Request for Information (RFI) for
Electronic Health Record (EHR) and Revenue Cycle System

RFI # DHMH/OPASS-17-17704

Issued by
Maryland Department of Health and Mental Hygiene (DHMH)
Office of Divisions of Behavioral Health Administration and Developmental Disabilities Administration
("BHA and DDA" or "Issuer")

Issue Date: May 9, 2017
Response Due Date: June 22, 2017 at 3:00 PM Local TIme

Table of Contents

A. Key RFI Information

1. Purpose

The purpose of this RFI, which is not a solicitation to procure, is to gain familiarity with currently-marketed products and services for a comprehensive electronic health record and revenue cycle system. This RFI contains preliminary information to serve as a platform to initiate discussion with the vendor community. The requirements in this RFI are in no way final and are in no way a representation of that which may be contained in a Request for Proposal (RFP), Invitation for Bid (IFB), Purchase Order RFP (PORFP), Task Order RFP (TORFP) or other procurement vehicle. This issuance does not constitute a commitment to issue a request for bids, award a contract, or pay any costs incurred in preparation of a response to this request. **Furthermore, the Issuer requires that all responding vendors abstain from providing any quotes or bids in response to this RFI.**

Any information received in response to this RFI will assist the Issuer in collecting information that may be used at a future date for a procurement. A submission in response to this RFI does not guarantee that the respondent will be included in any subsequent procurement. Likewise, a non-submission in response to this RFI does not preclude a recipient or vendor from inclusion in any future procurement.

2. Issuing Office and Procurement Officer

This RFI is being issued by the office listed below. The indicated Procurement Officer is the sole point of contact for this RFI. Please refer all inquiries and submit your response to the Procurement Officer.

1.	Agency	Department of Health and Mental Hygiene (DHMH)
2.	Office	Office of Procurement and Support Services (OPASS)
3.	Location	Baltimore, Maryland
4.	Procurement Officer	Queen Davis
5.	Email	dhmh.solicitationquestions@maryland.gov

3. Key Dates

1.	Issued On	May 9, 2017
2.	Questions Due By	May 19, 2017
3.	Response Due By	June 22, 2017 at 3:00 PM Local Time

B. Background Information

1. Description of **Department of Health and Mental Hygiene**

Maryland's health care delivery system consists of public and private hospitals, nursing homes, outpatient clinics, home health care services, hospices, providers, and health educators, among others. As a public health department, our goal is to improve the health status of every Maryland resident and to ensure access to quality health care. We are responsible for helping each person live a life free from the threat of communicable diseases, tainted foods, and dangerous products. To assist in our mission, we regulate health care providers, facilities, and organizations, and manage direct services to patients, where appropriate.

DHMH has four major divisions - Public Health Services (PHS), Behavioral Health Administration (BHA), Developmental Disabilities Administration (DDA), and Health Care Financing. In addition, the department has 20 boards that license and regulate health care professionals; and various commissions that issue grants, and research and make recommendations on issues that affect Maryland's health care delivery system. We depend on a staff of more than 6,500 and a budget of more than $12 billion to provide needed services to Maryland communities.

The **Behavioral Health Administration** promotes recovery, resiliency, health, and wellness for individuals who have emotional, substance use, addictive and/or psychiatric disorders. The overwhelming majority of admissions (98%) involve forensic patients. Among the BHA functions are:

- The Clinical Services Division, which ensures that an effective comprehensive system of behavioral health services and supports are available and accessible to emerging adults and adults throughout the lifespan in response to the needs of individuals with mental health conditions, substance-related disorders, and the co-occurring of the conditions and disorders. The Division evaluates the network of services that the BHA funds and has the responsibility for statewide planning, development, administration and monitoring the comprehensive system of behavior health services of the BHA. The mission of the Division is implemented through the offices of Adult and Specialized Behavioral Health Services, and Quality Assurance; and the State Opioid Treatment Authority.
- The Children's Services Division is charged with developing a system of care for young people and their families ranging from early childhood all the way through to the time when young people reach the age of majority and legally become adults. The system of care is designed to meet the needs of individuals within this age range who have mental health conditions, substance-related disorders, and those who have both.
- The Office of Forensic Services (OFS) oversees services provided for individuals with mental disorders and developmental/intellectual disabilities who are court-involved. OFS includes four divisions:

- Pretrial Services - responsible for coordinating forensic evaluations ordered by the adult criminal courts of Maryland.
- Juvenile Pretrial Services - responsible for providing pre-adjudication evaluations for competency to proceed in Juvenile court. Unlike the adult criminal system, Juvenile Pretrial Services does not evaluate for criminal responsibility. Juvenile Pretrial Services oversees competency attainment services and the ongoing re-evaluations of juveniles who have been found incompetent to proceed but attainable.
- Justice Services-Addictions - charged with monitoring and conducting court ordered evaluations and placing defendants into treatment under court orders.
- Community Forensic Aftercare Program (CFAP) - responsible for monitoring individuals on signed orders of conditional release in both District and Circuit court in every county in the state of Maryland.

The **Developmental Disabilities Administration** provides a coordinated service delivery system to ensure appropriate services for individuals with developmental and intellectual disabilities. Our administration:

- Provides services for people with developmental disabilities.
- Partners with individuals with developmental disabilities and their families to provide leadership and resources to enable these individuals in living fulfilling lives.
- Is guided by the principle that individuals with developmental disabilities have the right to direct their lives and services.

We do this by focusing on five areas: Self-Determination, Self-Advocacy, Supporting Families, Housing, and Employment.

The Developmental Disabilities Administration oversees the operation of two state residential centers, the Holly Center in Salisbury and the Potomac Center in Hagerstown. Both State Residential Centers are responsible for the provision of needed services to people who have intellectual disabilities admitted to the facility while working to integrate these people into less restrictive settings in the community.

The Secure Evaluation & Therapeutic Treatment (SETT) Program, located in Sykesville, provides evaluation and assessment services, as well as active treatment to people with intellectual disabilities and court involvement within a secure and safe environment. In addition, direct case consultation and assistance is provided to both criminal justice and human services staff regarding people with intellectual disabilities involved with the criminal justice system.

The **Public Health Services** division oversees nine administrations and 24 local health departments that provide surveillance, prevention, treatment, and regulatory oversight services to all Marylanders. PHS operates two Chronic Care Facilities (CCF), Deer's Head Center and Western Maryland Center. These facilities provide comprehensive healthcare and rehabilitation services for the clinically

complex patient and resident. These facilities offer specialty services, such as inpatient and outpatient kidney dialysis, care for patients with a traumatic brain injury and skilled/long term care.

The Western Maryland Center's Specialty Hospital Medical Care Unit is a unique, one-of-a-kind program that bridges the gap between hospital and home. Citizens of Maryland with multi-system and specialized health care needs will be managed by a dedicated, interdisciplinary team of healthcare professionals that assist the patient in reaching their highest level of independence possible. Patients will be admitted to the hospital unit, who are ventilator dependent, require frequent intervention, rehabilitation, Peritoneal Dialysis, Total Parenteral Nutrition or special isolation. Any number of diagnosis and co-morbidities are accepted into the Specialty Hospital including but not limited to: Brain Injury Rancho I – II emerging and requiring ventilator management, Spinal Cord Injury, Multiple Trauma, Multiple systems failure, post Coronary Artery Bypass Graft or other open heart surgeries requiring extensive re-stabilization and rehabilitation, Stage III-IV wound management and wound vac, hyperalimentation, and infectious disease management and isolation including negative pressure isolation.

2. Description of BHA and DDA (Issuer)

DHMH operates 12 facilities throughout the state of Maryland. These include five psychiatric hospitals, two Regional Institute for Children and Adolescent (RICA) facilities, two developmental disabilities facilities and two chronic care hospitals. Each chronic care hospital operates a nursing home and rehabilitation center on campus and are considered separate operational units for census and billing purposes. The total average daily census is approximately 1,180. The smallest facility population is approximately 32 and the largest is approximately 377.

DHMH Facility	Facility Type	Location
Clifton T. Perkins	Adult Psychiatric	Jessup, MD
Spring Grove	Adult Psychiatric	Catonsville, MD
Springfield	Adult Psychiatric	Sykesville, MD
Eastern Shore	Adult Psychiatric	Cambridge, MD
Thomas B. Finan Center	Adult Psychiatric	Cumberland, MD
RICA-Baltimore	Child & Adolescent Psychiatric	Baltimore, MD
JLG-RICA	Child & Adolescent Psychiatric	Rockville, MD
Holly Center	Developmental Disabilities	Salisbury, MD
Potomac Center	Developmental Disabilities	Hagerstown, MD
SETT	Developmental Disabilities	Sykesville, MD
Western Maryland Center	Chronic Care	Hagerstown, MD
Deer's Head Center	Chronic Care	Salisbury, MD

3. Summary of Current Systems

a. Vendors, Product Names: Netsmart AIMS (HMIS), Yardi Optimus EMR, University of Utah e-Chart and e-Staff, Gaia Software DIAPro, Schuyler House SchuyLab

The existing hospital management information system (HMIS) was purchased from Advanced Institutional Management Software (AIMS) and implemented in 1987. This company was subsequently purchased by Creative Socio-medics, which is now part of Netsmart. HMIS originally included only census and billing functions. All DHMH facilities use HMIS for census functions, as well as entering diagnoses and patient incidents (e.g., restraints, seclusion). In 1999 a pharmacy module was added. An ADT interface passes patient information from the census module to the pharmacy module.

The system runs on seven AS/400 minicomputers, housed at six remote hospital centers and one at the central office (located at DHMH headquarters in Baltimore). These remote hospital minicomputers support from one to three DHMH facilities each and are connected over the State's wide area network (WAN). Bandwidth from these sites varies from 6 MBPS to 1000 MBPS, although most facilities connect to the WAN at 10 MBPS. Each remote AS/400 system sends updated census data to the central office server nightly. The central office server is then used for reporting and billing across all facilities.

The Yardi Optimus EMR system is an electronic medical record system used at the two chronic care facilities (Deer's Head and Western Maryland), in addition to HMIS. It was developed by Optimus EMR, Inc., but was purchased by Yardi in 2015. It supports census, charting, pharmacy and Minimum Data Set (MDS) collection and submission for long term care. The system allows clinicians to chart by selecting icons from touch screens. The system also supports an electronic Medication Administration Record (eMAR) function.

The e-Chart and e-Staff systems, developed and supported by the University of Utah, are used at the Eastern Shore Hospital Center for census (in addition to HMIS), medication ordering, clinical documentation, patient incident reporting, employee profiles, credentialing and infection control.

Gaia Software's DIAPro product is used at Deer's Head for clinical documentation for dialysis patients.

Schuyler House's SchuyLab is a laboratory system used at Deer's Head for accessioning and processing specimens and reporting results via instrument interfaces.

At all facilities except those noted above (Western Maryland, Deer's Head and Eastern Shore), patient medical records and clinical documentation are not in electronic format and are primarily on paper.

Census / Billing / Revenue Cycle

Census data are collected and used by the Division of Reimbursements (DOR), program administrations and hospital administrators. This information is used to invoice third party and private pay payers for services provided in the facilities and for a variety of administrative and management activities ranging from daily patient accounting to Joint Commission accreditation.

The Division's Financial Agent Offices located at the State facilities forward billing information on a form (BIF – Billing Information Form) to the Division's Central Office for processing. The Central Office staff sets up the appropriate billing in the Client Billing Profile and also uses this information to make adjustments and any retroactive charges or adjustments that need to be made to the automated accounts receivable.

DOR prepares billings for Medicare Part A, Medicare Part B (Ancillary & Physician), Medicaid, Insurance Companies, Sponsors, Hospital Bank and Social Security DHMH Payee.

Medicare Part A includes billings for Long Term Care Hospital Prospective Payment System (LTCH PPS) for the Chronic Facilities, Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) for the Mental Health Facilities and Skilled Nursing Facility Prospective Payment System (SNF PPS) for the Nursing Homes. These billings are prepared using manual hard copy data received from the State Facilities. The claims are sent to Highmark Medicare Services for processing. The charges are entered manually into the Accounts Receivable (A/R) as are all payments received.

Medicare Part B includes billings for Ancillary and Physician services. The Ancillary services billing is prepared using lab slips and logs sent from the Facilities. This data is keyed into a menu option in the current system and it is processed during the monthly ancillary billing. The National Standard Format file created in this process is then processed through an 837 Translator developed in-house. The 837 file is then sent to Highmark Medicare Services for payment. The payments are entered manually into the A/R. The Physician services billing is prepared using Physician service logs sent from the Facilities. This data is keyed into a menu option in the current system and it is processed during the monthly physician billing. The National Standard Format file created in this process is then processed through an 837 Translator program written in-house.. The 837 file is then sent to Trailblazers (Blue Cross Blue Shield of South Carolina) for payment. An 835 remittance file is received from Novitas and the payments are electronically applied to the A/R.

Medicaid includes billings for the Chronic, Behavioral Health, Developmental Disabilities and Nursing Homes. These billings are prepared using data from the Client Billing Profile and the Patient Moves data. The Chronic and Mental Health are billed using a per diem rate, and the Nursing Homes are billed based on Revenue Codes and Patient Moves. The National Standard Format files created by the system are then processed through the aforementioned 837 Translator program. The 837 file is sent to Maryland Medicaid for processing. 835

remittance files received from Maryland Medicaid are then applied electronically to the A/R. Only Nursing Homes are billed based on Revenue Codes.

Insurance claims are prepared on UB-04's generated manually and by the system during the monthly billing process. The data used to prepare the bill is generated from the system's Client Billing Profile and Census data. The UB-04's are submitted to insurance companies for payment. The payments received are applied manually to the A/R.

Sponsor Bills are created from data in the Client Billing Profile and the Census Module. The bills are generated by the system during the monthly billing process, printed on data mailers, separated manually and then mailed. The payments received are then entered manually into the A/R.

Hospital Bank Billing is done based on data compiled on the Hospital Bank Rep printout. The data represents information contained in the Client Billing Profile and Patient Moves. The printout is sent to each facility's Business Office for payment. The payments are entered manually into the A/R.

Social Security DHMH Payee Billing is generated based on data from the Client Billing Profile and patient moves. The charges are based on rates established by the Financial Agents in the State facilities. The payments consist of the Social Security check for the DHMH Payee patients. The Social Security checks are direct deposit and the check files are sent to us by Banking Services in Annapolis for processing. The Social Security Unit then uses a system-generated Patient Allowance report to give each patient receiving a check a patient allowance. A transmittal is sent to DHMH General Accounting for allocation of funds to the facilities. Supplemental Security Income (SSI) is not processed through HMIS.

Retroactive Billings are prepared using Sponsor / Resource system billing options and also the Client Billing Profile. Retroactive billing is very common in the State Hospital billing environment. Financial investigations can take up to six months to complete and the patients stay for extended periods in the facilities thus causing accounts to be adjusted for retroactive periods.

The Accounts Receivable (A/R) consists of invoiced entries and their associated company/plans. The entries are produced by monthly and on demand billings, charge entries, payment/adjustment entries, retroactive billing entries and re-bill entries.

Pharmacy

The Behavioral Health Administration (BHA) of DHMH operates five state psychiatric facilities with in-house pharmacies located throughout the State of Maryland. The electronic health record system will replace the legacy pharmacy management system used in these facilities

The new pharmacy management system will support all the functions of the in-house pharmacies as described herein or as reasonably derived from the descriptions herein. One Secure Evaluation & Therapeutic Treatment (SETT) unit for people with intellectual disabilities is also in scope, and should be considered a "facility" that is serviced by the Springfield Hospital pharmacy. This unit is run by the Developmental Disabilities Administration (DDA) within DHMH and it receives medications from one of the state psychiatric facility pharmacies, rather than a commercial pharmacy. This unit is included in the scope of this RFP in that they will be receiving medications dispensed by the new software.

DHMH also operates six other inpatient facilities. These facilities use the HMIS ADT module for patient census information, but they purchase their medications from outside pharmacies, so they do not use the existing pharmacy management system.

ORYX Reporting

The current HMIS system is fully compliant with all Joint Commission Performance Management (ORYX) reporting requirements coordinated through the National Research Institute's (NRI) Behavioral Healthcare Performance Management System. These reporting requirements include, but are not limited to, patient episodes for all admissions and discharges and patient events such as injuries, patient seclusions and restraints, medication errors, patient leaves such as absent-without-leave (AWOL) or home visits and readmissions within 30 days of discharge. Additionally, the current system transmits electronic files on monthly patient episode and event data for each facility to NRI for editing purposes. All identified errors are returned to the facility for correction and retransmission to NRI. All monthly files must pass all fatal errors, as defined by NRI, before the next month is sent to NRI for editing purposes. The ORYX reporting requirements change on at least an annual basis and DHMH's Department of Information Technology makes changes to the HMIS source code to accommodate these changes.

b. Capabilities supported (i.e., business functions or processes)

The existing systems, where deployed, support the following processes:
- Census, admissions/discharges/transfers

- Order entry (and computerized physician order entry at some facilities)

- Pharmacy

- Clinician documentation (including physicians, nurses, therapists, psychologists and other professionals)

- Laboratory

- Dialysis

- Long Term Care

c. User groups / stakeholders supported

The new system will be used at each DHMH facility by staff from admissions, medical records, physicians, nurses, therapists, consulting physicians, pharmacists and pharmacy technicians, lab technicians, administrators, social workers, utilization review, performance improvement, infection control, and others.

Information collected in the system will be used by DOR for billing, as well as NRI for ORYX reporting.

The Maryland State Police query a database extracted from HMIS (and augmented with data from all other state hospitals) to determine if a gun purchaser has been a psychiatric patient.

d. Key functionality and reports

As noted above, the current systems provide support for:
- Census – admissions, discharges, transfers
- Billing
- Clinical Documentation
- Order Entry and CPOE
- Pharmacy
- Long Term Care
- Lab
- Dialysis
- Credentialing
- Infection Control

e. Technical architecture, including method of hosting

The current technical architecture is a distributed system of six independent AS/400 servers located remotely, and interfaced nightly to a seventh AS/400 located in the Baltimore DHMH offices.

The current HMIS operating system is OS/400 V4 R5. Clients in this system connect to the AS/400's using IBM's Client Access 5.1 which allows for 5250 type terminal emulation sessions. All data stored on the AS/400's are in IBM's DB2 relational database and the application software is primarily RPG 400 and RPG II.

DHMH is currently transitioning the HMIS ADT and Pharmacy Modules' hardware to a single IBM POWER8 system using the IBM OS/7.2 operating system. All existing systems will be

hosted as individual partitions on that single POWER8 system located in the Department's data center in Baltimore. Backup and disaster recovery will be hosted on a second POWER8 system to be located at the Department's designated backup center.

f. Model for support and maintenance (i.e., the team that supports the current system, whether staff, vendor, and/or contractors)

The Department of Information Technology (DoIT) in the Baltimore DHMH provides support for HMIS (census and pharmacy). DoIT has access to the source code for the census module but not the pharmacy module. The vendor, Netsmart, is not supporting new development with either product.

Yardi, the vendor for the Optimus EMR product, is not supporting new development with their product, but are making changes to keep current with regulatory requirements.

The University of Utah supports the e-Chart and e-Staff system.

Gaia Software supports the DIAPro system.

Schuyler House supports the SchuyLab system.

g. Current system integration points and types (both internal to the agency and with external organizations)

The HMIS census module sends ADT information to the pharmacy module.

An extract from HMIS is combined with files from other Maryland provider organizations to create a database that is queried by the Maryland State Police for background checks on gun purchases.

4. Summary of Current Pain Points

There are numerous shortcomings with the current systems that contribute to inefficiencies, delays, redundant effort and errors:

a. The paper based system limits immediate access to patient records, requires transportation of the record, requires redundant recording of information, reduces legibility, increases the likelihood of errors, and does not permit direct concurrent or retrospective reporting and analysis.

b. The lack of electronic systems has made it more difficult to hire physicians, nurses, interns and other professional staff.

c. Communication about the patient (e.g., AWOL status) is inhibited between clinicians, therapists, consulting physicians, pharmacy, etc.

d. Referrals of new patients require documentation that is usually faxed to DHMH facilities, up to 300 pages per patient referral. This increases the paper burden, as well as cost of toner cartridges.

e. There is no electronic patient information sharing with the Department of Public Safety and Correctional Services, county jails, and other community referral sources, from which court-ordered admissions originate.

f. Without systems that meet Meaningful Use requirements, there are no electronic drug-drug and drug-allergy checks, medication reconciliation, clinical decision support capability, clinical information exchange, recording and provision of patient-specific education resources, and automated feeds to state registries. This negatively impacts patient safety and increases manual effort.

g. There is no patient scheduling system – all patient appointments are recorded on paper. This makes it difficult to coordinate and plan for the patient's activities during the day.

h. There is no electronic role-based access to psychiatric reports which could lead to inappropriate access to sensitive information.

i. There is no e-prescribing for day students at RICA facilities or for discharge medications from other facilities.

j. There is no remote physician access to the patient records. Physicians must travel to the facility to review the records when on-call.

k. There are no alerts when documentation tasks on a patient are due (some are at defined intervals, by regulation). This can result in the facility being out of compliance.

5. Vision for the Future State

In addition to continuing the functions provided by the existing systems, noted above, DHMH would like a system that:

a. Maintains a central database of all patients, that allows patient information to be shared across all DHMH facilities (so that transfers between facilities do not require re-entry of information)

b. Meets all Meaningful Use requirements for Stages 1, 2 and 3

c. Exchanges information with the Chesapeake Regional Information System for our Patients (CRISP), a health information exchange, for patient demographics, visit history, clinical history and clinical documentation

d. Shares and exchanges patient information with a wide variety of justice agencies

e. Supports electronic revenue cycle functions

f. Provides support for clinical decision support with alerts based on user-defined rules

g. Supports documentation in the behavioral health, chronic care and developmental disabilities settings

h. Is integrated with, or can interface to, a pharmacy system

i. Is integrated with, or can interface to, a laboratory system

j. Transmits medication and lab orders to outside pharmacies and labs and receives results (lab results in discrete data format), where the DHMH does not have an internal pharmacy or laboratory

k. Interfaces with automated medication dispensing systems (e.g., PYXIS)

l. Provides bar code medication administration or eMAR

m. Supports the long term care environment, including the capture and submission of Minimum Data Set (MDS) information

n. Is integrated with, or can interface to, a dialysis system

o. Supports documentation by therapists in OT/PT/ST/etc.

p. Provides a mechanism for user defined, ad hoc reporting, as well as analytical reporting

q. Supports document imaging and indexing to identify document types and attach to a patient's record

r. Provides the ability to attach other digitized documents (e.g., captured by a fax server) to a patient's record

s. Supports resource scheduling (e.g., equipment, rooms, clinicians) and patient scheduling into those resources

t. Captures patient data electronically from medical devices (e.g., glucometers)

u. Supports documenting on handheld or tablet devices

v. Supports telemedicine (e.g., remote consults)

w. Supports staff credentialing and education tracking

x. Supports infection control monitoring, tracking and reporting

C. Requested Information

1. Company Information

a. Summary of company location, website, and size.

b. Contact information for the company: Name, title, email, and phone.

c. Brief history of the company.

d. Summary of company's current offerings (products and services).

e. Summary of company's current customer base.

f. Copy of standard brochure / literature about the company, if available.

2. Solution Information

a. Description of marketplace adoption and customer base.

b. Summary of high-level capabilities and modules for the product (i.e., the business functions and processes that are supported).

c. Description of functional capabilities, including selected screenshots of UI.

d. Description of reporting / analytical capabilities, including selected screenshots of actual reports.

e. Description of capabilities or methods for integration and inter-operability with other systems.

f. Description and/or depiction of technical architecture, including operating systems and database management systems.

g. Description of security and compliance capabilities.

h. Summary of performance benchmarks and success factors.

i. Description of deployment options [typically self-hosted in the Issuer's data center or third-party-hosted on an outsourcing model (with either the Issuer or the vendor securing arrangements with the third party), decentralized, or cloud-hosted under a SaaS model]

j. Description of equipment, products, or services required or recommended to enable or complement your product (e.g., printers or barcode readers or third-party data services)

k. Description of approach to patches, maintenance, enhancement requests, and product upgrades.

l. Description of warranties or service level agreements (SLAs).

m. Summary of the model or structure for licensing and pricing (**NOT THE PRICING ITSELF**, but rather the drivers or components or basis of pricing)

n. Summary of the product roadmap (for which, the Issuer seeks no commitments or guarantees).

o. Location of any resources for reading, training, or demonstrations, if available on the Web.

p. Copy of standard brochure / literature about the relevant product(s), if available.

3. Services Information

a. Description of standard implementation approach and services, including resources and their levels of commitment.

b. Description of training approach, resources, and services.

c. Description of model and resources for product support.

d. Description of preferred or certified partners for integration or support, if any

4. Solicitation Recommendations

Issuer requests respondents to recommend any metrics, documentation, and information that Issuer should furnish bidders in any future solicitation. Respondents should indicate the significance or criticality of that information to the success of either the procurement itself or the subsequent implementation and operation of the solution.

Also, please provide any additional clarifications or recommendations that might be valuable to the Issuer in developing and issuing a future procurement. All input is valued.

D. RFI Process and Format

1. Process

Issuer seeks a written response to this RFI. If the Issuer decides to request presentations or demonstrations ("demos") of respondent solutions, the Issuer will extend opportunity for <u>all</u> RFI respondents to make a presentation or demonstration. Presentations or demonstrations may be either on-site at the Issuer's offices or online via phone and Internet. Any presentation or demonstration is informational only for the purpose of determining feasible solutions and recommendations that could be included in the future procurement. An invitation to present does not indicate that the Issuer is engaged in a pre-selection process for an implementation vendor.

Respondents are not to include pricing information.

2. Contact

Questions and responses shall be submitted in written form to the Procurement Officer:

- Name: Queen Davis
- Email: dhmh.solicitationquestions@maryland.gov

From the issue date until the response due date for this RFI, respondents shall communicate only with the Procurement Officer, who will engage personnel from Issuer as appropriate.

3. Due Dates

- The final deadline for written questions is indicated in Section A of this RFI. No questions will be accepted after that date.
- The due date for the response is indicated in Section A of this RFI. Responses are to be sent to the Procurement Officer's e-mail address as shown in Section A. Responses submitted after the due date may not be reviewed and may preclude invitation for a presentation. The responses to the RFI are to be submitted via e-mail in Microsoft Word or searchable Adobe PDF file format. The subject line in the e-mail submission shall state "**Electronic Health Record System** RFI Response - RespondentName".

4. Trade Secrets

Respondents should give specific attention to the identification of those portions of its response which it considers confidential, proprietary, commercial information, or trade secrets, and provide

justification why such materials, upon request, should not be disclosed by the State under the Public Information Act, Title 4 of the General Provisions of the Annotated Code of Maryland. Respondents are advised that, upon request for this information from a third party, the Procurement Officer will be required to make an independent determination regarding whether the information may be disclosed.

5. Response Format

The files that should compose your RFI response are:

- **Transmittal Letter**. This file is an MS Word document or Adobe PDF file that is named "RFI # OPASS-17-17704 Transmittal RespondentName". The transmittal letter should be in the form of a standard business letter and should be signed by an authorized individual within the respondent's organization. The transmittal letter should note the following:

  - A statement that proprietary information is included, if applicable,

  - A statement that the RFI response document is included .

- **RFI Response Document**. This file is an MS Word document or searchable Adobe PDF file that is named "OPASS-17-17704 Response RespondentName".

  - The title page of the response document should specify the RFI name, the RFI number, the company name, and the contact name and title.

  - The response document should provide answers to the questions in Section C. The response document should not exceed thirty (30) pages, excluding any associated materials, for example PDF versions of standard marketing materials.

  - The response document may include any additional comments, observations, or suggestions that may assist Issuer in drafting any future RFP, IFB, TORFP or other procurement vehicle.

- **Notice of Proprietary Information**. This file, if deemed necessary, is an MS Word document or searchable Adobe PDF file that should contain any confidential information. The file should be named "RFI # OPASS-17-17704 - RespondentName - Confidential". All data within this document should be titled and referenced to the question to which the proprietary information is related.