



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

REQUEST FOR PROPOSALS (RFP)
ELECTRONIC HEALTH RECORDS (EHR)
SOFTWARE AS A SERVICE (SAAS)
RFP NUMBER: OCMP-22-18251 EMMA#BPM030665

Questions and Answers #4
ISSUE DATE: September 2, 2022

| # | Section | Question | Answer |
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| 1 | Appendix 4 EHR Requirements Requirement 10.16 telepsychiatry | Does the MDH have an existing telepsychiatry/telehealth solution that would require interfacing to the new EHR? Are telepsychiatry services provided to patients in home or other non-MDH settings that require hardware/equipment and/or patient mobile device integration? Are telepsychiatry sessions moderated on-site at MDH facilities for inter-facility consults? | Offeror should refer to 2.2.3 Overview of Current Systems for information pertaining to existing solutions. In addition, offeror can also refer to Section 2.2.6 Maryland Healthcare System – Current Functionalities for information pertaining to current functionalities. Offeror should propose patient education materials as outlined in the 'EHR Requirements' 10.16. Requirement states "The system shall support telepsychiatry through the use of scheduling and documentation of telepsychiatry sessions." |
| 2 | Appendix 4 Revenue Cycle Requirements Requirement 3.7 Encoder | Does the MDH have an existing encoder solution that requires interface to the new EHR revenue cycle management solution or is providing an encoder solution part of the scope of this solicitation? | Offeror should refer to 2.2.6 Maryland Healthcare System – Current Functionalities to obtain information pertaining to existing system functionalities. |
| 3 | Appendix 4 General Requirements Requirement 4.14 incident reporting | Can the MDH please provide further detail on how incident reporting is done today? Is there a legacy incident reporting tool that requires interface to the new EHR? Is a separate system kept to protect staff/patient identity for legal cases or does the report go in the patient medical chart? What types of data/reports are required? | Offeror should refer to 2.2.3 Overview of Current Systems for information pertaining . Offeror should propose a solution to meet General Requirement 4.14 as stated "The system shall support incident reporting." |
| 4 | Testing | Will MDH provide resources to be a part of executing test scripts for integration testing and charge/claims testing? It would be expected that User | Offeror should refer to 2.8.4 Deliverable Descriptions/Acceptance Criteria , ID #2.8.4.8 'Test Plan' and ID # 2.8.4.9 'Test Results Report' for information pertaining to the Project Management Plan. |

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| | | Acceptance Testing would be fully MDH executed - can MDH confirm? | |
| 5 | EHR Requirements | Bedside Medical Device Integration is typical in high acuity care areas, where individuals are tracking electronic data at a high frequency (every 15 min.). Can the Department explain its indication of medical device integration needs? Is this for routine vitals? Are there units/areas within the Department facilities where individuals are connected to devices 24x7? If so, can you describe the device types, and the number of beds where this situation exists? | RFP requirements state 5.1 "The system interface with medical devices (e.g., glucometers) to obtain and record clinical information. Offeror should propose solution based on this requirement and technical solution offered. |
| 6 | 3.11.7.B, pg 53 | This section contains references to 3.11.3 and 3.11.4.B.1, however, these sections are not present in the RFP. Please clarify the sections to be referenced when reviewing 3.11.7.B in lieu of sections 3.11.3 and 3.11.4.B.1. | Section 3.11.7.B, pg 53 states "1) To replace any Key Personnel in a circumstance other than as described in 3.11.4.B, including transfers and promotions, the Contractor shall submit a substitution request as described in Section 3.11.3 to the Contract Monitor at least fifteen (15) days prior to the intended date of change. A substitution may not occur unless and until the Contract Monitor approves the substitution in writing". Revised to read ...1) To replace any Key Personnel in a circumstance other than as described in 3.11.4.b), including transfers and promotions, the Contractor shall submit a substitution request as described in Section 3.11.7 5) to the Contract Monitor at least fifteen (15) days prior to the intended date of change. A substitution may not occur unless and until the Contract Monitor approves the substitution in writing. See Addendum 4 dated 9/2/22 . |
| 7 | 4.37.F, pg 67 | Please clarify in what section of the Contractor's proposal response a Contractor is to furnish information regarding the location from which services will be provided. Please confirm that completion of Attachment L Location of the Performance of Services Disclosure satisfies the disclosure requirement outlined in 4.37.F. | Contractors are required to complete Attachment L - Location of the Performance of Services Disclosure and submit with their proposals. |

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| 8 | Section 5.12 | Section 5.3.2 is referenced throughout the proposal, however, there is no section 5.3.2 in the response. Please advise. | Section 5.3.2 reference throughout the proposal, should reference Section 5.12 - volume I - Technical Proposal. See Addendum 4 dated 9/2/22 . |
| 9 | 5.12.2.F.1, pg 72 | Please confirm that Contractors are only required to address requirements 2.3 through 2.10 of Section 2 as 2.1 through 2.2 are background and overview information regarding MDH. | Contractors should address all requirements in the RFP. |
| 10 | 5.12.2.F.1, pg 72 and 5.12.2.G.1, pg 76 | Section 3.10.4 requests resume for Key Personnel. Section 5.12.2.F.1 indicates that Contractors are to include responses to Section 3 behind Tab E of their response while 5.12.2.G.1 indicates that Contractors are to provide resumes for Key Personnel behind Tab F. Please confirm which response section (Tab E or F) Contractors are to include resumes for Key Staff. Additionally, please confirm that the only format resumes are to be returned in is that provided in Appendix 6 - Reference Form. | Offeror should refer to Appendix 7 and Addendum 3 regarding Key Personnel roles and positions. Contractors should include resumes for Key Staff in Section E and F. The only format resumes are to be returned in is provided Appendix 6 - Reference Form. |
| 11 | 3.7.10.1, pg 46 | Please confirm the notification timeframe requested in this requirement. Does the Department intend for it to be 2 hours or 24 hours? | As stated in Section 3.7.10.1 A. If the Contractor reasonably believes or has actual knowledge of a Data Breach, the Contractor shall, unless otherwise directed: 1) Notify the appropriate State-identified contact within 2 hours by telephone in accordance with the agreed upon security plan or security procedures unless a shorter time is required by applicable law . |
| 12 | 3.10.4, pg 50 and App 5, pg 132 | The key personnel positions listed in 3.10.4 do not have role descriptions included in Appendix 4. Please provide a crosswalk of the roles requested in 3.10.4 to the roles listed in Appendix 4 so that we can understand the experience that each key personnel must have. The names between the two lists are not the same. | Offeror should refer to Appendix 7 and Addendum 3 regarding Key Personnel roles and positions. Contractors should include resumes for Key Staff in Section E and F. The only format resumes are to be returned in is provided Appendix 6 - Reference Form. |
| 13 | Lab Requirements | 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 | Offeror should refer to 2.2.6 Maryland Healthcare System – Current Functionalities to obtain information pertaining to existing system functionalities. |

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| | | and/or third party system. Would MDH describe its desired lab future state further? | |
| 14 | General | What is the total number of concurrent users across all facilities? 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? | Offeror should refer to Section 2.2.2 'MDH Healthcare System' for information pertaining to each facility. |
| 15 | General | 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? | Offeror should refer to Section 2.2.2 'MDH Healthcare System' for information pertaining to each facility. |
| 16 | General | 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? | As stated in Section 2.2.3 Overview of Current Systems, MDS is a current process. Offeror should propose how their solution will best suit the MDS needs based on their solution. |
| 17 | EHR Requirements | <p>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.</p> <p>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</p> | <p>Offeror should review section 2.2.2 Maryland Department of Health (MDH) Healthcare System to determine the number of beds. In addition, offeror can refer to 2.2.5 Key Functionality of the Current Systems for information on current solutions.</p> <p>Offeror should propose best solution that best meets needs of the proposed software.</p> |

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| | | MDH being trying to automate (e.g., vitals sign monitoring)? | |
| 18 | General | 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? | Offeror should propose the best solution that best meets the needs of the proposed software. |
| 19 | RevCycle Requirements 3.7 The system shall work with an encoder and pass back modifiers entered in the encoder. | 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? | Offeror should refer to 2.2.6 Maryland Healthcare System – Current Functionalities to obtain information pertaining to existing system functionalities. Offeror should propose best solution that best meets needs of the proposed software. |
| 20 | Lab Requirements A laboratory module is not required (interfacing to 3rd party lab systems are sufficient), but if the Offeror has an integrated laboratory module, the following requirements must be met. | 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? | Offeror should refer to section 2.2.3 Overview of Current Systems for information pertaining to existing laboratory systems. Offerors should propose solutions based on requirements set forth in Section 5 - Proposal Format of the RFP. |
| 21 | | 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 | Offerors should review Appendix 4 - Pharmacy Requirements for requirements and include with their proposals a solution as required in Section 5. |

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| | | 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?” | |
| 22 | 5.2.4 Email Submissions | Can you clarify the e-mail submission instruction "A. All Proposal e-mails shall be sent with password protection."? | Per Section 5.11.5 Offerors shall provide their Proposals in two separate envelopes through eMMA following the Quick Reference Guides (QRG) labelled “5 - eMMA QRG Responding to Solicitations (RFP)” for double envelope submissions. eMMA is a secure environment therefore password protection is not required. |
| 23 | Long Term Care | How does MDH currently accomplish LTC billing and SNF billing? | Offeror should refer to Section 2.2.6 Maryland Healthcare System – Current Functionalities for information pertaining to LTC billing and SNF billing. |
| 24 | Appendix 6 pg. 145 | 1) Do Key Personnel Resumes require the Labor Category section to be filled out? Not every Key personnel position matches exactly with a Labor category title. This section also begins with “PO Authors: update the section number on the left side.” 2) Please advise if 1. we must label each Key Personnel resume with a labor category title and fill out that section of appendix 6 for all 11 resumes and 2. 3) If so, we are only required to fill out the right side of the table | Yes, Key Personnel Resumes are required. Offerors should refer to Appendix 7 and Addendum 3 for position requirements. Offerors should submit resumes on Appendix 6 for all positions. |
| 25 | Section 4.35 | Is there any consideration to revise 4.35 MBE Participation Goal There is no MBE subcontractor participation goal for this procurement and 4.36 VSBE Goal There is no VSBE subcontractor participation goal for this procurement to add a participation goal? | Currently this solicitation does not include an MBE/VSBE participation goals. However, MBE and VSBEs are encouraged to respond to this solicitation. |

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| | Section. 12 | The RFP references Section 5.3.2 multiple places (e.g. 2.7.1 Product Requirements), but we cannot locate that section in the RFP. Can you clarify where Section 5.3.2 is located? | Section 5.3.2 reference throughout the proposal, should reference Section 5.12 - volume I - Technical Proposal throughout the proposal. See Addendum 4 dated 9/2/22. |
| 26 | Appendix 4 EHR Requirements Requirement 3.30 PIRS | Is the Patient Incident Reporting System (PIRS) a legacy system that requires an interface to the EHR or is this a system per the requirement that MDH anticipates the EHR vendor to create as part of custom programming? In either case, can MHD provide more detailed requirements or specifications? | As stated in Appendix 4 EHR Requirements 3.0 Clinical Documentation, 3.30 "The system shall support the creation of the Patient Incident Reporting System (PIRS), used for assault, seclusion, injuries, restraints. The user shall create the report once and tag each party involved (patients and staff)" serves as a requirement under Clinical Documentation. Offeror should propose best solution that best meets needs of the proposed software. |
| 27 | Appendix 4 EHR Requirements Requirement 10.16 telepsychiatry | Does the MDH have an existing telepsychiatry/telehealth solution that would require interfacing to the new EHR? Are telepsychiatry services provided to patients in home or other non-MDH settings that require hardware/equipment and/or patient mobile device integration? Are telepsychiatry sessions moderated on-site at MDH facilities for inter-facility consults? | Offeror should refer to 2.2.3 Overview of Current Systems for information pertaining to existing solutions. In addition, offeror can also refer to Section 2.2.6 Maryland Healthcare System – Current Functionalities for information pertaining to current functionalities. Offeror should propose patient education materials as outlined in the 'EHR Requirements' 10.16. Requirement states "The system shall support telepsychiatry through the use of scheduling and documentation of telepsychiatry sessions." |
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