



Date of Issuance: 8/4/2021

Solicitation No. 3400001726

Requisition No. 3400022212

Amendment No. 1

Hour and date specified for receipt of offers is changed: No Yes, to: _____ CST

Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

Sign and return a copy of this amendment with the solicitation response being submitted; or,

If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email.

ISSUED FROM:

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Description of Amendment:

a. This is to incorporate the following:

Below is a clarification and answers to questions received. No further questions will be accepted. Please note the closing date remains unchanged.

Clarification:

- While bidders are free to submit pricing in any format they see fit, all bidders MUST submit a single price for each potential year of the contract. This pricing must be clearly submitted on the first page of the pricing submission. For example, if a vendor prices hourly they would submit the hourly price and number of estimated hours (based on their expertise) for a total of each year. This would go for any format. If it was number of users, you must have estimated users and price. Following this information, bidders should submit how they arrived at this pricing (breakdown). Bidders that do not follow this instruction may be asked for pricing clarification and those unable to clarify in a timely manner may not be considered.**

Answers to Bidder questions:

- In the Bidder Instructions document, it refers to an Exhibit State Expectations, but this was not in the RFP documents posted. Will this Exhibit be posted soon?**

This exhibit does not apply to this solicitation and will not be posted

- Would the state consider an extension of a due date on August 25th to allow for a period to incorporate answers to questions from the State that will materially impact scope and vendor responses?**

No

3. Is the Department of Health leveraging Federal Funds for the EHR project?

Yes

4. Will the state allow an award to be made to a bidder requiring more than one contract or will all bidders be required to contract for all elements of their proposal under one contract?

The vendor should be able to supply all items the Health Department needs.

5. Does the state have a defined list of deliverables for this project?

The PIPs process is for the vendor to tell us what we need.

6. Does the Agency have a scoping document which lists what is in scope with metrics? Total Staff of Department of Health, etc.?

No

7. How many clinics are in scope of this RFP?

Approximately 70 and 27 mobile units – future state may add another 10, if OCCHD and TCCHD use the EHR. Higher number if WIC is included.

8. Are all clinics in scope, expected to Go-Live within the 12 month initial term?

Yes

9. What is the total number of outpatient visits per year?

~70,000 encounters

10. Are inpatient services provided? If so, how many beds? Are inpatient specialty services provided (ex. Behavioral health beds, Long term care beds...)?

No

11. Number of patients in service area you manage (either as a whole for all locations or per location)?

We have to accommodate the entire state of Oklahoma.

12. What are the diseases that are currently being monitored and managed?

Public Health reportable diseases, chronic diseases, pandemics, and preventable diseases, WIC services, maternal and child health.

13. Please describe all of the services provided at the outpatient clinics.

Public health services, immunizations, WIC services, maternal and child health, etc.

14. Is case management functionality performed within the outpatient clinics?

Yes

15. Number of registry's currently being utilized? Which ones?

OSIIS, OCR, Birth Defects, Injury, HIV/STD, death and birth registries

16. Are mobile devices currently used to document within the EHR? Is this a requirement with the new EHR?

Currently Mobile devices have limited services. Additional capabilities are needed.

17. Are substance abuse services, such as counseling provided at the outpatient clinics?

On a limited basis

18. Number of concurrent users for the outpatient environment (or total number of named users).

Currently have 3,321 active PHOCIS users, which includes TCCHD and OCCHD users; 1,229 are unintegrated users (not on the OSDH network), 2,092 are integrated

19. Number of physicians/prescribers total?

~ 120 active (individuals with an NPI)

20. Number of non-physicians who will be expected to support the meds process (for example, nurses).

239 individuals with access to Health Stats in PHOCIS (i.e., providers/nurses); estimate from Nursing Service is about 420 staff that include PCAs

21. Does the Agency share the same common Master Person Index (MPI)? If so, is that the strategy with the new EHR?

OSDH's Nextgate MPI has moved to OHCA to use for Oklahoma's HIE, OKSHINE. When the HIE is stood up, the EHR will need to connect to it. With this information, please propose the best solution for us. e.g. EHR with MPI and EHR without MPI.

22. Estimate of New Patient assessments per day?

Dependent upon data migration (number of years OSDH decides to migrate into the system)

23. How many systems will the EHR be required to interface to? Please list the systems.

MTX COVID CI/CT, FPAR 2.0, WIC, if module is not provided, CDC, New PHIDDO (NBS), OSIIS (Envision), possibly existing PHIDDO, if OSDH does not have NBS in place, integrate with Labware /ORCHARD (new LIMS system), Inventory/Pharmacy, Public health Lab, Newborn screening, Specimen Gate, Vaccine Portal, MTX COVID Testing Portal, Billing system (ORBS) if we do not use the EHR's billing system, LEP, and ETO. Depending on the EHR's capabilities, we may have more or less systems than this. The system will need to be able to send and receive HL7 v2.5.1 messages.

24. Are there pharmacies at any of the clinics, if so how many clinics have pharmacies?

Yes, in all clinics and mobile units and central pharmacy at the warehouse.

25. Number of named Pharmacy users?

Practitioners, nursing staff, please clarify what information you need.

26. Estimate on Number of Pharmacy orders per day?

About 130 Doctor's orders per week, average about 400 Rx

27. Estimate on how many Medication Administration Records per Patient per day?

Across a 5-year timespan, 86% of clients who received meds are documented as having received 1 medication only. Approximately 1.3% received 3 or more meds in one visit. Range of number of clients per day receiving meds since July 1, 2016 is 1 – 464 (average = 247, med = 245)

28. How many prescriptions are sent per day electronically to outside pharmacies (ex. CVS, Walgreens, etc.)?

Currently not sent electronically. It is a needed capability

29. Do any of the clinics use medication dispensing cabinets, if so how many?

No automated dispensing cabinets

30. Immunizations: does the Department have requirements for the immunization to be scanned and store lot number information? If yes, will the department provide a list of immunizations that will be scanned and administered?

Current system is an automated system with the lot number and does not have scanning.

31. Do the clinics have laboratories? If so, how many?

CLIA waive services in clinic and mobile units. Public Health Lab and reference labs

32. Please give estimates of the total number of lab procedures performed for those clinics have on-site lab.

Lab services documented in PHOCIS range from ~36,350 in SFY 2017 to ~17,300 in SFY 2021

33. Do the clinics send specimens to outside labs? If so, which ones?

Yes, Public Health Lab, and reference labs

34. Number of named users for the Laboratory System?

We do not have the information and would need to rely on vendor expertise.

35. Does the Department require Point of Service bar coding for your laboratory specimen collection and blood administration? Similar to pharmacy POS bar coding?

Yes

36. Number of instruments and reference labs to be interfaced?

We do not have the information and must rely on vendor expertise

37. What reference labs are currently being used?

Public Health Lab, CPL are the only 2 we are sending specimens to.

38. Estimated number of Patients accessing the patient portal?

~30,000 to 40,000 per year

39. Estimated number of other HIE's that will require connectivity to the EHR?

The state of Oklahoma is implementing an HIE. The EHR will be required to connect to that.

40. What is the estimated number of providers who would be on the EHR and number of users on the PM/billing side? What % would be logged in at any given time?

We average between 1200 to 2200 users concurrently logged in. This is dependent on if TCCHD and OCCHD have access to the system.

41. Estimated number of forms currently being used?

~200

42. Is case management functionality performed within the outpatient clinics?

Yes

43. Estimated number of named reporting users? (usually limited to power users or mgmt)?

20-30

44. Number of Enterprise Master Patient Index Records? Number of patients to back load?

This depends on the number of years OSDH decides to load in the EHR

45. Estimated number of visits per year per facility?

This varies vastly due to the population size of the county they serve. We have ~ 30,000 total for all sites per year

46. Number of facilities and/or practices requiring billing services?

Approximately 100

47. Regarding Billing and Business Office(s) – does the Department have a Centralized Billing Office or De-Centralized Billing Office?

Centralized Billing – Andy what is the vision

48. Is an Enterprise Document Management System required to be in scope?

The EHR will need to have a document management system

49. Does each clinic have a Health Information Management function? Or is the HIM centralized at the Department of Health?

Our current system, PHOCIS, is hybrid local and central

50. Are radiology services provided at the clinics? If so how many of the clinics offer these services? If not, do the clinics use a 3rd party?

**Most are 3rd party – one in each county. Possibly dental
Ultrasounds will be offered in our mobile units.**

51. Does the Department have any guidance on an implementation strategy, or can a vendor recommend an approach?

It is the responsibility of the expert vendor to recommend/develop the implementation approach

52. There is published documentation that confirms that your previous RFP #090000373 (SW1112) was awarded to NetSmart in December 2020. How will the new proposed solution work with (or replace) the NetSmart system?

This was a statewide contract and not specific to OSDH. NetSmart is not our current system.

53. Section 8.2 H - Section Eight: Response to Specifications and Requirements - Is there a functionality grid or a document that lists these specifications and requirements that we can respond to?

This solicitation is utilizing a particular process. It is highly encouraged to watch the video linked in the Bidder Instructions in section 8.1.H. For the immediate purposes of this solicitation the bidders will be submitting the Level of Expertise, Risk Assessment, Value Added, and Price in their initial response. The price should be based on the SOW that is determined by the vendor based on the objectives/specifications provided by the agency in bidder instructions and answers to any questions submitted by potential bidders.

54. How many locations will be using this system?

Duplicate

55. Is this for local public health departments or the state?

State Department of Health

56. Will a VPAT be required?

Yes

57. What are the key improvements you are looking for in the new EHR systems?

Our current system is home grown and is not a complete EHR. We need a robust and complete EHR and the ability to create reports, mine data, billing, and provide reporting to grantors.

58. Do you want to dispense medications and track medications inventory?

We currently do. We need to within the EHR.

59. We define system users as each individual user login/password. How many total users will require access to the system? Of this total, what is the breakdown of clinicians, clerical and billing staff as well as number of full time vs. part time?

Duplicate

60. Which Labs are a “must” requirement to interface with the EHR?

Duplicate

61. Can you provide sample reports, forms, notes, etc?

No

62. Which other Interfaces (e.g. HIE, Immunization Registry etc.) are a “must” to connect to with the new EHR?

Duplicate

63. Do you have any other systems which are a “must” to integrate with the new EHR?

Duplicate

64. Does a vendor need to be licensed in your state prior to RFP submission?

As far as contractually (purchasing) a bidder does not have to be registered to bid but would need to become a registered vendor prior to any award.

65. When do you hope to select/implement the new EHR?

The timeline for the solicitation is located in Bidder Instructions. The current system expires in October of this year.

66. Are there any SaaS or PRIM requirements or others?

Duplicate

67. Do you have any Behavioral Health needs?

Duplicate

68. Is the interview a demo or meeting?

Please see section 8.1.H for an overview of the entire process. There will be one or two interviews via TEAMS. These interviews are with only one person at a time and these are the individuals identified in the Bidder Expert Lead Form. These individuals should be the persons that will be leading the project and would be involved in the project. Those are the only individuals from the bidder allowed in the interview and if both are interviewed, they will be separate interviews. They will be timed interviews lasting 25 minutes with pre-selected questions.

69. Are there any payer eligibility requirements?

Sliding scale

70. Are there any clearinghouse requirements?

Varies depending o on the payer

71. Do you require eRx?

Yes

72. Is this procurement structured as an Indefinite Delivery Indefinite Quantity (IDIQ)? If so, does the Department have an idea as to how many clinics would be purchasing in the initial 12 month term?

~80

73. In the Bidder Instructions with regard to the Exceptions to Terms table, pg 17: Instructions on pg 10 are to "Use tracked changes to propose alternative language, added language or other revision." Does the State consider redlines and red text to propose alternative or added language or other revisions to the terms we add to this table to be in compliance with these instructions?

Bidders must use the table format provided in the last page of the Bidder Instructions document.

74. Is the agency receiving/sending referrals to internal external clinics and hospitals?

Yes

75. Can the agency elaborate on how referrals are currently managed? Currently fax form or phone call.

Need within EHR

76. Is the agency interested in voice recognition software?

We are interested in learning more about this.

77. Can the agency confirm Service Level Agreements are not required?

OSDH Legal is not able to respond within this time frame.

78. Can the agency confirm a Statement of Work is not required?

Correct. A Statement of Work/Scope of Work is not required in the initial response. It would be required of the bidder that proceeds to clarification at that time.

79. Can the agency clarify whether Exhibit titled Value Added Plan should be placed in Section Eight or Section Ten of the final response?

All three of the documents (Level of Expertise, Risk Assessment, and Value Added) may be submitted in Section Eight but it is preferably the are submitted as their own documents in Word format.

80. Can the agency confirm that Business References are required for this Bid?

No business references are required for this solicitation.

81. Is the department looking to replace or integrate with the current pharmacy system? What pharmacy system is the department currently using? Are all of the pharmacies using the same software?

Yes

82. If the department is looking to replace the current pharmacy system, is the intent to replace the system at all locations?

N/A

83. Does the department have a current lab software?

Duplicate

84. Is the department interested in replacing or integrating with the current lab software?

New system, EHR will need to integrate.

85. What type of role is collecting the specimens (such as, nurse)?

Generally, a Nurse or PCA Sometimes a nutrition therapist or tech

86. Does the agency have a patient portal system in place? If so, which software is currently being used?

No

87. Does the agency's current software allow end users to import immunization history?

No

88. Can the agency elaborate on the types of systems the department of education, nurse family partnership and other state agencies are using today?

Duplicate

89. Do your clinics currently participate with the Oklahoma State Immunization Information System (OSIIS)?

Yes

90. Does the agency currently have a Case Management software in place?

It is a homegrown system that is not a complete Case Management system.

91. What type of population health programs and activities are in place today?

We are looking to expand our programs. Our need to document them.

92. What type of population health programs and activities is the agency interested in tracking for the future? What is your system capable of?

We do not have the information and must rely on vendor expertise

93. Does the agency currently have an Analytics software in place? If yes, what software is being used?

It is part of a homegrown system

94. Will the Agency extend the Q&A period so that vendors may ask follow up questions to the Agency's answers to initial questions (if needed)?

No

95. In the Responding Bidder Information Form, there is a line item asking for Supplier ID. What defines the Supplier ID and where can we find or obtain it? Is this number required to submit with our proposal? Is it our procurement login information?

This number is not required. If you have held a contract with the State of Oklahoma in the past you should have a vendor ID and that can be placed here. If not, you may leave it blank

96. How many clinics, providers, and total users are currently using the PHOCIS system?

Duplicate

97. Are you also looking for a solution for your Birth & Death division? Or are you happy with the solution you are using currently?

No

98. Does the software solution need to have the capability to do Birth & Death?

No

99. Is there a budgeted amount for this RFP?

N/A

100. What issues or pain points have you encountered with your current solution?

Mix of electronic and paper records, and better reporting

101. Is there a known date for the completion of the implementation?

As soon as possible

102. Does the Oklahoma Public Health division have resources to be solely dedicated to support and manage a software implementation, or does the State need resources provided? Also, is there a key contact, Project Manager, for this project?

An OSDH project manager will be assigned. OSDH does expect the vendor to supply project management support as well.

103. Can you provide the total number of providers, mid-levels, other clinical staff and all additional users needing access to the system? Also broken down by full-time and part-time (less than 20 hours per week).

Duplicate

104. Does the State Public Health department contract with any external providers or organizations for any services?

Yes

105. Provider Count: Number of physicians (MD, DO) vs non-physician (NP, PA, LCSW) healthcare providers at the State health department?

Duplicate

106. Does this solicitation desire the bidder to offer EHR software, billing services, or both for this RFP?

The vendor will propose the best solution for OSDH

107. Will the RFP due date be extended if the State cannot turn around the answers within one week of receipt to allow all vendors the time needed to incorporate any necessary changes based on the responses?

No

108. Please provide a further demographic breakdown:

Total user count for EHR system
Prescribers
Number of MD/DO
Number of NP/PA
Non-Prescribers
Number of Nurses
Number of Nursing Assistants/Techs
Number of Pharmacists
Number of Pharmacy Techs

Duplicate

109. Can the State provide a list of all 3rd party systems and associated vendors where electronic communication is required with the EHR? Any other labs besides the Public Health Lab (LabCorp, Quest, etc.) Other 3rd party systems?

Duplicate

110. Please provide a listing of all other State systems where integration is required with the EHR.

Duplicate

111. Information Blocking currently has an exception for Public Health Agencies operating in a declared PH emergency. Does OK wish to implement this prior to your October dates, or will you wait until the current declared emergency is cleared and, therefore, have the vendor include in the implementation?

We are not under a state declaration of emergency

112. What medical device types and manufacturers will be integrating into the EMR?

We do not have the information and must rely on vendor expertise

113.What formulary is currently being used?

We do not have the information and must rely on vendor expertise

114.Will the Department provide a list of medications that will be scanned, if any exist?

We do not have the information and must rely on vendor expertise

115.Number of named users for the Laboratory System?

We do not have the information and must rely on vendor expertise

116.Does the Department require Point of Service bar coding for your laboratory specimen collection and blood administration? Similar to pharmacy POS bar coding?

We do not have the information and must rely on vendor expertise

117.Average number of results processed per day (group tests must be broken down into individual results - include QC tests)?

We do not have the information and must rely on vendor expertise

118.Maximum number of interfaced Point of Care Tests (POC)? results processed per day? (group tests must be broken down into individual results - include QC tests)

We do not have the information and must rely on vendor expertise

119.Number of instruments and reference labs to be interfaced?

We do not have the information and must rely on vendor expertise

120.Number of Faxed Documents per Day for Lab?

We do not have the information and must rely on vendor expertise

121.If the Fax Server will be shared with another system please enter the estimated number of faxes that will be sent per day for each system.

This will depend on the EHR

122.What is the current payer list and %'s.

Sliding Scale

123.In regards to a Document Management System, would the Department give estimates on the following:

- Estimated number of electronically transferred pages per year for Online Medical Record?
- Estimated number of electronically transferred pages per year for Financial Billing System?
- Estimated number of electronically transferred pages per year for Clinical System?
- Estimated number of anticipated scanned pages per day for Online Medical Record?
- Estimated number of anticipated scanned pages per day for Financial Billing System?
- Number of months to retain documents?

This will depend on the HER

124.Is this for local public health departments or the state?

State

125.Do your clinics currently participate with the Oklahoma State Immunization Information System (OSIIS)?

Yes

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**)

Date

Authorized Representative Name (**PRINT**) Title

Authorized Representative Signature