1	Would the facilities that currently operate their own lab continue to do so? We understand that MDH that a laboratory module is not required and have reviewed each site's current lab and/or third party system. Would MDH describe its desired lab future state further?	Yes. Lab operations would continue as they operate today.
2	What is the total number of concurrent users across all facilities? We have read each facility's listed roles and totals but each facility looks to follow its own format so it is very tough to calculate the totals. Would MDH be able to supply total number of providers (doctors, nurse practitioners, licensed social workers, psychiatrists, etc. across all facilities)? And, if possible, is there an estimated concurrent user count that could be totaled across all facilities?	We cannot provide an exact number of concurrent users. This information is dependent on many variables that will be decided after the solution is selected. With that however, you should be able to estimate a range based on the following numbers and your experience with other similar state health systems that use your solution. The total number of clinical employees across all facilities is 2,299. MDH as a whole has 3,933 employees. Some additional numbers: 278 HMIS (legacy core system), including 82 pharmacists/staff, 36 billing, 86 ADT and 76 other. Daily HMIS utilization ranges from 20-80 users at any one time.
3	What is the total number of Long Term Care beds across all facilities? Or more specifically, can MDH provide the LTC beds that are located at Western Maryland Hospital Center? It looks like there are 2 MDH facilities that provide LTC, is that accurate? Deer's Head has 66 LTC beds but it is not clear how many are at the Western Maryland Hospital Center? In other words, there is description of Western Maryland Hospital Center in the RFP but it does not state how many of their beds are actually LTC beds.	Both Western MD and Deer's Head operate 36 LTC beds.
4	Is this true Long-Term Care (skilled nursing, where they complete an MDS assessment for their individuals)? That is referenced once in the RFP regarding the current system in place at Deer's Head and Western Maryland. Could MDH please expand further?	An MDS assessment is conducted for residents at Deer's Head and Western MD.
5	From the 'EHR Requirements' tab 6.16, "The System shall support electronic flowsheets, populated by medical devices, with the ability to pull aggregate data and graph vitals over time." Can MDH estimate how many beds across all the MDH facilities would utilize bedside medical devices that would automatically populate the EHR? Typically at behavior health sites we would not leave any monitoring equipment in the room due to patient safety and there's generally not a need for continuous monitoring otherwise they'd already be at an acute care facility.

Will MDH provide more information around this requirement so we can scope the medical device integration appropriately across all MDH facilities? What do the respective facilities currently due today with medical device integration and which workflows would MDH being trying to automate (e.g, vitals sign monitoring)? | We would agree on not having monitoring equipment at bedside due to safety, but would like the ability for at least some of our equipment to populate the EHR. MDH is looking for vendors to provide their approach and perspective of best practices in how they would address these and other EHR-related processes. When these items affect pricing and scope, vendor should include any and all assumptions they used to arrive at their solution/cost/scope, etc., allowing MDH to evaluate appropriately. |
| 6 | How many of the MDH facilities need to provide financial reporting back to the State? | All facilities provide state reporting. |

7	Will all of the MDH facilities be responsible for reporting independently back to the State or will MDH do its reporting as one entity?	All facilities report independently.
8	Will all MDH facilities report only to the State of Maryland or are there other states besides Maryland that MDH has to do any reporting to?	MD only, no other states.
9	Can MDH manage any (or all) revenue cycle state reporting on its own?	No. We will need various revenue cycle "On Demand" reports that are required for our Payers and Stakeholders.
10	How would the Deer's Head and Western Maryland LTC facilities like to document? In lots of cases, LTC documentation can be delivered via an app in a lightweight mobile deployment. Would MDH, and the Deer's Head/Western Maryland facilities, prefer a wall-mounted LTC documentation device - or would a mobile ipad LTC documentation solution be preferred?	All facilities want capabilities for lightweight mobiles devices.
11	What is the total number of facilities that provide long term care?	Two (2) – Deer's Head and Western MD
12	Is there a central data center for all 10 acute sites - or are there multiple central data centers or does each site have their own data center? This question is so that we can provide the appropriate disaster recovery response. We understand that MDH is looking for a hosted solution along with the appropriate disaster recovery, but we need to know more about the current hosting environment for all MDH facilities. Please provide a little more information. Thank you.	MDH plans to operate a single, cloud-based SaaS platform for all sites. The DR plan should be determined accordingly and focus on future state on the single platform, not the current environment. With that said, there is currently not a central data center.
13	From 'RevCycle Requirements' tab 3.7, "The System shall work with an encoder and pass back modifier entered in the encoder" - Is there a current encoder in place or an agreement that already exists between Optum and MDH?	We do not use an encoder and do not currently have an agreement with Optum. We use an in-house ICD10 lookup process that is part of the current HMIS legacy system.
14	Would MDH prefer an integrated lab module provided by the vendor or an interface to a 3rd party lab system? Would LabCorp be the preferred 3rd party lab system or are there additional 3rd party lab systems MDH would interface to? If the vendor can provide an integrated lab system, should we provide that pricing as optional?	We would prefer to generally maintain current lab operations but will entertain options that the vendor deems to be a better practice, including an integrated lab system. It can be listed as optional. Please include any and all assumptions used to arrive at your approach.
15	What are the names of all the 3rd party lab systems that the vendor would need to interface to?	This information is provided in the RFP.
16	Is there a total number of concurrent users to expect?	See number 2 above.

17	Does MDH and the State require Dual factor authentication for EPCS (electronic prescribing controlled substances)- this can be accomplished via various solutions and workflows. The most cost-effective option involves a clinician typing a 6-digit passcode that is randomly generated on an application running on their smartphone. The passcode changes every 60 seconds. On the other end of the spectrum, the 2nd factor authentication can be accomplished using either a secure message delivered to the smart phone (the user simply swiped the message and clicks "yes" on their phone) or even "hands-free" communication between the user's smartphone and a Bluetooth dongle installed on the local workstation. Would MDH prefer low cost or high functionality?"	We currently do not do any electronic prescribing. We would like to hear from the vendors on how they would do this and will require a balance between cost and functionality.
18	Can you clarify the e-mail submission instruction "A. All Proposal e-mails shall be sent with password protection."?	Please disregard, this was an error.
19	How does MDH currently accomplish LTC billing and SNF billing?	HMIS tracks patients per diem charges at a set rate for each LTC facility and we submit 837 files electronically to Medicaid via their portal on a monthly basis.
20	Could you please provide instructions as to the location and format for responses to the functional and business requirements spreadsheet?	Pull the spreadsheet data into an acceptable format that works best for you, add a column to the far right, and indicate within each row (requirement) whether your solution can meet the requirement and, if unable to meet, how you plan to address the deficiency. Follow the terminology provided to respond (A, CP, P, NA). All requirements must be achieved.
21	Does MDH operate both inpatient and outpatient pharmacies?	MDH does not operate outpatient pharmacies.
22	Will the State of Maryland consider an iteration of the RFP to split up the facilities for multiple vendors?	No. MDH is looking for a full-suite, cloud-based (SaaS) EHR solution delivered on a single database platform across all 11 facilities.
23	Will the State of Maryland allow a vendor to submit a complete bid for a few facilities and a partial bid with explanation with other facilities?	No. MDH is looking for a full-suite, cloud-based (SaaS) EHR solution delivered on a single database platform across all 11 facilities.