1.1. "Please confirm the package labeling requirements."

Section 5 of the RFP outlines procedures for submitting proposals to OPWDD. Proposal packages must be submitted to:
Ms. Lisa Davis
New State Office for People with Developmental Disabilities
Director of Fiscal and Contract Management
44 Holland Avenue, Fourth Floor
Albany, New York 12229-0001

In addition, the package must be labeled as specified in Section 5.1 of the RFP.

1.2. "How many total copies of a proposal/response is required?"

"With regard to Attachment 7 - Firm Offer Letter and Conflict of Interest Disclosure, please confirm that the request for a "complete proposal" applies to technical, financial, and administrative components. That is, the OPWDD requires 8 hard copies of the technical proposal, 2 hard copies of the financial proposal, 2 hard copies of the administrative proposal, and 1 electronic copy of the combined technical, financial, and administrative proposals."

Confirmed. This information is in Attachment 7- Firm Offer to the State of New York and Conflict of Interest Disclosure. Please note that submission requirements, particularly the number of hard copies to be submitted, is clearly defined and the vendor must ensure that the specified number of “copies” and required medium are submitted.

Please review section 5 titled Proposal Requirements and Attachment 7 to ensure packages are complete and submitted in accordance with the requirements set forth in the RFP.

1.3. "Do you have a Word version of the RFP?"

OPWDD will not provide a Word version of the RFP. Fillable forms, however, are provided on the OPWDD EHR website.
1.4. “Will a request for an extension to the due date for proposals be granted?”

The due date for proposals has been extended to May 1st, 2017 at 5:00pm EDT.

1.5. “Is this RFP a ‘reissue’? Was another RFP issued in 2014 or 2015?”
“Can OPWDD provide any information about its current EHR solution? Why is OPWDD replacing its current solution?”

OPWDD does not have an Electronic Health Record (EHR) system, thus the current RFP has been released to solicit proposals for an “off the shelf” EHR system that will be used to track health and care coordination information within and across OPWDD’s state-operated programs.

1.6. “Will a list of people who’ve signed up for the Bidder’s conference be provided?” “When will the vendors list be provided?”

A list of vendors who attended the Bidder’s conference will be made available as soon as possible following the Bidder’s Conference. Vendors will be provided with the opportunity to opt-out of inclusion on such list prior to the list being posted. Bidders were required to notify OPWDD if they did not want to be included on the Bidders list.

1.7. “The attachment numbering system omits 3, 10, and 19. Please confirm if this is intentional.”

This is intentional. Attachments 3, 10, and 19 are not used for this RFP.

1.8. “Attachment 1 - Proposal Checklist specifies that subcontractors must also complete Attachment 4. Please identify any other attachments that must be completed by subcontractors.”

Subcontractors should complete applicable sections of Attachments 4, 9, 11 and 21, as a minimum.
1.9. “With regard to section 5.4, please confirm the required order of attachments in the proposal response.”

Attachments submitted as part of the proposal package should be organized according to the structure/listing established in Attachment 1 - Proposal Checklist.

1.10. “Must the solution have been implemented in a state-run organization supporting people with intellectual disabilities? “

No. As stated in the mandatory deliverables, vendors must offer a solution that is designed to meet the unique needs of individuals with developmental disabilities and has been implemented in a setting that serves predominately people with Intellectual or Developmental Disabilities (I/DD). OPWDD does not require that such settings that serve predominantly people with I/DD be state-run/state-operated.

1.11. “Please confirm if MWBE targets provided are applicable to the total value of the contract (i.e. software and all services provided by prime bidder and all subcontractors), or if targets should be considered as a percentage of software only or services only.”

For this type of contract, MWBE is applicable to the total value of the contract.

1.12. “Is the MBE/WBE contract goal of 30% a requirement or a goal for the potential vendor? “

Yes. 30% is the mandated goal.

1.13. “The RFP states that the ITS workforce of approximately 4,000 professionals serves more than 120,000 end users. Do the 120,000 users represent all of New York State government or a subset? “

ITS serves approximately 120,000 NYS employees across the state. OPWDD is one of several large executive agencies served by ITS. Not all ITS end users will access the EHR. Only employees who work for OPWDD will utilize the EHR system. The total number of employees served by ITS is not relevant to this procurement since the EHR will only be implemented within the OPWDD state-operated sector.
1.14. “Which environments or types of facilities will have direct access to the EHR and are in the required scope of this project? A. Home B. Family Care-Certified Private Home C. Supervised Community Residence D. Individualized Residential Alternative E. Intermediate Care Facility F. Developmental Centers G. Article 16 clinics H. Day Habilitation I. Summer Camp (and a breakdown of the quantity & size of each type of facility within the scope of this project?)”

Generally Individuals receiving services directly from OPWDD (i.e., directly from a state employee or contractor working on behalf of OPWDD) will have a record in the EHR. Individuals receiving services through an Individualized Residential Alternative (IRA), Intermediate Care Facility (ICF), Developmental Center or campus based program, Article 16 clinics, day habilitation, and/or summer camp will have a record in the EHR. See question 5.10 for information on the number of settings by type and the number of people served in such settings.

1.15. “Is it a requirement to name resources (persons) for the project or can the Vendor give sample resumes for positions? Is there flexibility with naming the personnel and having them dedicated to this project for the duration?”

Vendors must provide resumes and/or job titles and job descriptions for the positions that will be necessary to meet the staffing requirements as set forth in the RFP section 3.4.11 - Consultant Qualifications and Staffing Requirements. In the event that the Bidder does not have, or cannot guarantee, a particular employee to fill a position, the Bidder may supply job descriptions and the mandatory credentials of staff who will fill the positions.

1.16. “Is it possible to use our form as the starting point for any subsequent negotiations?”

No. Appendix D contains the standard contract provisions established by NYS. Please see Attachment 13 and section 1.51.13 (Extraneous Terms) of Appendix D (OPWDD Standard Contract Provisions) for more information relating to proposing extraneous terms.

1.17. “The RFP indicates as many as 5,000 concurrent users of the system. Can additional information be provided about total Named Users or additional metrics related to anticipated utilization?”
The vendor should expect up to 5,000 concurrent users and 18,000 total users, and licensing costs should be reflected in the financial proposal.

1.18. “Will NY State provide the computing resources, Internet connectivity and training facilities necessary for training or would the winning bidder be responsible for providing the required resources?”

OPWDD will provide the necessary infrastructure for training. This will include providing the room/location, devices necessary to access the training platform, internet connectivity, and scheduling of OPWDD employees who will attend training sessions.

1.19. “Are there any specific quality reporting needs? If so, what exactly?”

OPWDD is seeking an EHR that enables end-users to aggregate data on quality indicators. Examples of quality indicators include rate of restraint, number of individuals who are on multiple medications (polypharmacy), rate of falls, or rate of choking. The EHR should also permit for aggregating data on personal outcomes such as the CQL POMS (Council on Quality and Leadership Personal Outcomes Measures).

1.20. “Please clarify when we are to use this document.(Attachment 13)”

The use of Attachment 13, if applicable, is described in section 1.51.13 (Extraneous Terms) of Appendix D (OPWDD Standard Contract Provisions).

1.21. “When are Meaningful Use stage 1 and 2 requirements due by?”

The proposed EHR solution must be federally certified as meeting the federal meaningful use (stages 1 and 2) standards at the time of proposal submission as this is a mandatory requirement.

1.22. “Does OPWDD have a list of authorized contractors and vendors in New York? Also, I believe we are to submit a hard copy of our proposal, but it also states we are to submit one on your SharePoint site. However, I don’t see a link. May I ask if you could forward it to me for submission?”

Question 1 – No.
Question 2 – OPWDD does not require vendor to submit proposals on our SharePoint site.
1.23. “Does OPWDD have an existing or preferred vendor (software/hardware) for Telemedicine?”

No. OPWDD does not have a current or preferred Telemedicine vendor.

1.24. “With regard to qualifications 7 & 8 which references Attachment 20 - Minimum Bidder Qualifications, would the OPWDD consider other deployment qualifications other than existing or previous organizations serving individuals with developmental disabilities?”

No - the minimum qualifications established in the RFP are firm.

1.25. “We seek clarity on the Minority, Women, and NY State-owned goal. Is there a mandatory-minimum portion of the contract which must be subcontracted to approve contractors? In other words, will contractors that respond with No to Attachment 14 be disqualified from the procurement process?

Appendix D specifies a minimum percentage of 30 percent, we kindly request that the amount apply to implementation services only as those efforts are more easily subcontracted to local parties due to the nature of the solutions and hosting-model we are proposing.

Due to the nature of our business as a software and consulting company, procurement of materials is not required for the creation of our solutions. Due to the complex nature of the major components of the equipment we do purchase in support of our business operations, large hardware manufacturers are the best providers to meet our prime service needs. Additionally, our solutions are highly technical, which limits our ability to find qualified staff.”

No. Bidders will not be disqualified for responding “No” to attachment 14.

Please see the answers to Questions 1.11 and 1.12 regarding the 30 percent MWBE goals.

1.26. “Would the EHR be accessible only during business hours?”

No, OPWDD provides services 24 hours per day, 7 days a week. Therefore, the solution must be accessible to all users 24/7.


Although we are willing to negotiate in good faith to achieve a contract that
will be mutually acceptable to you and to us, we do not believe that the RFP response is the best forum for starting this process. There will be provisions associated with our solutions and services that it is necessary to include that are not included in your form and those we have entered into agreements with in the past have found it advantageous to use our form as the starting point. This is so because our agreement (a) is often less generic than the form of purchasing organizations, and (b) is specifically tailored to the solutions and services provided by our company and to the manner in which we implement such solutions and services. To the extent that there are items in your form that are not covered in our form, or that are covered in a different way than in our form, we are willing to add all such provisions that the parties mutually approve in the final contract. In the event that our firm is selected as your supplier of choice, our representatives will be happy to begin negotiations toward a mutually acceptable contract that protects the essential interests of both parties to the transaction.

Is it possible to use our form as the starting point for any subsequent negotiations?”

No. Appendix D contains the standard contract provisions established by New York State. Please see Attachment 13 and section 1.51.13 (Extraneous Terms) of Appendix D (OPWDD Standard Contract Provisions) for more information relating to proposing extraneous terms.

1.28. “If divisions have different tax IDs, can the patient demographic pool be shared between divisions?”

“Yes. OPWDD has only one Tax Identification Number. The EHR will only be used within OPWDD’s state operated sector; therefore, programs using the EHR will be staffed directly by OPWDD and are fully supported by New York State.

1.29. “We understand that MATS will be replaced by the new vendor / EHR. The requirements indicate that "providers" must have the ability to view, enter, and update appointments. Please clarify if these providers are state providers (employees) only or if you would like or expect that external (non-state providers) have access to this solution as well.”

OPWDD expects state providers to view, enter, and modify appointments. External providers (e.g., private practices) will not directly put information into the EHR nor will these external providers be given a log-in account.
1.30. “With regards to CR # 2031876 - EHR RFP, Section 2.4 Project Background indicates ‘currently record keeping is primarily a paper-intensive, manual effort’. Therefore, my question is does this project include a requirement to scan historical paper documents/ information into the proposed EHR system? If, yes, is there any estimate on the scope of this requirement? Number of files? Average number of pages per file? Total number of images?”

OPWDD plans to establish EHR records through a data upload from TABS. OPWDD seeks to automate moving demographic and personal information into the record to the greatest extent possible. Currently, however, individual’s clinical and treatment data is housed in the paper record. OPWDD is planning to manually enter much of the historical clinical information, which is currently maintained on paper, into the EHR. There will be a minimum amount of information that will need to be scanned and appended to an individual’s record. Also see Question 8.1.

1.31. During the Bidder’s Conference a question was raised about the percentage of services provided through the voluntary versus state operated sectors. Below is OPWDD’s response.

Amongst the entire population of New York citizens deemed eligible for services through OPWDD, the majority are served through the voluntary sector (i.e., through one or more not-for-profit voluntary agencies). Only a portion of the individuals eligible to receive OPWDD services receive one or more state-operated service(s). Section 1.2.1 of the RFP provides additional information about the number of individuals served by OPWDD.

1.32. “Will OPWDD provide prospective bidders with Excel/Word document versions of required documentation?”

The Excel/Word versions of required documents (Attachments) are available on the OPWDD Procurement site under the EHR RFP link (see https://opwdd.ny.gov/opwdd_resources/procurement_opportunities/OPWDDEHR RFP).

1.33. “Can additional information be provided regarding the response format? Does OPWDD prefer that vendors respond primarily using just attachments? Are vendors able to provide additional information and narrative to support their proposal response?”

The vendors should respond fully and completely to the RFP. Specifically review section 5.3 for general requirements for proposals and Attachment 1 (Proposal
Checklist). Narrative information should be sufficient to explain functionality and features within the solution. As stated in the RFP, images of screens within the EHR that may explain required functionality may be useful.

1.34. “Are you looking for Dental software to be included in the proposal?”

The implementation of dental software is not within the scope of this RFP.

1.35. “Regarding the requirement for Joint Application Development sessions, how much time has OPWDD allocated for this project phase related to analysis and system enhancements to meet project requirements?”

This is to be determined in conjunction with the successful vendor’s existing solution fit against OPWDD's requirements.

1.36. “Does ROI need to be an automatic process or can it be manual?”

With regard to Release of Information (ROI see RFP Section 3.2.8) the solution should allow OPWDD to do both.

1.37. “Will OPWDD be pursuing IV and V services for this project?”

Yes.

1.38. “Will OPWDD be providing the devices to staff?”

Yes, OPWDD will ensure that each location has the devices/equipment necessary for staff to successfully use the EHR.

1.39. “Is the requirement that the bidder's solution be certified for Meaningful Use Stage 3 by December 31, 2017 a firm requirement?”

Yes, this is a firm requirement.

1.40. “Can attachment 23 (Requirements Matrix) be available to complete electronically?”

Attachment 23 is available in an editable Word format. This can be found on the OPWDD’s EHR Procurement web page.
https://opwdd.ny.gov/opwdd_resources/procurement_opportunities/OPWDDEHR RFP

1.41. “Is the EHR a state funded project?”

This question is not relevant to this procurement.
1.42. “What happened to the prior COTS solution selected by OPWDD? Was this award cancelled and if so, why?”

OPWDD does not currently have an EHR contract or system.

1.43. “Who was the prior IV&V vendor for the prior EHR implementation effort?”

This question is not relevant to this procurement.

1.44. “Will the same IV&V vendor be used again or will OPWDD procure through PBITS for a new IV&V vendor?”

This question is not relevant to this procurement.

1.45. “Will an IV&V procurement be forthcoming regarding this project? What is the potential timing of this procurement?”

This question is not relevant to this procurement.

1.46. “Is the funding for this solution, 100% federal funding? If not, what is the split between state and federal funding?”

This question is not relevant to this procurement.

1.47. “Has OPWDD already conducted POC’s of potential EHR solutions and if so, which ones?”

No.

1.48. “Was a vendor used to write the RFP for this solicitation and if so, which vendor did the work? Are they precluded from doing any other work related to this project?”

The vendor that assisted in writing this RFP, NYSTEC, would be precluded from submitting a proposal in response to this RFP.

1.49. “Who will be managing this project? OPWDD program staff, NYS ITS staff or both?”

OPWDD and ITS will both be managing this project.

1.50. “Is there an executive sponsor for this project?”

OPWDD is sponsoring this project.
Section 2 - Timeline

2.1. “What are the key deployment dates that should be used for project planning?”

OPWDD anticipates that the EHR solution will be rolled-out within the pilot region during January 2018. End-user training should begin in the pilot region during or before November 2017 to ensure that the solution can be rolled-out accordingly. OPWDD anticipates that statewide roll-out of the solution will begin during March 2018 with full system implementation, statewide, being complete by September 2018.

2.2. “Can OPWDD provide additional information or parameters related to its desired implementation duration and desired Go Live date? Will OPWDD provide any flexibility on these items?”

See the question above. The vendor is expected to submit an implementation plan and schedule for review and approval by OPWDD. Please note that OPWDD is subscribing to a tight timeline to ensure that the EHR is rolled out as swiftly as possible.

2.3. “How long is OPWDD expecting to invest in the pilot stage prior to the full region-by-region rollout?”

OPWDD anticipates that the EHR solution will be rolled-out within the pilot region during January 2018. It is anticipated that the pilot phase may take up to three months. End-user training should begin in the pilot region during November 2017 to ensure that the solution can be rolled-out accordingly. OPWDD anticipates that statewide roll-out of the solution will begin during March 2018 with full system implementation, statewide, being complete by September 2018.

2.4. “Regarding the issuance of responses to submitted questions, in the Calendar of Events, the RFP states 5/1, but the proposal due date is 4/28. Can you clarify this discrepancy?”

OPWDD has updated the timeline and the Proposal due date is May 1, 2017 at 5:00pm EDT.

2.5. “We agree to make every effort to abide by the original Calendar of Events specified in the RFP however, we request additional time. We are concerned that 10 business days may be an inadequate amount of time to react to any RFP amendments the OPWDD deems necessary as a result of vendor questions and comments and still allow adequate time for
production and shipping of hard copies by the RFP due date. We kindly request an extension of the original Proposal Due Date.”

The due date for proposals has been extended to May 1st, 2017 at 5:00pm EDT.

2.6. “Procurement Timeline Expected 2.8 Page 864 (IPE-11) in the RFP document references section 2.8 as the Procurement Timeline for "project tasks, milestones and deliverables: Where is this Procurement Timeline to be used for project planning located in the RFP? The table of contents does not have a section 2.8.”

The reference to section 2.8 in ‘Exhibit 03 - OPWDD EHR Deliverable Document Review Plan’ will be deleted in the RFP revision.

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3.1. “How many total providers are eligible for Meaningful Use incentives?”

This information is unknown. OPWDD does not plan to use seek such incentives based on providers.

3.2. “Is pricing to include just the pilot region or the whole scope of the project & training of 18,000 end users?”

Pricing should reflect the entire scope of the project, including providing initial training for all end users (approximately 18,000).

3.3. “Should the quote include all interfaces, conversions, portal and Kiosks or do you want the costs for the main software system and a listing of ‘optional add-on modules’”?

The Financial Proposal should reflect the total cost of the solution. Note: there will be changes to the Financial Proposal in the revised RFP.

3.4. “Can OPWDD provide a maximum bid amount?”

OPWDD will not be disclosing funding information pertaining to the project.

3.5. “When will the cost changes be posted?”

An updated version of the RFP, which will contain changes to the Financial Proposal, will be posted to the OPWDD website. Vendors must ensure they are
developing their proposals in accordance with the most recent version of the RFP posted on the website.

Section 4 - Technical

4.1. “With regard to Attachment 20 – Minimum Bidder Qualifications - Qualification 6

Based on https://www.fedramp.gov/resources/faqs/what-is-a-fedramp-provisional-authorization/, to receive a P-ATO, a product must be approved for use by a Federal Agency.

Question 1 - Will OPWDD only select a product currently in use by a Federal Agency?

Question 1a - Inclusion of the requirement of having a vendor’s facility to be FedRAMP certified limits the ability of vendors whom may be willing to or in the process of seeking FedRAMP certification from responding in good faith. We kindly request removal of the FedRAMP associated minimum qualification (Qualification 6: The Bidder's proposed EHR solution shall have attained a minimum of moderate level Provisional Authority to Operate (P-ATO) from the Joint Authorization Board (JAB) under the Federal Risk and Authorization Management Program (FedRAMP) Moderate baseline.) from the list of Minimum Qualifications.

Question 2 - Our solution can be deployed in Oracle or AWS FedRAMP Certified Clouds as listed on https://marketplace.fedramp.gov. Would this meet OPWDD requirements?”

Question 1 and 1a Response - Minimum Bidder Qualifications 6 will be removed, however the system requirement for FedRAMP compliance remains.

Question 2 Response - The FedRAMP security controls are applicable through all levels of the proposed solution. Any services (PAAS, IAAS, SAAS) purchased from a cloud provider for the solution must have a FedRAMP P-ATO. All controls that are not managed by the cloud provider as part of their P-ATO, must be explained as to how they will be met in the system security plan, including how the bidder proposes to ensure the control is working as described. Proposals with many controls managed by the cloud provider and tested via the FedRAMP certification will be preferred over proposals with fewer controls managed by the cloud provider and tested via the FedRAMP certification.
4.2. “If a product is hosted within a data center that had received FedRAMP certification, will this meet OPWDD’s requirements?”

The FedRAMP security controls are applicable through all levels of the proposed solution. Any services (PAAS, IAAS, SAAS) purchased from a cloud provider for the solution must have a FedRAMP P-ATO. All controls that are not managed by the cloud provider as part of their P-ATO, must be explained as to how they will be met in the system security plan, including how the bidder proposes to ensure the control is working as described. Proposals with many controls managed by the cloud provider and tested via the FedRAMP certification will be preferred over proposals with fewer controls managed by the cloud provider and tested via the FedRAMP certification.

4.3. “Must the ATO issued be for the specific solution being proposed? Could it be for a related or add on product or for the environment? “

Any services (PAAS, IAAS, SAAS) purchased from a cloud provider for the solution must have a FedRAMP P-ATO. All controls that are not managed by the cloud provider as part of their P-ATO, must be explained as to how they will be met in the system security plan, including how the bidder proposes to ensure the control is working as described. Proposals with many controls managed by the cloud provider and tested via the FedRAMP certification will be preferred over proposals with fewer controls managed by the cloud provider and tested via the FedRAMP certification.

4.4. “Must the solution be listed on https://marketplace.fedramp.gov at the time of submission or is there another deadline such as contract award or project go-live?”

Any services (PAAS, IAAS, SAAS) purchased from a cloud provider for the solution must have a FedRAMP P-ATO or ATO at the time of submission.

4.5. “Is device integration a requirement? If so what types of devices (med cabinets, etc.)?”

The EHR Solution must be accessible via desktop and/or via other portable devices. Integration with other devices (e.g., medication cabinets) is outside of the scope of the project. Pertaining to Telemedicine, the vendor should describe what options are available.

4.6. “Is single sign on a requirement?”
There is a single sign on requirement. The vendor is required to use the NYS Authorization

4.7. “Does the OPWDD require a voice recognition dictation solution?”

Voice Recognition requirements are detailed in Attachment 23 (TSI76-TSI79). These requirements are noted as desired.

4.8. “Do the facilities have Wi-Fi capabilities?”

Yes. All locations have accessible Wi-Fi.

4.9. “Can the Department clarify and/or define "web-based solution"? "The Bidder certifies that the proposed EHR solution is a web-based solution.”

Web based solution means that the EHR must be accessible via a standard web browser.

4.10. “We request that Section 508 compliance requirements be moved to Attachment 23 – Requirements Traceability Matrix and Attachment 25 – Technical Proposal Narrative in the Security section with other Federal regulations or in the Usability section with NY State-specific accessibility requirements.”

Yes, OPWDD will amend the RFP to reflect this change. The vendor must submit a plan for ensuring 508 accessibility compliance established by the pilot date. The plan must be fully addressed by state wide rollout. Section508.gov provides additional information about the 508 accessibility standards.

4.11. “What would qualify as acceptable proof of Section 508 Accessibility?”

An assessment completed by a 3rd Party vendor.

4.12. “Is source code escrow required?”

This is addressed in Appendix D section 1.25d.

4.13. “What would qualify as acceptable proof of HIPAA compliance?”

The full completion of the System Security Workbooks- Attachment 27, in its entirety, is an acceptable proof of HIPAA compliance.

4.14. “We see that Attachment 27 is required to be completed before contract execution. Please confirm that it's not required in the bidders response.”
Confirmed. Attachment 27 is not required to be completed as part of the Bidder's response to this RFP. Please note, however, that the selected Bidder will be required to complete and submit each of the 18 System Security Workbooks provided in Attachment 27 for review and acceptance prior to final contract execution.

4.15. “What is the department's definition of a concurrent user?"

Concurrent users is described as multiple users accessing or logged into the application at the same time.

4.16. “How many users have to have off-line functionality?"

Off line functionality must be available to all end-users should they be unable to access full functionality due to an event such as network or power outages.

4.17. “How many total users and concurrent users need to be included in the proposal?"

As stated in section 3.3.4, the vendor should estimate a potential of 5,000 concurrent users.

4.18. “This section indicates as many as 5,000 concurrent users of the system. Can additional information be provided about total Named Users or additional metrics related to anticipated utilization?"

The vendor should expect up to 5,000 concurrent users, and 18,000 total users, and licensing costs should be reflected in the financial proposal.

4.19. “Please clarify when the System Security Workbooks are to be submitted.

Section 7. Attachments lists the System Security Plan Workbooks as item number 27 and indicates that, "Attachments must be completed by Bidders and submitted with their proposal."

However, this is in conflict with the following sections: Section 5.5.7 specifies the following: During contract negotiations, the selected Bidder will be required complete and submit each of the 18 System Security Workbooks provided in Attachment 27 for review and acceptance prior to final contract execution.

Additionally, the System Security Workbooks are not listed on Attachment 1- Proposal Checklist nor in section 5.4 Technical, Financial, and Administrative Proposal Requirements as being due with the submission.
If the workbooks are due with the proposal submission, will a provision of a current SSAE 16 report be acceptable documentation in lieu of the workbooks? (Please note, if it is acceptable, a fully executed NDA is required to be in place before this will be provided.)”

Question #1: Section 7 of the RFP has been clarified in the revised RFP, dated April 19, 2017. The instructions provided in Section 5.5.7 apply for the Security Workbooks in Section 5.5.7.

Question #2: The SSAE-16 report is not acceptable in lieu of the workbooks. The completed workbooks may point to answers provided in the SSAE-16 report.

4.20. “Does the requirement for 508 Accessibility apply to all vendor proposed solutions?”

Yes.

4.21. “Will the EHR be sending information to the RHIOS and CCO platforms?”

Yes.

4.22. “Will OPWDD be willing to have the vendor’s data center housed?”

No. OPWDD is issuing this RFP to Bidders that can provide a vendor-hosted automated electronic health and care coordination record (see section 1.1 of the RFP).

4.23. “Would an individual’s record start in TABS?”

Yes. TABS is the system of record. Once an individual is identified as eligible for OPWDD services, and is assigned to a state operated program(s)/service, then the individuals’ information will be sent to the EHR to establish a record.

4.24. “Our system requires Remote Desktop Protocol, (RDP), be installed and used on any device that needs to access the EMR software over the internet. Will that disqualify us for not being web-based?”

Yes. The solution must be web based.

4.25. “Will the vendor be responsible for the lapsed time between the EHR and TABS?”

OPWDD, ITS, and the successful vendor will establish a mechanism for transferring data between TABS and the EHR.
4.26. Please clarify what a vendor hosted solution is.

OPWDD’s/ITS’s definition of hosted services is a solution that is outsourced information technology (IT) systems and functions. The hosted service provider owns and oversees the infrastructure, software and administrative tasks and makes the system available to clients, usually over the Internet.

4.27. Are Android and iOS platforms acceptable as opposed to a Window based solution?

OPWDD’s devices (desktops, laptops and tablets) are all Windows based. ITS does not currently support any other OS for the agency.

4.28. Other NYS agencies are using EHR solutions, are they FEDRAMP compliant?

OPWDD is unable to respond to inquiries regarding EHR solutions that other NYS agencies are using and is unable to answer this question. The requirements established in this RFP apply only to this procurement.

4.29. Is FEDRAMP a NYS requirement or an OPWDD requirement?

FedRAMP is a Federal Cloud Computing Requirement that ITS and OPWDD is leveraging to ensure NYS Data Security.

4.30. “With regard to RFP Sections 2.5 or 3.4.1
Is FedRamp Certification a requirement or compliance to FedRAMP certification requirements? It is our understanding that Federal entities can only contractually require this certification.”

Use of a FedRAMP authorized solution is required. Any services (PAAS, IAAS, SAAS) purchased from a cloud provider for the solution must have a FedRAMP P-ATO. All controls that are not managed by the cloud provider as part of their P-ATO, must be explained as to how they will be met in the system security plan, including how the bidder proposes to ensure the control is working as described. Proposals with many controls managed by the cloud provider and tested via the FedRAMP certification will be preferred over proposals with fewer controls managed by the cloud provider and tested via the FedRAMP certification.

4.31. “With regard to Attachment 23 - Requirements Traceability - SPI-85
Must the consultant be listed on https://marketplace.fedramp.gov at the time of submission or is there another deadline such as contract award or project go-live?”
Requirement SPI-85 has been deleted in the updated Attachment 23 (Requirements Traceability) document.

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<th>Section 5- Service Delivery and Clinical Services</th>
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</thead>
<tbody>
<tr>
<td>5.1. “What are the total number of residential beds?”</td>
</tr>
<tr>
<td>Approximately 7,300 individuals receive residential services. Note that this is an estimate as movements from the state to voluntary or community sectors occur regularly.</td>
</tr>
<tr>
<td>5.2. “What are the total number of residential bed locations?”</td>
</tr>
<tr>
<td>OPWDD will operate two campus settings in the future. OPWDD operates approximately 1,200 residential IRAs or ICFs. This is an estimated number of locations and this number can change over time.</td>
</tr>
<tr>
<td>5.3. “What is the total number of OPWDD and Voluntary locations?”</td>
</tr>
<tr>
<td>Programs are either state-operated or not-for-profit providers. Programs cannot be both state operated and not-for-profit. An individual will be assigned to one or more programs and the program is coded as either state-operated or voluntary.</td>
</tr>
<tr>
<td>5.4. “Number of ambulatory visits per year? Number of total beds? Breakdown by facility &amp; type of bed i.e. inpatient, residence, long term care, etc? Breakdown of number patients per type of facility/Service? Number of providers? Number of clinicians?”</td>
</tr>
<tr>
<td>OPWDD cannot provide realistic estimates of the number of such specific visits given the various settings where services are provided and the expansive breadth of services, as well as various service options, an individual may receive. Such encounters are currently tracked manually on paper thus there is no efficient manner for retrieving this information. While OPWDD is unable to estimate the number of ambulatory visits per year, OPWDD can provide estimates on the number of staff who provide services. OPWDD estimates that there are approximately 18,000 EHR end-users across the state. The end-user group is made up of the following: Approximately 13,200 Direct Care Workers Approximately 700 Clerical/Admin Staff Approximately 3,900 Clinicians</td>
</tr>
</tbody>
</table>
Please see the answer to Question 5.10 for the approximate number of individuals served by category of residence/services.

OPWDD cannot estimate the number of providers outside of OPWDD (i.e., private practitioners who are not state employees) who provide, or will provide, services to individuals who will have a record in the EHR. Currently this information is tracked primarily on paper thus OPWDD has no mechanism for providing valid data on the number of providers. It is the assumption that one individual has more than one health care provider similar to members of the general population.

5.5. “Is an electronic Dental record required? Is dental billing a requirement?”

No, only a Dental Health Questionnaire is required.

5.6. “Has OPWDD been able to standardize their use of forms across all regions? If not, is it expected to be complete before EHR project planning?”

OPWDD does not currently use standardized forms statewide as the field is relying on their paper records and various forms that have been used for many years. That said, all forms and templates that will standardized practices upon implementation of the EHR will be provided to the vendor prior to contract signing. Through these forms and templates, OPWDD has identified the necessary data elements to be included in the EHR. Once the system is implemented, all staff across the state will be required to use the same form and format, via the EHR, to track their discipline specific health and care coordination information.

** Please note that OPWDD seeks an existing EHR solution that contains existing screens and templates that can be customized to include the necessary data elements. OPWDD is not seeking to custom build an EHR solution.

5.7. “Does OPWDD have an existing or preferred wearable device technology or vendor?”

No. OPWDD does not currently offer wearable device technology.

5.8. “Roughly how many individuals do you envision receiving Telemedicine assistance? Or, what is the expected volume of year one services?”

OPWDD does not have this information at this time. Telemedicine will need to be provided in conformance with NYS Department of Health and CMS requirements.
5.9. **“What is the number of clinicians? Breakdown of types?”**

OPWDD has approximately 3900 clinicians providing services to our individuals. We are unable to break this number down to specific clinical areas at this time.

5.10. **“What is the breakdown of number patients per type of facility/Service?”**

OPWDD serves approximately 30 individuals through Supportive Individual Residential Alternatives (IRAs), approximately 6,600 individuals through Supervised IRAs, and approximately 330 individuals through Intermediate Care Facilities (ICFs). Approximately 300 people are served through one of two campus based programs. Approximately 12,000 individuals are served through an Article 16 clinic although the services received vary by person. Approximately 3,600 individuals receive day habilitation services through state operations. Note: these numbers are estimates and are subject to change. The State operates over 1,000 residential programs (IRAs or ICFs) and will operate two campus based programs in the future. The State operates approximately 90 day habilitation/day treatment programs.

5.11. **“Does MATS include creating appointments for State Operations and external providers?”**

Yes, MATS is used to track appointments an individual may have with a state-operated provider or providers outside of the OPWDD state operated system. Only state operations staff can view, enter, and modify the appointments.

5.12. **“Will OPWDD be used for SEMP using NYESS?”**

It is possible that the EHR could track SEMP activities but the EHR will not directly interface with NYESS at this time.

5.13. **“Describe how you envision the self-directed client portal?”**

The portal is expected to be accessible by individuals, their families, and advocates. The portal, included in the EHR solution, should provide authorized users (individuals/guardians) with the following information that includes, but might not be limited to, the current service plan, diagnostic test results if appropriate (if the care provider deems it clinically appropriate to share such results via the portal), problem list, medication list, medication allergy and other allergy list, dietary needs/nutrition plans, and names and phone numbers of service providers (e.g., MD’s, Dentists, Case Manager/Service Coordinator). This is part of OPWDD’s effort to promote Self-Direction for individuals receiving services. Self-direction gives individuals the flexibility to choose the supports and
services that they participate in or receive and to actively engage in their treatment.

The Vendor is expected to establish a portal account for each individual who has a record within the EHR system, meaning a portal is available to everyone who has a record within the EHR.

OPWDD and/or ITS staff will assign a log in name to an individual when they, their family, advocate, and/or other member of their circle of support request access to the self-directed care and portal and are authorized to access the portal. OPWDD will establish policies and procedures surrounding the activation and termination of portal accounts.

Section 6 - Electronic Prescribing

6.1. “E-Prescribe references integrating prescribing data with the individual’s health recorded including the Medication Administration Record (MAR). Can you provide an estimates of how many prescribers there are and how many medications are documented in the MAR on an annual basis. Is there a MAR in place now? Do you plan to replace it?”

OPWDD currently maintains the Medication Administration Record (MAR) in paper form. The EHR must offer a MAR that is maintained electronically so that medication administration/passes can be tracked through the EHR. There are 120 prescribers across the state. OPWDD is unable to estimate the number of medications that are documented in the MAR because this information is maintained in paper form.

6.2. “How many locations pass meds?”

All of OPWDD’s state operated residential programs administer medications. At this time, OPWDD cannot provide the number of medication passes or the number of medications prescribed by location as this information is currently maintained in paper form.

6.3. “Does RxNT use the Surescripts clearinghouse?”

Yes. RxNT, OPWDD’s current e-prescribing vendor, uses the Surescripts clearinghouse

6.4. “Does OPWDD have an inpatient pharmacy or pharmacies for medication order verification and dispensing needs for patient residents?”
No. Pharmacy services are provided by long-term care pharmacies and local community based pharmacies.

6.5. “Does OPWDD have an outpatient pharmacy for prescription dispensing for patients to take home?”

Community based pharmacies (e.g., CVS, Rite Aid) dispense medication to patients or to staff on behalf of the patient. Prescriptions are typically delivered to the residence. OPWDD does not have an in-house pharmacy. Providers send prescriptions to the pharmacy and the pharmacy fills the prescription. State providers (e.g., state physicians) submit prescriptions to the local contracted pharmacy via RxNT, the current e-prescribing vendor.

6.6. “You mentioned Medicare Part D eligibility check with e-prescribing. Is there also a desire to bill and remit for Medicare Part D?”

OPWDD is not directly billing for prescriptions. This eligibility check would be for formulary medication selection and eligibility verification.

6.7. “Do you have automated dispensing machines in place today? If yes, do you desire an interface to the automated dispensing machine? If no, do you have plans for automated dispensing machine procurement?”

No, not at this time.

6.8. “Do any facilities have an in-house lab or how exactly do they obtain their lab results, currently?”

OPWDD does not have an "in-house" lab. Individuals are referred to community based providers (e.g., Lab Corp) who perform labs/testing and the results from these tests are sent to OPWDD.

6.9. “How many 3rd party radiology vendors are used? Who?”

OPWDD is unable to provide this number at this time. Individuals are referred to local providers who perform radiology services. Providers who perform radiology generally accept the individual's Medicaid/health insurance plan.

6.10 “How many users will need access to e-prescribing? This includes those prescribing and those needing to view the order/administration.”

It is estimated that 120 physicians and approximately 500 nurses/LPN/pharmacists will require access to the e-prescribing functionality with in the EHR.
6.11. “Regarding the requirement 'The solution shall enable users to perform e-Prescribing using any iOS or Android device', is this a firm requirement? Does OPWDD require this functionality to be provided via a web browser or native app?”

Yes, OPWDD requires that the e-Prescribing solution can be performed on any iOS or Android device. The functionality can be provided on either a native app or accessed via web browser as long as the security requirements are met.

6.12. “We saw several references to pharmacies and aren't clear if OPWDD requires an Inpatient Pharmacy system. Do you have inpatient licensed pharmacies for OPWDD direct services? If so, are you hoping to utilize an integrated pharmacy software system with the EHR or desire an interface to the current pharmacy system? If you require an interface, please stipulate the current vendor. This is a separate function of an e-prescribing function. If you do desire an integrated inpatient pharmacy system, please provide the total number of beds or individuals receiving medications from an inpatient pharmacy, total number of pharmacies served, and any formulary/nonformulary detail available.”

No. OPWDD does not have inpatient licensed pharmacies.

6.13. “If OPWDD has an outpatient pharmacy does that pharmacy need to receive electronic prescriptions from outside of your organizations?”

Not applicable. OPWDD does not have any outpatient pharmacy.

6.14. “Do you need any interfaces with Labs, MRI, or X-ray facilities? If so please list.”

The EHR is expected to receive results from labs and radiology. This functionality is described in Attachment 23 (BAS-20 to BAS-22).

6.15. “What is the difference between credentialing for the doctors for e-Prescription and other clinicians?”

The doctors/physicians are required to complete the Identity Proofing process as part of their Electronic prescribing of Controlled Substances (EPCS). This process ensures that the physician submitting the prescription is who they claim to be (i.e., verifies identity) and that they have the legitimate credentials to prescribe. Nurses and other clinicians will need verifications of qualifications for input into the e-prescribing system.

6.16. “Does OPWDD have “evidence-based guidelines” in mind that they would like integrated?”
OPWDD would like the successful vendor to demonstrate this functionality if it is part of their standard solution.

Section – 7 Interoperability

7.1. “We already have an IRMA interface but the state shut down the portal. Will this be getting turned back on?”

OPWDD, ITS, and the successful vendor will establish a mechanism for transferring data to IRMA.

7.2. “Please provide additional information pertaining to ‘Other Provider and Health Exchange.’”

The EHR must be able to receive any necessary data from other providers such as primary care physicians and hospitals. This could include discharge or summary reports, lab results, etc. OPWDD cannot name the multitude of EHRs that hospitals or other providers may use but expects that the EHR will be able to receive electronic submissions from such providers.

7.3. “Please provide the number of hospitals and primary care physicians you would like the proposal to include interfaces to.”

OPWDD is not able to provide this information at this time.

7.4. “Please provide the required elements required to be sent/received for:
* RHIO’S
* CCO’s
* S-MSO’s”

OPWDD is not able to provide this information at this time as the data queried may vary by individual and their condition or services. Further, policy on care coordination organizations and specialized manage care organizations is still being developed, therefore some of these data elements are to be determined.

7.5. “OPWDD has specified CAS integration as a requirement; how is this data currently made available or planned to be made available?”

The requirement is the solution shall accept CAS summary PDF reports from TABS and associate the report with the identified individual’s record within the EHR.
7.6. “Will there be a connection between the EHR and OPWDD's time and attendance system?”

No, not at this time.

Section 8 - Data Conversion

8.1. “Does this project include a requirement to scan historical paper documents/ information into the proposed EHR system? If yes, is there any estimate on the scope of this requirement? Number of files? Average number of pages per file? Total number of images?”

OPWDD is planning to manually enter much of the unstructured historical information needed in the EHR on day one to ensure continuity and quality of care. There will be a minimum amount of information that will need to be scanned into an individual's record. The EHR must provide a mechanism for appending scanned documents to an individual's record.

8.2. “This section indicates the OPWDD anticipates hiring resources to perform a manual conversion of some data. Please describe the Bidder’s expected role in managing, overseeing, or otherwise participating in this portion of the data migration.”

OPWDD's Tracking and Billing Application System (TABS) will be used to populate records within the EHR. The EHR must be prepared to receive information from TABS or any other systems that may provide information/structured data to populate or establish the individual's records. Any other unstructured data necessary for day one roll-out will be manually entered into the solution by OPWDD staff or contractors. OPWDD will perform this work. The EHR must have the capacity to store PDF documents as required in the RFP. Further, the vendor should consider this necessary data entry function when developing the project implementation plan.

8.3. “How much data is expected to be converted?
1) Just current active plans for individuals?
2) Past plans for individuals?
3) What additional information is to be included (service documentation, progress notes, reviews, etc.)”

OPWDD's Tracking and Billing Application System (TABS) will be used to populate records within the EHR. The EHR must be prepared to receive information from TABS or any other systems that may provide information to
populate the individual's records. Data will be extracted from existing systems to the extent possible. Any unstructured data necessary for day one roll-out will be manually entered into the solution by OPWDD staff or contractors. OPWDD will perform this work. The EHR must have the capacity to store PDF documents as required in the RFP.

8.4. “How many systems will need a demographic conversion?”

TABS is, and will remain, the system of record for demographic information.

Section 9 - Help Desk and Technical Assistance

9.1. “Will the vendor be required to provide level one helpdesk support to all end-users or will OPWDD have centralized IT resources providing basic services through a centralized team? If there is a centralized IT staff, how many staff are targeted for this team and will they be the only points of contact submitting support and maintenance requests to the vendor?”

OPWDD/ITS will be responsible for establishing a centralized helpdesk/help support, made available to each DDSOO. The helpdesk/help support will be available to answer questions and address problem users have pertaining to the system during regular business hours. OPWDD will identify staff, who are certified “super users,” who will address questions or concerns pertaining to service delivery and clinical/service documentation. IT staff will respond to technical questions about the EHR system. The Vendor will ensure a helpdesk is available 24X7 for system wide outages or similar serious problems with the system. “Super Users” will be the first point of contact for general questions about the EHR once they begin employment.

Problem resolution and support will be provided using the following two tier procedure.

a. Tier 1 support: OPWDD staff, who are also referred to as certified “Super Users”, will be the first point of contact for end users who experience system problems or who have questions about the EHR.
   1. The “Super User” will address problems with the EHR that pertain to service delivery, clinical services, or OPWDD policies, procedures, or workflows.
   2. OPWDD staff will attempt to answer and resolve the problem to the greatest extent possible.
   3. General questions about the system (e.g., trouble shooting, entering fields of information into the system) will be received by the “Super Users” during standard business hours. If a “Super User” is not available, or has not yet been
identified or hired, these calls can be made to the IT helpdesk.
4. The “Super Users” will direct calls to the IT help desk when the problem is related to the functioning of the EHR system or the technology.
b. Tier 2 support: The IT helpdesk will be contacted by the “Super User,” or the employee if they are directed by the “Super User” to initiate such contact, when the question is technical in nature and when the “Super User” is unable to address the problem. If a “Super User” is not available, calls may be routed from the field to the IT helpdesk during standard business hours.
1. General questions regarding the use of the EHR system will be addressed Monday through Friday during standard daytime business hours
2. An “on call” IT staff member will be available 24x7 only to address critical system problems such as system outages.
3. If the IT helpdesk cannot address the problem (e.g. problem is related to the functioning of the system or there is a system outage) an authorized OPWDD/IT contact will direct the problem to the vendor who will provide support and problem resolution.

### Section 10 - Training

10.1. “Can you clarify what number of users we should use for scoping training resources?”

   The vendor should plan to train approximately 18,000 end users.

10.2. “Page 874, TRPE-27, references an Optional Training Deliverable and indicates the OPWDD could elect to use state staff for training. Please clarify the expected use of a Train the Trainer model for initial end user training versus ongoing training post-implementation.”

   End-user training is required (see RFP section 3.4.6). OPWDD expects that there will be 18,000 end users to be trained by the vendor. Any ongoing post-implementation training for new staff, or additional training for existing staff, will be performed by OPWDD staff (super users) who have attended the vendor provided Train-the-Trainer training.

10.3. “Can the OPWDD provide an estimated breakdown of the type of roles to be trained on the EHR (e.g. X% clinicians, X% direct support professionals, X% billing specialist, etc.)”

   THESE ARE ESTIMATES ONLY

   13,200 - Direct Care Workers
   700 - Clerical/Admin Staff
10.4. "Has the OPWDD or ITS performed any technical readiness assessments?"

Such assessment has not been performed. The degree of comfort using technology varies greatly across staff within the OPWDD system. Further, while some staff are proficient and comfortable using various forms of technology and devices, others are not.

10.5. "What is the regional rollout plan and how many users are estimated per region?"

At this time, OPWDD has not determined the regional rollout plan. A roll-out plan will be finalized when the contract start date is finalized so that roll-out plans can account for current activities or initiatives that may be happening in a particular region. Multiple factors must be considered when developing the roll-out plan to maximize opportunities for successful implementation. The estimated number of users, by region is as follows: Region 1 - 4679, Region 2 - 4065, Region 3 -2388, Region 4 - 2664, Region 5 - 1982, Region 6 – 1953.

10.6. "Does OPWDD require the vendor to provide additional, on-going training following the initial training? Is there a preferred training delivery method, on-site or online?"

On-going training will generally be provided by OPWDD’s designed “super-users” however, the vendor will be responsible for providing “train the trainer” training to these employees. The vendor is also responsible for offering some ongoing training. This is covered in Section 3.4.6 of the RFP.

10.7. "In the overview, OPWDD states that full end user training is required but Attachment 23 SPI-63 requires a "train the trainer" approach. Is end user training optional or required?"

Both statewide end user training and the train-the-trainer approach are required. OPWDD will arrange for identified “super-users” to participate and successfully complete the Train-the-Trainer sessions. Super-users will successfully complete this training prior to system roll-out within their region so that they can provide ongoing training post the initial vendor provided end-user training.

10.8. "With regard to Project Summary: Business Goals (Future State) 2.5 (also 3.4.6), please provide clarification on the anticipated number of end users to be trained by the bidder and the intended use of a Train the Trainer approach. The RFP separately references 15,000 end users and
18,000 end users. Page 874, TRPE-27, references an Optional Training Deliverable and indicates the OPWDD could elect to use state staff for training. This is inconsistent with other sections of the RFP requesting the Bidder train 15,000-18,000 end users. Please clarify the expected use of a Train the Trainer model for initial end user training versus ongoing training post-implementation.”

OPWDD expects that there will be 18,000 end users to be trained by the vendor. The post-implementation training for new staff will be done by OPWDD who have attended training using the Train the Trainer model.

10.9. This section indicates a requirement for training 15,000 end users. However Section 3.4.6- Training indicates a requirement for training 18,000 OPWDD staff. Please clarify.

OPWDD expects that there will be 18,000 end users to be trained initially by the vendor. The post-implementation training for new staff will be performed by OPWDD super-users who have attended training using the Train-the-Trainer model.

10.10. This section indicates a requirement for training 18,000 OPWDD staff. However Attachment 23 indicates that consultant shall provide onsite training using a “train the trainer” approach provided at a minimum of six OPWDD sites. Can you provide additional requirements related to your desired level of training? What is the maximum number of possible training sites?

38 is the maximum number of training sites in the state.

### Article 16 Clinic and IPSIDD Services and Billing- Section 11

11.1. “With regard to Article 16 / IPSIDD, what is the annual volume of encounters that are billed? What are the amounts for total charges and net collections?”

OPWDD is not able to provide this data at this time. OPWDD does not currently bill for Article 16 and IPSIDD clinic services. The EHR would perform this functionality.

11.2. “How many Article 16 clinics are there?”

OPWDD has 8 main Article 16 clinic sites and 69 remote/satellite or off site locations.
11.3. “Will there be IPSIDD providers (i.e., group practices) that provide services to consumers in OPWDD facilities that will need to be supported by the new billing features?”

Yes. In addition, IPSIDD providers may have access to the EHR if they are working for OPWDD state-operations.

11.4. “Please clarify OTB-05 requirement. Are you desiring that if a client has services that span multiple days, that OPWDD would want services for the same day on one claim?”

Yes, some services, like ICF/DD services are billed covering a span of dates and are reimbursed as one claim.

11.5. “Does this requirement mean that for some individuals who are self-pay/private pay, they may need to have pro-rated payments? For example, based upon a sliding fee scale?”

Individuals without insurance will have their payment per a sliding scale.

11.6. “Does this mean that if a service was rendered to a client for which a primary payer would pay for, the charge shows all payments received from private or third party payers, so that the net is reflected on the individual's ledger?”

The ledger for the individual should show payments from all sources (private pay, private insurance, Medicare or Medicaid).

11.7. “Does this mean that if a service was rendered to an individual for which a primary payer and Medicaid would pay for, the charge shows all payments received from private or third party payers and Medicaid, so that the net is reflected on the individual's ledger?”

The ledger for the individual should show payments from all sources (private pay, private insurance, Medicare or Medicaid).

11.8. “Are these accounts for which a payment has not been received from the liable party, but it is still outstanding?”

No. OPWDD requires the solution to provide individual and summary reports of partially paid accounts and accounts that are not expected to be paid based on previous experience and/or by current write-off policy.

11.9. “How would the consultant return collected payments via EFT? Is the vendor expected to manage OPWDD's bank account?”
The vendor should describe this particular functionality and requirements in their proposal as well as propose a solution for payments via EFT.

The EHR vendor is not expected to manage OPWDD’s “bank account.”

11.10. “What other specific collection services besides those outlined above is the vendor expected to perform? Will the vendor be expected to post paper remittances and process electronic 835 remittances received from payers on behalf of OPWDD? Anything else?”

We would expect the vendor to provide any remittance statements they received for all the enrollments with the specified payers we are billing.

11.11. “For the requirement that states “…billing capability should be able to … establish online accounts that will provide the capability for processing bills and payments,” does OPWDD require functionality to allow individuals to pay for any portion of bills via the Portal or online interface?”

OPWDD is not requiring functionality for individuals to be able to pay bills via the portal or through an online interface.

11.12. “Are you looking for RCM services or will billing be done by OPWDD staff?”

If OPWDD decides to purchase the Article 16/IPSIDD Collection Services Optional Deliverable, the agency expects that the vendor will responsible for the end to end billing and collection service.

11.13. “Can you provide a list of the specific Article 16 and IPSIDD services provided by OPWDD that you expect to bill for? The RFP references OT, PT, Speech, Social Work, and Psychology. Do you expect to perform and bill for any additional IPSIDD services (i.e., medical/dental, healthcare services - nursing, dietetics, nutrition, audiology, podiatry).”

IPSIDD services only include OT, PT, Speech, Social Work, and Psychology. Article 16 clinic services Include: Medical, Dental, Physiology, Psychology, Nutrition, PT, OT, SLP, Nursing, Psychiatry.

11.14. “Does the TABS system reimburse all Voluntary organizations for Article 16 services?”

OPWDD does not currently bill for Article 16 clinic services.
11.15. “Does OPWDD expect that Article 16 / IPSIDD billing and collection services be offered “as a service”, in addition to EHR functionality to support the documentation of services and submission of the claims or will OPWDD staff be responsible for the billing and collections processes? The RFP reads as a request for this “as a service” but we wanted to be sure.”

OPWDD expects that the EHR vendor will directly bill for Article 16/IPSIDD services, and OPWDD will decide whether to procure the optional collection service.

11.16. “Does OPWDD need/expect/want to pay IPSIDD providers (i.e. individual non-state practitioners, group practices) for services or just generate a bill/claim for their services?”

The EHR will generate a bill or claim for the services provided by the IPSIDD provider.

11.17. “How will Article 16 clinic and IPSIDD services be billed?”

They will bill directly from the EHR. All other services will be billed through TABS.

11.18. “In this requirement, are you asking if the system should generate an 837 file?”

Yes.

11.19. “What is the frequency of the Article 16 clinic/IPSIDD billing?”

Billing frequency should be at least monthly.

11.20. “Can you provide any parameters on volume, charges, and amounts for Article 16 clinic/IPSIDD collection services?”

For Article 16 clinics between 4/1/2016-12/31/2016, 240 days had activities recorded with an average of 379 activities. The maximum recorded activities for a day of service was 704. For IPSIDD for the month of December 2016, 22 days had recorded activity with 48 activities on average. Maximum activities recorded for a day of service was 79. OPWDD expects there to be growth in activities especially in IPSIDD since it is still fairly new.

The base APG rate is $189.07. However, reimbursement will be subject to actual APG service weight assignments.
Section 12 - Financial Tracking and Billing

12.1. “Does TABS cover Medicare Part D billing?”

TABS does not bill Medicare Part D.

12.2. “Other than the EDI transaction files for the payers listed, is the vendor required to support EDI for any additional payers?”

Transaction files need to be sent to Medicare Clearing House (CMS), eMedNY, and Third Party Insurance.

12.3. “What is the breakdown of billable providers? MD & Mid-level, part time and full time?”

Billable Providers include 3,900 clinicians. Of those clinicians, approximately 120 are Physicians, Dentists, Physician Assistants, and Nurse Practitioners.

12.4. “Does this requirement mean that for some individuals who are self-pay/private pay, they may need to have pro-rated payments? For example, based upon a sliding fee scale?”

Individuals without insurance will have their payment per a sliding scale.

Section 13 - Optional Deliverables

13.1. “Please clarify the billing pieces/requirements:

a. required-Article 16 billing at clinics, collection services are optional (is billing for the Article 16 clinics the only billing requirement?)

b. for all other billing the requirement is to interface to TABs system?”

Article 16 clinic billing is required as outlined in the RFP section 3.2.3. The billing solution must permit for the direct billing of Article 16 and IPSIDD services. All other billing functionality should involve TABS as TABS will remain the system of record and be used for billing for all other services in the immediate future.

13.2. “Does OPWDD expect that Article 16 / IPSIDD billing and collection services be offered “as a service”, in addition to EHR functionality to support the documentation of services and submission of the claims or will OPWDD staff be responsible for the billing and collections processes?”

The Bidder is required to provide an EHR solution that directly bills for Article 16 clinic and IPSIDD services. The optional deliverable pertains to collection
services only. OPWDD will determine whether to procure the collection services during contract negotiations.

Collection services will only be for state operations not for the voluntary agencies.

13.3. “Does OPWDD have an existing or preferred vendor (software/hardware) for Telemedicine?”

No. OPWDD does not currently offer telemedicine.

13.4. “Does the credentialing solution need to support specific requests for certifications (i.e., IPSIDD application process)?”

No. IPSIDD providers are approved through a procedure not related to the EHR.

13.5. “Does OPWDD expect to support credentialing for only OPWDD state-employed practitioners/providers or will the credentialing system need to support voluntary agency/contracted provider credentialing as well?”

Credentialing will only apply to OPWDD/state employees.

13.6. “Roughly how many users require credentialing?”

Estimates are as follows:

- Approximately 700 for e-prescribing
- Approximately 3,200 for other clinical staff

13.7. “Are "optional" collection services providing collection services to all voluntary providers or only OPWDD direct services?”

The Collection services are required for OPWDD direct services only.

13.8. “In optional Financial Tracking and Billing, is the expectation to bill for all voluntary providers or only for OPWDD direct services?”

It is expected that the solution will only bill OPWDD direct services.

13.9. “In Article 16/IPSIDD Collection Services, is the expectation to collect for all voluntary providers or only for OPWDD direct services?”

The Collection services are required for OPWDD direct services only.

13.10. “Should vendors respond to all optional deliverables?”
Yes, the vendor must provide a narrative in its Technical Proposal and a cost in its Financial Proposal for providing all optional deliverables in order to have a complete bid. Vendors must be prepared to offer the optional services to OPWDD.