County's RFP for an Electronic Health Records solution, we wanted to be reach out and request if an extension of the response deadline by one additional week (Wednesday 11/10) would be workable for the County's timeline.	An Addendum will be issued.
18.	Would you please confirm the total number of users?	Please see the response to question #1
19.	Would you please confirm the number of concurrent users?	Please see the response to question #1
20.	How many providers are there that are licensed to write prescriptions? How many providers are full-time or part-time?	Please see the response to question #2
21.	How many mid-level providers access the EHR?	None
22.	Is a radiology interface required?	No. Please see the interfaces tab within Attachment E to the RFP for a listing of potential interfaces.
23.	Is a pharmacy interface required?	No. Please see the interfaces tab within Attachment E to the RFP for a listing of potential interfaces.
24.	Will you be dispensing prescription medications?	Yes. Please see Attachment E to the RFP for a listing of functional requirements related to Medication and Order Management.

25.	How many physical locations are there?	Four
26.	Can you please identify the number of providers with NPI numbers that will be using the software application?	Please see the response to question #2.
27.	How many prescribers will need the ability to prescribe controlled substances?	None of the medications CCPH dispenses are considered controlled substances.
28.	Attachment E, Tab 1. Gen and Tech, Questions GT.17 - GT.20 reference a Provider Reminder. Is this a Patient Appointment Reminder?	Reminders are for provider tasks such as missing signatures required and/or overdue items such as lab results review etc.
29.	We define system users as each individual user login/password. How many total users will require access to the system? Of this total, how many are clinicians, clerical and billing staff and how many are full time vs. part time?	Per Part I, Section IA (3) there are expected to be fifty (50) named users in a future systems environment. Approximately half are clinicians and the other half are billing or clerical staff. All staff are full-time.
30.	Do you dispense medications and track medications inventory?	CCPH currently does, and has identified requirements related to this in Attachment E to the RFP.
31.	Which Labs are a "must" requirement to interface with the EHR?	Please see the list of potential interfaces within Attachment E to the RFP.
32.	Which other Interfaces (e.g. HIE, Immunization Registry etc.) are a "must" to connect to with the new EHR?	Please see the list of potential interfaces within Attachment E to the RFP.
33.	Do you have any other systems which are a "must" to integrate with the new EHR?	Please see the list of potential interfaces within Attachment E to the RFP.
34.	When do you hope to select/implement the new EHR?	Please see the RFP Part I, Section I1 (5) which identifies March 1, 2022 as the anticipated contract start date. Please see Attachment D, Tab 5, which states the following: "CCPH initially anticipates that the total implementation process for all modules/products will be 10-12 months in duration, subject to further planning with Proposers."
35.	We currently do business in the state of Washington. Does our company need to be licensed in your state prior to RFP submission?	No.
36.	Can you provide sample reports, forms, notes, etc.	No. Information such as this will be provided with the selected vendor upon contracting (if necessary to define scope) or upon implementation start.
37.	Attachment D - Proposer Response, Section 2.6, Question 8: Who are the stakeholders who would need access to the system and why? How many	Clark County Public Health has a contract with Cascade AIDS Project (CAP) to provide services for shared patients. There are up to four CAP users who access the system.

	outside users are required? Can you provide a use case so we can have a clear understanding?															
38.	On average, how many patients are served each year?	<p>2020 – 850 2019 – 1,310 2018 – 1,625 2017 – 1,135</p> <table border="1"> <caption>Total Distinct Count People Served</caption> <thead> <tr> <th>Year</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>824</td> </tr> <tr> <td>2016</td> <td>808</td> </tr> <tr> <td>2017</td> <td>1135</td> </tr> <tr> <td>2018</td> <td>1625</td> </tr> <tr> <td>2019</td> <td>1310</td> </tr> <tr> <td>2020</td> <td>850</td> </tr> </tbody> </table>	Year	Count	2015	824	2016	808	2017	1135	2018	1625	2019	1310	2020	850
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39.	From your 4 locations, how many total rendering providers are represented who will have EHR under their purview?	Approximately 50% of the named users.														
40.	Of the 50 estimated 'named users', how many are not considered a rendering provider?	Approximately 50%														
41.	Please state the format(s) in which data from the current system may be provided for potential transfer/upload/etc. for integration into a replacement system.	CCPH is not planning on converting data, however CCPH could potentially query data and produce .csv or .txt files. The exhibits are all stored as PDFs.														
42.	Could you confirm the street address where to send the proposal because we only have a PO Box and FedEx won't deliver to a PO Box.	1300 Franklin Street, 6 th Floor, Suite 650 Vancouver WA 98660														
43.	Attachment E: MR.15 The system has the ability to search for providers in multiple ways (e.g., first initial and first name, first initial and last name). Can you provide a use case where you would need to look up a provider?	A possible use case would include looking up a provider to share diagnostic or assessment results or make a referral.														
44.	Please provide an estimate for the number of annual billable encounters/visits across all facilities, and: <ul style="list-style-type: none"> a. PM (practice management) encounters/visits b. EMR encounters/visits (please separate out primary care and behavioral health visits) c. EDR (Electronic Dental Record) encounters/visits 	<p>The average for the period of 2017-2019 is about 1,670 encounters that have a fee attached.</p> <ul style="list-style-type: none"> a. PM (practice management) encounters/visits: Average annually between 2017-2019 is about 930 b. EMR encounters/visits (please separate out primary care and behavioral health visits): 0 c. EDR (Electronic Dental Record) encounters/visits: 0 d. 														
45.	Please provide an estimate for the number of report writers	One (1)														

46.	Please provide an estimate for the number of billing providers	One (1)
47.	Please provide an estimate for the number of high capacity (back office) scanners	3-4
48.	Please provide an estimate for the number of front desk scanners	None (0)
49.	How many specialty facilities (i.e., dental, behavioral health, etc.) does Clark County maintain?	None (0)
50.	Does Clark County require integration with any HIEs or the State Immunization interface?	Please see the list of potential interfaces within Attachment E to the RFP.
51.	Please provide a list of all 340b programs utilized by Clark County.	CCPH is enrolled in the 340B program for STD and TB medications.
52.	Does Clark County require an integrated faxing solution (e.g. Rightfax)?	Yes. CCPH has identified requirements related to this in Attachment E to the RFP.
53.	Will Clark County require data conversion?	Please see the response to Question #41.
54.	Does Clark County require integrated vitals, ECG or SPIRO?	No.
55.	Does Clark County require electronic prescription of controlled substances? If so, how many providers?	Yes, two.
56.	Does Clark County require/desire automated indexing of scanned documents?	Yes. CCPH has identified requirements related to this in Attachment E to the RFP (Tab 2. Clinical Documentation and Workflow).
57.	Does Clark County require a patient messaging solution?	Yes. CCPH has identified requirements related to this in Attachment E to the RFP (Tab 1. General and Technical).
58.	Does Clark County require Credit Card Integration?	Not required.
59.	Does Clark County require voice dictation into the EMR?	Not required.
60.	Does Clark County have a pharmacy and desire Willow, Epic's integrated pharmacy module? - If so, please provide the number of annual prescription dispenses.	No.
61.	Does Clark County require virtual care (virtual visits)?	CCPH conducts virtual visits via Zoom for Healthcare.
62.	How many different lab interfaces are required	Please see the list of potential interfaces within Attachment E to the RFP.
63.	Is a radiology interface required? If so, how many?	Please see the response to Question #22

64.	Is a pharmacy interface required?	Please see the response to Question #23
65.	Of the sixteen residents, how many are part-time, and how many are per diem providers	CCPH does not have any residents. There are two full-time MDs.
66.	Will medications be dispensed? If yes, Is a MAR required	CCPH currently does and has identified requirements related to this in Attachment E to the RFP. Yes, CCPH requires an MAR.