



Electronic Health Record (EHR) RFP Questions and Answers

General questions about the RFP

1. In reference to section 3.2.11, “the RFP states that approximately 5,000 concurrent users will require access to the system. Does this number include individuals receiving services or just staff? What is the expectation for growth in the EHR user community and patients served over the duration of the contract?”

The 5,000 concurrent users referenced in section 3.2.11 of the RFP represents an estimate of the maximum number of OPWDD staff that are expected to be logged onto the system at one time. Answer (part 2): The population of individuals served by OPWDD and the EHR User community are expected to remain relatively constant over the duration of the contract.

2. “The RFP is in 3 sections - Letter, Technical and Cost. The instructions mention that the Technical and Costs sections need to be kept separate. Where do we put the Cover Letter and Forms? Should we include these in each of the other two sections? Or, do we just submit one copy of the CL and Form? Or 7 copies in each of the Technical?”

Attachment 4 of the RFP provides a checklist of submission requirements. The cover letter, technical proposal, and cost proposal should be packaged and sealed separately (there will be three packages). All three packages can be mailed in a larger envelop or container. Please see Attachment 4 for directions on labeling the packages. For example, one original and seven complete copies of the technical proposal are to be placed into one container. The original and seven complete copies of the cost proposal should be placed in another sealed container. This ensures that the evaluation team reviewing the Technical Proposal, for example, are not aware of the costs and therefore, the cost section does not inadvertently influence the technical score.

3. “Section 1.2 states that there are approximately 22,000 OPWDD employees, of which approximately 50-75% will directly access and utilize the EHR. However, under the section titled Training Plan, it states that it is expected that approximately 14,500 NYS OPWDD employees will require some degree of training to utilize the EHR solution. Finally, section 3.2.11 states that OPWDD anticipates as many as 5,000 concurrent users of the fully implemented solution. Do you anticipate these estimates are good estimates or do you anticipate these estimates may vary some? Namely, how many users would/could actually be accessing the EHR system?”





The numbers provided in the RFP are **estimates** and can change over time. Exact figures are not available.

4. “Is OPWDD seeking a complete Meaningful Use solution from the successful Bidder, or can multiple systems/vendors be used to meet this requirement?”

OPWDD is seeking a solution that meets all the requirements of the RFP including all Meaningful Use standards and certification. The successful vendor must maintain compliance with all Meaningful Use standards throughout the contract period.

5. “What is OPWDD's budget for this project?”

The budget allocation for the NYS OPWDD Electronic Health Record (EHR) proposal will not be made public.

6. “Will a Word or editable PDF version of the RFP or attachments be provided?”

No.

7. “Can you provide a list of interested vendors?”

Yes. Bidders who wish to have their information available on a Bidders list will be included on a potential bidder list that will be posted on the OPWDD website. Any Bidder who does not want to be included on the public list of interested Bidder’s should notify Virginia Scott-Adams (virginia.l.scottadams@opwdd.ny.gov) of this request.

8. “Does OPWDD desire the successful vendor to provide project management and/or technical staff on-site throughout the duration of the project, or just for key tasks or milestones as indicated in the RFP?”

Some level of onsite presence during key phases of implementation is very desirable. The Bidder is expected to provide project management activities as described in the RFP.

9. “The RFP notes a desire for a single system to integrate Clinical, Case Management, Financial and Scheduling capabilities. Can a vendor propose an integrated platform through two separate applications (EHR & Revenue Cycle Management) with respective databases?”

OPWDD is seeking an integrated solution in which end users can perform their individualized jobs functions with a single logon and a common interface. A single database with separate schemas is preferred. Other solutions will be considered.





10. “Is OPWDD going to award a contract to only one bidder?”

Yes. OPWDD will have one contract with one bidder. See the RFP sections 2.22 and 2.23.

11. “Is OPWDD requiring Meaningful Use Stage 1 certification, Stage 2 certification, or both?”

See the RFP section 4.1. OPWDD is requiring that the system meet both Stage 1 and Stage 2 meaningful use standards.

12. “Will OPWDD consider a system that won’t be fully certified by contract signing? Can a system with federally certified modules be proposed if the system in its entirety is not certified?”

The system, in its entirety, must be certified by contract signing. See Attachment 3 item BB19.

13. “Referencing section 3.1 Describe your vision for Software as a Service solution?”

OPWDD is seeking a software delivery model in which software is licensed on a subscription basis and is centrally hosted.

Procurement Timetable

14. “The procurement timetable indicates a timeframe of 7 months from the contract start date to the “go-live” pilot implementation, with an additional 12 months to full system implementation. Is this correct? Are these dates flexible?”

Yes, the dates are correct. It should be noted that the dates in section 2.8, Procurement Timetable, are target dates and are subject to change at OPWDD's sole discretion.

15. “What is the duration of the contract? Does OPWDD anticipate any extensions?”

Refer to section 2.3 of the RFP for information regarding the duration of the engagement and extensions.

Cost

16. “With regard to Attachment 5 - Project Cost: Please advise where to include one-time costs for the purchase of licensed products and the implementation of professional services costs.”





See Section A of the cost sheet.

17. “With regard to Attachment 5 - Project Cost: Please confirm where products priced as a subscription should be included.”

See Section A.3 and Section B of the costs sheet.

18. “With regard to Attachment 5 and the total cost of ownership over five years; what is the total number of users? How many total users are there in the region where the system will be piloted? Can we be provided with the number of users per month to identify the system cost?”

The EHR system will be piloted in Region 3. Additional system roll out plans are to be determined; see the RFP sections 3.5 (Implementation Plan) and section 6.1.3 (Proposed Implementation Plan). At this time, OPWDD cannot provide additional information about the number of users. The numbers provided within this question and answer document and in the RFP are estimates. There will be no monthly/maintenance support costs until full system implementation is complete.

Authentication

19. “Will OPWDD permit the use of public identity providers (i.e. Facebook, Microsoft) for constituent account provisioning (to portal for individual/guardian access)?”

No. OPWDD must comply with HIPAA and ensure data security. The EHR system will hold Protected Health Information (PHI) therefore; the system must comply with HIPAA. Any solution must ensure tight security controls to protect data.

20. “With regard to AA10 - Our Company’s product supports a variety of methods for two factor authentication. Are there methods which are preferred?”

OPWDD requires that the bidder's solution provide two factor authentication. While there may be a number of potential two factor authentication technologies, the solution must accommodate a two factor technology supported by the DEA rule for Electronic Prescriptions for Controlled Substances.

Financial Tracking and Billing

21. “Section 3.2.7 states “Implement and interface with the Statewide Financial System and generate payment data that will be used to make payments to non-for-profit services providers for specific services that they provide to an individual on behalf of OPWDD”. Can you elaborate on what





specific payment data will be generated by the EHR and how this process is intended to work?"

We do not anticipate this system making local assistance payments. The EHR will be used by state operations only. We do not anticipate the solution to generate payment data for non-state providers or employees.

22. "If OPWDD finds an EHR that offers integrated billing support, would the interface to TABS be needed. If so, can you elaborate on the purpose and scope of the interface?"

In the event that OPWDD elects to implement billing within the EHR, then the nature and scope of the interface to TABS may be reduced. However, TABS will remain as the legacy master database for all individuals served by OPWDD which includes individuals served within the voluntary and state operations sectors. OPWDD does not plan to replace TABS at this time.

23. "Other than to State Medicaid, what other payers does OPWDD anticipate the vendor will need to transmit direct submit EDI to? Can you provide a list of possible payers? Who are your primary payers? What third party payers does NY OPWDD currently bill? Do you bill the client for any services?"

In the event that OPWDD elects to implement billing within the EHR, then electronic billing will be required to eMedNY (Medicaid), the Medicare Part B fiscal agent, and Managed Care Plans. It is anticipated that paper billing will be required for all other potential payors including TPHI Companies, NYS Counties, Directors of OPWDD DDSOs, and private party/liable party billing to OPWDD Individuals, and their Representative Payees for Unearned Income.

24. "Can you describe your current invoicing process?"

The evaluation team needed clarification to answer this question, however, at the Bidder's Conference, no additional clarification or rephrasing of the question was provided.

25. "As part of OPWDD's managed care requirements, does OPWDD require the successful vendor to act as a fiscal intermediary and receive billing EDI/transmit remittance information from/to contract providers?"

It is anticipated that OPWDD personnel will control the billing process.





Data Conversion

26. “Referencing page 27, what data will be converted? From what systems?” Does OPWDD anticipate migrating data from TABS, CHOICES, IRMA, MATS systems?

See section 3.3 of the RFP for information regarding the data conversion. The structured data referred to in section 3.3 is housed in the TABS application; the unstructured data is housed in the CHOICES application. OPWDD does not envision converting data from both IRMA and MATS.

27. “Can you provide additional further description of or define the ‘unstructured data’ to be migrated into the new system?”

See section 3.3 of the RFP for information regarding the data conversion.

System Functionality

28. “With regard to item G12; does this refer to agencies outside of the agency using this software?”

Attachment 3 section G12 refers to a system feature that will allow OPWDD staff to identify service providers offering a particular service.

29. “Is OPWDD requiring a complete dental practice solution or ability to capture and manage client dental information that is desired in requirement C35?”

This is a desired feature. OPWDD desires a system that offers fields for maintaining information about oral hygiene such as results from dental exams, diagnoses related to oral health, treatment recommendations, and dental history. Most individuals receive oral and dental healthcare from providers who do not work directly for OPWDD.

30. “Could you provide additional information on the requirement for item AB 7 and why this would be a desired requirement?”

Research suggests that a common error in records maintained by an EHR is due to employees "copying and pasting" information into sections of the EHR. Using a "copy and paste" feature introduces an element of error which can directly impact outcomes and treatment for individuals. For example, using a copy and paste feature can result in another patient's information entered into an individual's file, information not being updated regularly, and information not being person-centered and individualized. As such, OPWDD prefers a system that limits or prohibits staff from using a "copy and paste" feature.

31. Please describe OPWDD's interest in dashboard functionality?





Bidders should describe any dashboard functionality the proposed system offers. OPWDD would like dashboard functionality to measure and visual trends pertaining to the population served by the agency as well as to clearly and efficiently share sensitive information about an individual. Dashboards should permit customization based on user preferences and work function.

Interoperability

32. “Are there interface standards or specifications available for integrating data from providers who have existing EHR systems?”

Since OPWDD did not create these systems, OPWDD has no standards or specifications with regards to provider EHR systems.

33. “Please indicate the interoperability standards utilized for information exchange between the desired EHR system and the below systems noted in the RFP: OPWDD Billing System (TABS); OPWDD CHOICES System; Incident Report and Management Application (IRMA); Medical Appointment Tracking System (MATS); Developmental Disabilities Individual Support and Care Coordination Organizations (DISCOs); and Uniform Assessment System (UAS).”

OPWDD is not seeking to construct an interface between the EHR and CHOICES, IRMA, or MATS. OPWDD envisions a two way interface between the EHR and the TABS. Additional information regarding the current TABS data exchange capabilities will be posted to http://www.opwdd.ny.gov/opwdd_resources/procurement_opportunities on or before 10/15/2014. The interface capabilities and standards for the CAS/UAS and SIRS have yet to be determined.

34. “Are the existing systems listed above HL7 compliant?”

No.

35. “With regard to section 3.2.12, what is the total number of entities (HIEs, RHIOs, DISCOs, etc.) for which OPWDD will need connectivity?”

Based on geographical service area, the bidders solution may need to establish connectivity will all DISCOs and RHIOs. Currently there are no certified DISCOs operating in New York State and the final number of DISCOs is not yet known. Interoperability requirements for RHIOs are determined by DOH; refer to their website <http://www.health.ny.gov/technology/>.

36. “Will care coordination be primarily handled through data exchange with SHIN-NY, or is OPWDD looking for a vendor-hosted care coordination solution to enhance the proposed EHR?”





OPWDD is seeking a vendor hosted EHR including a care coordination solution. This solution will exchange health care data through the SHIN-NY.

37. "Section 3.1 states that the Bidder's solution will be required to access the SHIN-NY. Can you provide additional information on the means to achieve this? Does this entail multiple interfaces with each RHIO and if so, do all RHIOs adhere to uniform data interface specifications? What format will be required for integration with RHIO's?"

Refer to <http://www.health.ny.gov/technology> for information regarding the SHIN-NY and RHIOs

Format requirements are determined by NYS DOH refer to their web site: <http://www.health.ny.gov/technology>

38. "What interface capabilities are provided by interRAI integrated assessment suite (p. 29), SIRS (p. 29), TABS (p. 31), CAS (p. 33)? Is an interface needed for CHOICES? RIA? How will the integration of SIRS and the CAS occur? Will the interface be a complex two-way or simple one way interface?"

OPWDD is not seeking to construct and interface between the EHR and CHOICES, IRMA, or MATS. OPWDD envisions a two-way interface between the EHR and the TABS. Additional information regarding the interface capabilities of TABS will be posted to

http://www.opwdd.ny.gov/opwdd_resources/procurement_opportunities on or before 10/15/2014. The interface capabilities and standards for the CAS/UAS and SIRS have yet to be determined.

39. "Since there are many interfaces with many systems, how will the state insure proper record matching of patients? Do you envision the use of an eMPI, or master patient index?"

OPWDD will continue to use the Tracking and Billing System (TABS) to maintain a master database of individuals determined by OPWDD to be eligible for DD services. OPWDD envisions using the TABS identification number as the unique identifier for record matching. OPWDD does not envision the use of eMPI or of a master patient index.

40. "Would the state be interested in an interface engine to support and take ownership of all interfaces? Would the state expect the vendor to provide custom work for each potential interface?"

An interface engine may be acceptable as long as all interfaces work with no or extremely minimal changes required by existing OPWDD systems. Yes, OPWDD would expect the vendor to provide custom work, if necessary.

41. "In reference to item 3.3, can a sample data layout be published of the referenced CSV file?"





Refer to the link in Section 3.3 to access the OPWDD Procurement Opportunities page. Use the link titled Electronic Health Record Request for Proposal (EHR RFP) to access a link to a document titled Data Conversion Data Elements, section 3.3.

42. “With regard to the equipment related messaging; will the infrastructure be provided by OPWDD for system integration with TABS? Does that include implementation of all messaging by OPWDD? Will the integration be transactional in nature or similar to real time? Does OPWDD expect middleware technology to exist as part of the solution? If real time integration is used, will OPWDD host a messaging structure?”

OPWDD will provide the messaging structure and will provide the infrastructure for system integration with TABS.

43. “Will an ADT be required to interface with all facilities?”

Yes. TABS and the EHR system must have interoperability and be synchronized so that information about the individual, including where they reside, movement or discharge dates, etc. can be tracked.

44. “Do community based pharmacies, or long term care pharmacies, have an HL7 interface?”

This is unknown. We cannot assume that community based pharmacies have an HL7 interface since we do not operate those pharmacies.

45. “Does OPWDD plan on reconciling all existing claims generated in the TABS system within the TABS system? This would result in running the TABS system and the selected billing system in parallel in order to finalize claims generated in TABS? Or does OPWDD anticipate the migration of billing data into the selected system and cut over to the selected billing system?”

See the revised RFP Section 3.2.18. The financial tracking and billing functionality is an optional deliverable. Should OPWDD decide to incorporate a financial tracking and billing solution, a gap analysis would need to be conducted to better and more clearly define how this functionality will be incorporated.

System Replacement

46. “Is OPWDD open to replacing IRMA if the vendor’s proposed solution offers an incident management module?”



OPWDD is not seeking to replace IRMA. IRMA cannot be replaced as the application is used by both the state and voluntary sectors.

47. “With regard to section 1.3 – Current technology Environment: Would OPWDD be interested in retiring CHOICES and MATS through this RFP if possible?”

OPWDD anticipates that the bidder’s solution will replace the MATS application. OPWDD is not seeking to replace, or decommission CHOICES at this time.

Help Desk Support

48. “Section 3.7.1 establishes a requirement of a 15 minute response time for Help Desk support? Is this by telephone or by email?”

The Help Desk response to technical calls can be made by telephone or email.

49. “Does OPWDD desire the vendor to provide help desk to all end users or a sub-set or single point of contact?”

OPWDD envisions that a group of technical contacts (either through OITS or OPWDD) will screen calls from end users and contact the Bidders Help Desk as necessary.

50. “Referencing C3 & C8, Describe Resource Allocation.”

Resource allocation involves effectively managing available resources. Managing available resources ensures that resources offered are appropriate, based on the individual's needs, are desired by the individual, and justification for offering the resource is adequate. This approach helps those who need services to become able to access the services and reduces the potential for resources to be utilized by an individual who doesn't need or want the services. Individuals provided with resources that they do not need or want takes away a service from someone else who might better benefit from the service. There may be occasions when a resource is not available so additional supports and services are provided to assist the individual while they wait for a particular resource to become available. It is expected that the EHR will support this resource allocation process.

51. “How many physicians (MD’s and DO’s) will be using the proposed EHR?”

It is projected that approximately 50 physicians, 33 nurse practitioners, 9 dentists, and 10 physicians’ assistants will access the EHR solution.





52. “How many Mid-levels (NP’s, PA’s, LSW’s, PT’s) will be using the proposed EHR system?”

It is projected that approximately 11 nurse practitioners, 22 psychiatric nurse practitioners, 10 physician assistants, and 300 psychologists/therapists will access the EHR system.

53. “How many actual community locations will the EHR need to be installed?” “How many campus based programs are there?”

The EHR will potentially be used at over 1000 community locations. OPWDD has campus based programs. There are 5 campus based settings at present but this number is expected to decrease over the coming years.

54. “How many beds are at each inpatient facility represented in this RFP?”

This number changes regularly due to the transformation agenda and OPWDD's initiative to move people to community integrated settings. At present, there are approximately 1,000 individuals living in a campus based setting.

55. “How many and what types of outpatient facilities are represented in this RFP?”

Community based programs include living at home, living in a certified private home, supervised community residence, IRA, ICF, day habilitation and services through Article 16 clinics. See section 1.2 of the RFP for information about the settings individuals can live in.

56. “What types of clinics does OPWDD operate (i.e., 16, 28, 31, other) and how many of each do you have?”

OPWDD only operates and regulates Article 16 clinics. State Operated Article 16 clinics are located in the following DDSOs: Hudson Valley, Taconic, Capital District, Broome, Central New York, Finger Lakes and Western New York.

57. “How many physicians or nurses prescribe medication and how many will need e-prescribing functionality? How many will need eLab functionality?”

Approximately 102 employees will require the use of e-scribe. eLab is not currently used within the OPWDD system. Please refer to Attachment 3 item E 15 located in the RFP.

58. “How many total State employees are expected to utilize the EHR?”



It is estimated that approximately 11,000 to 18,000 state employees will utilize the EHR in some capacity. This number is an estimate, however, given the changes occurring within the OPWDD system.



59. “How many Non-State users are expected to utilize the EHR (Doctors, residential, health home etc.)?” “How many provider agencies will use the system?”

Non-state employees are not expected to enter information directly into the EHR at this time. There are approximately 34,000 individuals who receive services solely from OPWDD, however, it is possible that some of these individuals receive health care from non-state providers. Further, it is estimated that another 28,000 receive services through both OPWDD and the voluntary sector. Many of these individuals receive health care from non-state providers. The system will be used exclusively by OPWDD staff in Central Office and the 6 Developmental Disabilities State Operations Offices (DDSOOs). See http://www.opwdd.ny.gov/opwdd_contacts/ddsoo for additional information regarding the DDSOOs and as the OPWDD central office in Albany.

60. “Can you estimate the number of possible users of the Self-directed Care Portal, including clients/consumers, family members, advocates, care providers or others? “

The self-directed Portal is expected to offer all individuals served by the DDSOOs, and their families and/or advocates, to view available information regarding the individual and their services. It is estimated that 34,000 individuals receive services solely through OPWDD while 28,000 receive services through both state operations and the voluntary sector. This means that approximately 62,000 individuals and/or their circle of support will be offered the self-directed care portal. We are not certain how many people will use the feature since this feature hasn't been available to date.

61. “Referencing AC1,2,3,6 – Can you include some specifics about what kind of workflow OPWDD is looking for, whether the workflow should be dictated by client configuration, clinical/diagnostic information in the patient’s chart, by user interaction with the patient’s chart, all or any combination of the above, or any other information which would clarify the specific requirement.”

Workflow management involves the system sequentially managing when and how information is entered into the system so that a logical and appropriate process is used consistently. The system should support the completion of predefined work steps. Workflow steps and procedures could be defined by any or all of the combination mentioned in the question. The system should offer some flexibility to leave room for the clinician to modify the workflow if necessary.





62. “Can you describe the process in which you manage referrals and all associated communication?”

To access services, individuals go through the "front door" process. Individuals are also offered an MSC (Medicaid Service Coordinator) who performs case management tasks and also assists the person and their circle of support in accessing particular services.

63. “Should performance outcome measures be available in the EHR system?”

See the RFP section 3.2.6. The proposed solution must offer the ability to assess and monitor personal outcomes. We do not require that the system utilize the copyrighted CQL personal outcome measures but the system should incorporate quality assurance indicators and assess outcomes.

64. “With regard to medical devices; is medication dispensing required?”

The integration of medical devices currently used in state operated residence is not standardized. The system does not need to incorporate medical devices. A pharmacy medication drug dispensing system solution (Oral/IV) and automated dispensing cabinets will not be required. Further, OPWDD is phasing out state operated pharmacies and long term care pharmacies will be used in the future.

65. “Is there a requirement for reporting of public health (DOH) department or guidance pertaining to the interface?”

Items E49 through E50, located in Attachment 3 of the RFP, list these as desired features. Bidders should contact the NYS Department of Health (DOH) for questions about related system interface requirements since these systems are maintained by DOH.

66. “Is there a shared drug file?”

OPWDD does not have a shared drug file to date. The E-prescribe functionality must contain a complete drug file.

67. “Does OPWDD want an E-MAR?”

See item E 22 within Attachment 3 of the RFP.

68. “When will OPWDD rely solely on community based or local pharmacies?”

OPWDD will have one state operated pharmacy at the time of the system pilot. The pilot area will include one campus based pharmacy. It is anticipated that only community based local pharmacies will be used in the long term future.





69. “What region will be the pilot region?”

Region 3. See the state operations map.

http://www.opwdd.ny.gov/opwdd_contacts/ddsoo

Region 3 – Capital District – which runs from Albany to the Canadian Border. This region includes the following counties: Albany, Clinton, Essex, Fulton, Franklin, Hamilton, Jefferson, Montgomery, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Warren, and Washington.

70. “Can OPWDD provide a list of third party laboratory and pharmacies that are utilized by Article 16 clinics?”

Not at this time. Pharmacies and laboratories vary significantly across the state. The business may be a large or more well-known pharmacy or a local or less well known pharmacy.

Technical

71. “Are there any Data Warehouse requirements? Is OPWDD requiring a separate data warehouse with this implementation?”

Refer to section 3.2.12.b.2 for information regarding integration of the EHR and the OPWDD warehouse.

72. “What is the technical structure of IRMA and the database and programming standard?”

IRMA is a J2EE application with Oracle backend.

73. “Does OPWDD require single or multiple databases?”

OPWDD has no specific requirement governing the number of database proposed by a bidder.

74. “With regard to item B3 - Would browser-based zoom technology be acceptable?”

See attachment 3 Section B item b1 for OPWDD preference regarding web page accessibility.

75. “Is their need for direct messaging through a HISP?”

There is a need for direct messaging. How this will be performed should be part of the bidder’s proposal.

76. “Referencing item A1 - Does this include downtime for upgrades and system maintenance?”



See the RFP section 3.7.1.

77. “Is it acceptable to offer a .net thin client application accessed through the web via our hosting center? “

OPWDD is seeking a vendor hosted system that is accessible via a web browser (ie. Internet Explorer). Solutions that require installation of software other than a browser on the client, will not be considered.



Training

78. “For the alternative end-user training, will OPWDD provide all facilities and computing equipment?”

Yes. OPWDD will provide facilities and computing equipment.

79. “How do you envision the “Train the Trainer” approach?”

Bidders must include in their proposal their planned approach to implement training using a Train the Trainer approach.

Clinical Questions

80. Can OPWDD share a sample of the controlled substance count sheet referenced in section E41. Can OPWDD share a sample medication refrigeration check form referenced in section E42?”

A sample controlled substance count sheet will be available at http://www.opwdd.ny.gov/opwdd_resources/procurement_opportunities
A sample medication refrigeration check form will be available at http://www.opwdd.ny.gov/opwdd_resources/procurement_opportunities

81. “Please list the specific medical devices, if any, with which the solution is required to integrate.”

The integration of medical devices currently used in state operated residences/ programs are not standardized. The proposed solution does not need to incorporate medical devices at this time.

82. “Is it the desire of the Office of Developmental Disabilities to procure a system that has both inpatient and ambulatory functionality?”

Yes.

83. “Describe medication management described in B22.”



The following information items are necessary for comprehensive medication management:

1. A record of the patient's medication experience (understanding, concerns, preferences, beliefs, behavior),
2. Medication allergies (along with a description of the allergy, time frame, and severity) and adverse reaction (separated into dose-related and preventable),
3. Medication history (including immunizations), complete with dates, effectiveness information, record of issues, problems, etc.
4. Current medication record (including all medications regardless of source, mode of administration, or prescriber), indication for use, product, dose, duration and how the medication is actually being taken,
5. Active drug therapy problem list, complete with the cause of each problem (associated with the medical condition and medications relating to the drug therapy problem),
6. Therapeutic treatment plans for the patient and practitioner (a patient and prescriber version of the treatment plan needs to be available). The following specific functionality must be available in the electronic therapeutic record to provide medication management services:
 - A. Connect indication for medication (reason for use) to specific drug product, dose, duration, and actual outcomes for each medical condition.
 - B. Identify, resolve, and prevent drug therapy problems:
 - i. Appropriateness.
 - Eliminate unnecessary medications.
 - Initiate necessary medications not being taken.
 - ii. Effectiveness.
 - Identify most effective medication in specific patient.
 - Increase dosages to effective levels.
 - iii. Safety
 - Eliminate toxicities.
 - Identify adverse reactions.
 - iv. Adherence
 - Increase patient's willingness to adhere to medication regimen.
 - The cause of each of the drug therapy problems described above also needs to be documented.
 - v. Formulary coverage
 - Medications included in plan specific formulary listing and tiered coverage of Medicare plans, Medicare Part D benchmark plans and NYS Medicaid.



Ability to submit prior authorization requests, formulary exception requests and authorization above quantity limitations.

C. Record and evaluate actual outcomes from drug therapy. Record personalized therapy goals and evaluate against outcome measures for each medical condition. Graph laboratory levels against changes in drug therapy and doses. Record outcome changes with changes in medication details.

D. Provide post-marketing surveillance on appropriateness, effectiveness, safety, and adherence variables.

E. Record drug therapy problems specific to drug product, medical condition, and patient parameters.

F. Offer clinical decision support and analysis.

G. Support patient participation and decision making in drug therapy (i.e., adherence tools, record keeping, etc.).

H. Provide patients with medication information that is individualized and complements the therapeutic care plan.



Estimated Number of Employees- Non direct support staff as of 10/6/2014.

Region 3 is where the pilot will occur. Note these numbers can and will change.

Job Title	Total Number positions	# of actual employees (# of Part time)	Total # Reg. 3
Medical Specialist 2	57	36 (14)	9
Medical Specialist 1 and 3	15	7 (4)	1
Physician Assistant	17	10 (0)	5
Nurse practitioner	13	8(0)	2
Audiologist	12	3 (1)	1
Dietitian	110	83 (8)	12



Nutrition Services Administrator	23	13 (1)	5
Dentist	15	9 (5)	5
Dental Hygienist	8	5 (1)	4
Social Worker	318	153 (4)	29
Speech and language pathologist	99	58 (6)	13
Physical therapist	113	73 (14)	11
Recreational Therapist	80	27 (1)	14
Occupational Therapist	169 (19)	97 (19)	23
Psychiatrist	29	18 (12)	2
Psychologist	319 (7)	209 (7)	47
Nurse	821 (42)	570 (42)	143
Pharmacists	—	12 (0)	2

Referring to the chart above, the Total Number of positions means the total number of positions OPWDD has allocated to each title. # of actual employees is the number of employees that fill a specific title. The number in parentheses is the number of people who work part time in the position. The final column is the total number of positions within region 3 which is the pilot region.

** These numbers are estimates and are subject to change over time.

