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

Questions and Answers #3
ISSUE DATE: August 31, 2022

#	Section	Question	Answer
1	Section 2.2.2	How many named users will access the EHR from these locations? How many providers will access the HER from these locations, How many full-time providers, how many part-time provides will access the HER from the 24 PH facilities.	This number varies for the 11 facilities. We do not expect users from the 24 Local Health Departments to access the EHR. Offeror should refer to Section 2.2.2 'Maryland Department of Health (MDH) Health System' for user access. Please note that the numbers listed under each facility are subject to change throughout the solicitation and implementation of the EHR system.
2	Section 2.2.2	Are the 24 Public health facilities referenced in the RFP additional locations from the 11 sites stated?	No those are local health departments and are not included in the scope of this RFP. In the future LHDs interoperability may be needed, although unknown at this time. Refer to Section 2.2.2.
3	Section 2.3.1	In the RFP, the State is requesting the following implementation order of the facilities as noted in the above Table 2-3: However, on page 22, 2.3.1 Overview under the Contractor Responsibilities and Tasks section, it notes that "Facilities that have no EHR in place today will presumably be scheduled for deployment before those that are currently running other systems. See Table 2-3 for facility system implementation order." The RFP identifies RICA-Baltimore, Holly Center, JLG-RICA, and Potomac Center as facilities without EHR systems but in the deployment table above, it is requested that those facilities are implemented as 2nd, 6th,	This deployment is not solely based on EHR existence. At the moment, deployment implementation order is stated in Table 2-3. We are willing to review proposals in regard to initial deployment to facilities without an EHR.

		7th, and 8th respectively. Is MDH open to considering an initial deployment for the facilities without an EHR?	
4	Section 3.10.3	In the addendum document POST-OCMP-22-18251 Addendum 2 EHR RFP.pdf, question #1 for section 3.10.3 Number of Personnel to Propose indicates that the offeror shall propose "exactly 11 personnel with the experience and qualifications required as identified in Appendix 7 Key Personnel" . However, Appendix 7 Key Personnel only lists roles for 10 positions: 1. Executive Sponsor 2. Program Manager 3. Subject Matter Expert 4. Lead for End-User Trainer 5. Lead Technical Architect 6. Lead Technical Configurator (By Modules) 7. Lead for System Integrations & Interfaces 8. Lead for Organizational Change Management 9. Lead for Data Conversions 10. Lead for Infrastructure & Security Will you please provide the role description for the eleventh position?	Per Addendum #2 dated 8/12/22, Offeror should propose two (2) personnel for the 'Lead Technical Configurator (By Modules) positions.
5	Appendix 3	5.1 – Pharmacy- requirement tab – User Shall have the ability to maintain patient profiles. Patient data requirements are listed in Appendix 3. Upon review of Appendix 3 - Non-Disclosure Agreement – Patient data requirements are not listed. Can you please clarify where the patient data requirements are listed.	Reference to Appendix 3 removed by Addendum #3 dated 8/31/22.
6	Appendix 4	If a vendor has a white labeling agreement for a product or set of features/capabilities, should the vendor indicate "P" for partner or "A" for available in standard out of box"?	White labeling agreement for a product or set of features/capabilities vendor should indicate current status in their proposal.
7	Appendix 4-Attachment B – Financial Proposal Form	If an item is marked "CP" for custom programming but further requirements would be needed to fully price the customization, how should this be accounted for in pricing?	Offeror should not alter the price sheet; however, a supplement can be added regarding customization.
8	Appendix 4 Laboratory Tab 1.0-1.14	Is the MDH seeking a laboratory system solution or interfaces only to 3rd party laboratory information systems as part of this solicitation? If a lab	A laboratory module is not required (interfacing to 3rd party lab systems are sufficient), but if the Offeror has an integrated laboratory module, the

		interface is acceptable, how should this be indicated so that it is clear for all requirements on this tab? Should a narrative description be entered at the top of 1.0?	requirements must be met that are provided in Appendix 4 Laboratory Tab. Yes, a narrative description can be entered at the top of 1.0.
9	Appendix 4 Lab Requirements Tab Requirement 1.5 1.6	How should a vendor respond to lab requirements such as 1.5 and 1.6 if an HL7 interface to 3rd party lab systems is offered and not a full lab system replacement since the requirements for quality control and quality reports as specified would be within the reference lab system and not the EHR?	Per Appendix 4, quality control and quality reports are required offeror should submit with their proposal, solutions to these requirements.
10	Appendix 4 Lab Requirements Tab Requirement 1.13	For 1.13, how should a vendor respond to the requirement to allow lab staff to add comments to results if the vendor is proposing an HL7 lab interface to the 3rd party reference lab/s and not the reference/processing lab system? Should this be an "A" as long as comments entered in the 3rd party lab system can be brought into the EHR via HL7?	Appendix 4, Lab Requirements 1.13 states "The system shall permit lab staff to enter free text and canned documents to test results or specimen type (e.g., hemolyzed, repeated to verify, call provider with results, etc.). Offeror should respond based on a general description of their laboratory module, if one is offered.
11	Appendix 4 - General Question	The final column is labeled "description"—is the MDH seeking a description for every requirement in Appendix 4 (most of which would be an affirmative statement such as "the EHR includes the ability/capability detailed in X.X" or can vendors use this area for select requirements/items that the vendor determines require further explanation or descriptive comment about how the EHR addresses the specific requirement?	Yes.
12	Appendix 4 Pharmacy Requirements 5.10	Can the MDH please provide examples or clarification as to what type of "user defined patient data" this requirement and workflow refers to? Would this be free text comments or structured data?	MDH does not have a preference between free text comments and/or structured data. MDH is requesting Offerors propose a solution with their proposals.
13	Appendix 4 Pharmacy Requirements 8.6	How would pharmacy know that a patient was going on a leave of absence? Would the leave be entered in advance in the admissions/discharge/transfer	Currently there are different processes in place for leave of absence as it pertains to pharmacy workflows, we are seeking proposals from offerors to provide a solution to coordinate these efforts.

		(ADT) module? Would the leave be entered on the day of the leave so pharmacy would then need to quickly get the medications dispensed? Or would the upcoming leave be part of a communication to pharmacy as a message/alert prior to the movement being entered into the ADT module?	
14	Appendix 4 EHR Requirements Requirement 3.1o Treatment Plan Medical Necessity Reviews	Can the MDH please elaborate on this requirement; is this for evaluation that the client/patient is receiving care that is clinically appropriate to their diagnosis/diagnoses, that mental health treatment is required for a client/patient particularly in forensics, or is this related to billing and automation of medical necessity checking of claims (or something else)?	It is the intent of MDH to review a proposal to an electronic health records solution in regard to diagnosis, claims, and treatment plans.
15	Appendix 4 EHR Requirements Requirement 3.31 patient education material	Does the MDH have an existing patient education materials supplier that will require interface/access from the new EHR or is providing patient education materials part of the new EHR scope?	Offeror should propose patient education materials as outlined in the 'EHR Requirements' 8.17.
16	General	How many of the MDH facilities need to provide financial reporting back to the State?	Additional clarification is needed.
17	General	Will all of the MDH facilities be responsible for reporting independently back to the State or will MDH do its reporting as one entity?	Additional clarification is needed.
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		1. The RFP States "The Public Health Services Administration (PHS) oversees nine (9) major units (or bureaus) and twenty-four (24) local health departments that provide surveillance, prevention, treatment, and regulatory	A/B/C) Offeror should refer to Section 2.2.2 'Maryland Department of Health (MDH) Health System' for user access. Please note that the numbers listed under each facility are subject to change throughout the solicitation and

| | | oversight services to all Marylanders. PHS operates two (2) 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." A) How many named users will access the EHR at the nine major units, the 24 local health departments, and the two chronic care facilities? B) How many full-time providers will access the EHR at these locations? C) How many part-time providers will access the EHR at these locations? D) How many lab interfaces (note the vendor's name) are needed at these locations? E)In addition to the 11 sites noted in the RFP, how many additional locations will access the EHR within PHS? | implementation of the EHR system. D) Offeror should refer to Section 2.2.2 'Maryland Department of Health (MDH) Health System' for laboratory information per facility. Please note that the numbers listed under each facility are subject to change throughout the solicitation and implementation of the EHR system. E) Additional clarification is needed in order to answer. |