



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



REQUEST FOR PROPOSAL

ELECTRONIC MEDICAL RECORD PROJECT

#12-009-ITS

Addendum #5

May 8, 2012

BACKGROUND

The California Department of Corrections and Rehabilitation (CDCR), California Correctional Health Care Services (CCHCS), is requesting proposals for an Electronic Medical Record (EMR) solution using a multi-stage procurement approach. Contractor will work with CCHCS personnel and other stakeholders to design, install, configure, and implement a commercial off-the-shelf (COTS) EMR solution statewide.

Proposals are due **Monday, May 21, 2012, at 3:00 p.m.**, Pacific Time (PT). Bidder proposal and other required documents must be submitted in hard-copy and clearly labeled to the department contact noted below.

ACTION

To date, CCHCS has received over one-hundred twenty (120) bidder questions for Request for Proposal (RFP) #12-009-ITS.

- This Addendum answers thirty-two (32) of the bidder questions posed in the first (1st) and second (2nd) rounds; and
- Additional answers will be forthcoming.

Please recognize that the last date for submittal of second-round questions was Friday, May 4, 2012.

CONTACT PERSON

Bidders may contact the following person with any questions and/or concerns:

California Correctional Health Care Services
IT Acquisitions
Attention: Alexander Thomson
501 J Street
P.O. Box 4038
Sacramento, CA 95812-4038
(916) 322-0529
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All other RFP terms and conditions remain the same.

QUESTIONS/STATEMENTS AND ANSWERS

1. Question(s)/Statement(s):

“When preparing Stage 1 and Stage 2 rate sheets, can you please provide the exact Total Number of Providers, Clinicians and Administrative Staff broken down by specialty (i.e. Nurse, Psychiatrist, System Administrators, Dental, etc.)?”

Answer(s)/Statement(s):

**CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Services Professions**

Professions	Title	Proposed Positions
Mental Health	Psychologist	888.0
Mental Health	Psychiatrist	300.0
Mental Health	Licensed Clinical Social Worker (LSCWs)	362.0
Mental Health	Recreation Therapist	192.0
Mental Health	Occupational Therapist - Health Program Specialist	65.0
Mental Health	Occupational Therapist - Clerical	367.0
Total:		2,174.0
Laboratory	Laboratory Assistant, Correctional Facility	65.0
Laboratory	Senior Laboratory Assistant, Correctional Facility	5.0
Laboratory	Clinical Laboratory Technologist, Correctional Facility	32.4
Laboratory	Senior Clinical Laboratory Technologist, Correctional Facility	22.5
Laboratory	Supervising Clinical Laboratory Technologist, Correctional Facility	10.0
Total:		134.9
Pharmacy	Pharmacist I, DCHCS	2.0
Pharmacy	Pharmacy Technician	142.0
Pharmacy	Pharmacist II	38.0
Pharmacy	Pharmacist I	108.2
Pharmacy	Pharmacy Services Manager	4.0
Total:		294.2
Radiology	Radiologic Technologist, CF	41.4
Radiology	Senior Radiologic Technologist (Specialist), CF	24.6
Radiology	Senior Radiologic Technologist (Supvr), CF	3.0
Total:		69.0
Health Records	Medical Record Director	9.0
Health Records	Health Record Technician I	242.9
Health Records	Health Record Technician II-Specialist	18.0
Health Records	Health Record Technician III	1.0
Health Records	Health Record Technician II-Supervisor	77.0
Total:		347.9
Dietary	Clinical Dietician, Correctional Facility	4.0
Total:		4.0
Rehabilitative Services	Respiratory Care Supervisor, Correctional Facility	1.0
Rehabilitative Services	Respiratory Care Practitioner, Correctional Facility	5.0
Total:		6.0
Medical Services	Physician Assistant, Correctional Facility	27.5
Medical Services	Physician And Surgeon, Correctional Facility (Internal Medicine/Family Practice)	250.5

Medical Services	Physician And Surgeon, Correctional Facility	76.0
Medical Services	Nurse Practitioner	48.8
Total:		402.8
Nursing Services	Certified Nursing Assistant, Correctional Facility	43.1
Nursing Services	Receiver's Nurse Executive (Safety)	31.0
Nursing Services	Senior Psychiatric Technician-Safety	49.0
Nursing Services	Psychiatric Technician (Safety)	576.6
Nursing Services	Licensed Vocational Nurse	1,575.4
Nursing Services	Licensed Vocational Nurse (Safety)	10.5
Nursing Services	Registered Nurse, Correctional Facility	1,760.8
Nursing Services	Supervising Registered Nurse II, Correctional Facility	394.4
Nursing Services	Supervising Registered Nurse III, Corrctional Facility	51.0
Total:		4,491.8
	<i>Field & Headquarters Clinical Classifications</i>	
Dental Services	Supervising Dentist	33.0
Dental Services	Dentists	239.0
Dental Services	Dental Assistants	482.0
Dental Services	Supervising Dental Assistants	33.0
Dental Services	Dental Hygienists	59.5
Dental Services	Total Clinical Staff	849.5
Dental Services	<i>Field & Headquarters Support Staff</i>	
Dental Services	Deputy Director	1.0
Dental Services	Associate Director	1.0
Dental Services	Chief Dentist Headquarters	3.0
Dental Services	Regional Dental Directors	4.0
Dental Services	Health Program Manager III	33.0
Dental Services	Health Program Specialist I	42.0
Dental Services	Staff Service Analysts/Associate Program Analysts	7.0
Dental Services	Associate Health Program Advisor	2.0
Dental Services	Office Technicians/Assistants	215.0
Dental Services	Total Support Staff	308.0
Dental Services	Total Field & Headquarter Clinical & Support Staff	1,154.5
Dental Services	<i>CHCF- Stockton Facility</i>	
Dental Services	<i>Clinical</i>	
Dental Services	Supervising Dentist	1.0
Dental Services	Dentists	3.0
Dental Services	Dental Assistants	4.0
Dental Services	Supervising Dental Assistant	1.0
Dental Services	Dental Hygienists	1.0
Dental Services		
Dental Services	<i>Support Staff</i>	
Dental Services	Health Program Manager III	1.0
Dental Services	Health Program Specialist I	1.0
Dental Services	Office Technicians	2.0
Dental Services	Total CHCF- Stockton Facility	14.0

2. Question(s)/Statement(s):

“When preparing Stage 1 and Stage 2 rate sheets, can you please provide the exact Number of Concurrent Users?”

Answer(s)/Statement(s):

RFP Section III.3, page 19, Item B.1.b., states: “The software must be capable of handling more than 3,000 simultaneous end users.”

3. Question(s)/Statement(s):

“Total number of interfaces required and to whom?”

Answer(s)/Statement(s):

CCHCS recognizes that the total number of required interfaces may vary due to bidders’ proposals and “out-of-box” functionalities. There is no certainty which functionality will be acquired, added-on, retired, replaced, or integrated. In addition to RFP Attachment #5 (CCHCS Application Assessment), a list of existing systems is provided below for reference purposes.

CCHCS Health Care Delivery Applications

- Census and Discharge Data Information (WebCADDIS)
- Patient Health Information Portal (PHIP)
- CDR Lab Results
- Quality Management Registries
- Medical Chrono Classification (MCC)
- Census & Bed Inventory (CABI)
- RIS/PACS
- Electronic Unit Health Record (eUHR)
- MiPACS
- Centralized Dictation and Transcription (D&T)
- Digital Signature

CCHCS Health Care Scheduling Solutions

- Health Care Scheduling & Tracking System (HCSTS)
- Mental Health Tracking System (MHTS)
- Inmate Medical Scheduling & Tracking System (IMSATS)
- Interim Dental Tracking System (IDTS)
- Interim Telemedicine Scheduling System (ITSS)

CCHCS Health Care Administration Applications

- Third Party Administrator (TPA)
- Contract Management Database (WebCMD)
- Health Care Document Management System (HCDMS)
- Health Care Appeals & Risk Tracking System (HCARTS)
- Clinical Operations Review System (CORS)

CCHCS Pharmacy Solutions

- Omnicell Medication Dispensing Cabinet
- Maxor Pharmacy System
- Central Fill Application
- MedLocker

CDCR Systems

- CCHCS Inmates Data Mart
- Strategic Offender Management System (SOMS)
- Central Office Database (CODB)
- OBIS
- DDPS
- Keyhea Database
- SOMS Scheduling System
- Business Information System (BIS)

External Systems

- Third Party Administrator (TPA)
- State Controller's Office (SCO)
- Preferred Provider Organization (PPO)
- RadNet
- Quest Care 360
- Amerisource Bergen
- First Data Bank
- Warfarin Alert Service

4. Question(s)/Statement(s):

"The RFP states the system must be able to scale to 3,000 simultaneous users. What do you estimate to be the average daily peak concurrent users within the first 5 years of deployment?"

Answer(s)/Statement(s):

The average daily peak concurrent users for EMR will depend on how integrated the system is; how successful is the implementation; and how the users are adapting to it. For reference, the Electronic Unit Health Record (eUHR) has less than 1,000 daily concurrent users on average. This number is expected for the EMR system.

5. Question(s)/Statement(s):

“There are large gaps with some of the numbering, is this intentional or are we missing questions? An example is below. The unique ID gaps from 427 to 745 and the question number gaps from HIPAA 05.00 to HIPAA 160.103.02”

Answer(s)/Statement(s):

There are no missing questions.

6. Question(s)/Statement(s):

“Question HL7 IN.7.1.04 - The solution should provide the ability to manage human resources (i.e., personnel lists) for workflow queues.

Please describe what type of queues this relates to (i.e. Registration queue, Coding queue, Appointment queue)?”

Answer(s)/Statement(s):

There will be a number of workflows implemented in the EMR solution. The exact workflows have yet to be determined; however, for those workflows to be implemented there will be queues associated which may include, but are not limited to, registration queue, appointment queue, etc.

7. Question(s)/Statement(s):

“Question HL7 IN.7.1.04 - The solution should use solution interfaces that support the management of human resources (i.e., personnel lists).

Does CCHCS require an HR solution?”

Answer(s)/Statement(s):

No.

8. Question(s)/Statement(s):

“Please clarify 'replace or interface' with Central Fill? What would be your preference?”

Answer(s)/Statement(s):

Given the available resources at this time, CCHCS prefers to interface with CASI (Cornerstone Automation System Inc.) Central Fill Pharmacy.

Question(s)/Statement(s):

“Can you briefly explain the application use for your Cornerstone Automation System (CASI)?”

Answer(s)/Statement(s):

CASI is the distribution center hardware/software used by the Central Fill facility that receives approved medications from the Pharmacy system and sends the pharmacy system a list of dispensed medications.

9. Question(s)/Statement(s):

“Are you planning on replacing your current Radiology Management System and Care 360 laboratory systems as a part of this RFP process?”

Answer(s)/Statement(s):

No; CCHCS seeks to integrate with RIS/PACS and Quest Care 360 laboratory systems.

10. Question(s)/Statement(s):

“Page 103, Attachment 5: Could you explain and clarify the following categories; (a) Interim Solution, (b) Use to Define, and (c) Integrated into Future?”

Answer(s)/Statement(s):

“Interim Solution” means part or all of the solution may be replaced or modified.

“Use to Define” means existing system may be used to define requirements for the EMR.

“Integrated into Future” means the solution is a candidate to be integrated into the future EMR system.

11. Question(s)/Statement(s):

“Page 30, Section V.6, Sub Section b: Does integrated workflows mean that the EMR must have an integrated workflow engine to drive CCHCS’ workflows?”

Answer(s)/Statement(s):

The proposed solution should provide capabilities to allow workflows across different disciplines to be integrated so that a work order can be routed from one clinic to another.

12. Question(s)/Statement(s):

“Page 46. Can you identify the potential non HL7 compliant systems you wish to interface?”

Answer(s)/Statement(s):

One example of a non HL7 interface is the SOMS interface to obtain the Patient Demographics information.

13. Question(s)/Statement(s):

“Will Travel and Living expenses to be included in the fix contract, or will they be indicated as estimated, billed separately as incurred, and subject to the state travel policy and final approval?”

Answer(s)/Statement(s):

Bidders should include any and all travel-related costs in their proposed deliverable rate(s). However, any service(s) performed by Contractor out of scope must receive prior approval from CCHCS and will be subject to state travel requirements and policies.

14. Question(s)/Statement(s):

“Does CCHCS prefer an in-house or ASP delivery model for the EMR?”

Answer(s)/Statement(s):

Pending bidder’s proposed solution, CCHCS may prefer an in-house delivery model if all factors are equal.

15. Question(s)/Statement(s):

“What server/equipment manufacturer does CCHCS prefer (eg: IBM, Dell or HP)?”

Answer(s)/Statement(s):

CCHCS does not have a preference, but currently has IBM Power System P770 and HP C7000 server equipment in our environment

16. Question(s)/Statement(s):

“Page 31 Section 4, Sub Section d. Could you please clarify PIMS and the synchronization of databases?”

Answer(s)/Statement(s):

CCHCS seeks the medication orders in real-time, but we do not want to say database synchronization in real-time as most solutions don't want to expose data at the database level due to security risk.

17. Question(s)/Statement(s):

“What medical device types and manufacturers will you be integrating into the EMR?”

Answer(s)/Statement(s):

There are numerous devices such as the Medication Dispensing Cabinet, Computed Radiography, Full Field Digital Mammography, General Radiography, Radiographic Fluoroscopy, etc., but the EMR solution will most likely integrate with these medical devices indirectly.

18. Question(s)/Statement(s):

“Page 48. Can you clarify what you will be looking for as it relates to the EMR Clinical Approach Evaluation Overview?”

Answer(s)/Statement(s):

CCHCS seeks to assess, at a high level, how the solutions meet industry health care standards and CCHCS requirements.

19. Question(s)/Statement(s):

“Number of concurrent Pharmacy users?”

Answer(s)/Statement(s):

CCHCS has 3,572 accounts in Guardian System, which equals to 458 users. Each user can have a multiple accounts for different institutions.

20. Question(s)/Statement(s):

“Number of Pharmacy orders per day?”

Answer(s)/Statement(s):

Pharmacy generates 125,000 prescriptions per week and 25,000 prescriptions per day on average.

21. Question(s)/Statement(s):

“Number of years to retain Pharmacy orders?”

Answer(s)/Statement(s):

Seven years (84 months) per State of California, Board of Pharmacy.

22. Question(s)/Statement(s):

“Number of pharmacist’s workstations?”

Answer(s)/Statement(s):

There are 487 Guardian workstations that are utilized by Pharmacist and Technicians in CDCR’s pharmacy departments

23. Question(s)/Statement(s):

“Number of months to retain pharmacy documents?”

Answer(s)/Statement(s):

Seven years (84 months) per Board of Pharmacy (i.e., same as question 21 above).

24. Question(s)/Statement(s):

“How many laboratory procedures per year?”

Answer(s)/Statement(s):

For the period from January 1, 2011 through December 31, 2011, the following in-house figures are based on the assumption that one accession is equal to one blood draw, which equals one result.

- Quest: 1,864,926 (panels & individual tests); and
- In-House: 226,037 accessions (panels & individual tests).

25. Question(s)/Statement(s):

“Maximum number of concurrent laboratory users?”

Answer(s)/Statement(s):

The maximum number of concurrent users is currently unknown, however there are 5, 181 active user-ids.

26. Question(s)/Statement(s):

“Average number of laboratory results processed per day (group tests must be broken down into individual results - include QC tests)?”

Answer(s)/Statement(s):

For the period from January 1, 2011 through December 31, 2011, the following in-house figures are based on the assumption that one accession is equal to one blood draw, which equals one result.

- Quest: 33,185 (panels & individual tests); and
- In-House : 904 (based on 226,037 accessions and 250 days per year) (panels & individual tests)

27. Question(s)/Statement(s):

“Maximum number of laboratory results processed per day (group tests must be broken down into individual results - include QC tests)?”

Answer(s)/Statement(s):

For the period from January 1, 2011 through December 31, 2011, the following in-house figures are based on the assumption that one accession is equal to one blood draw, which equals one result.

- In-house: 904 per day

28. Question(s)/Statement(s):

“Maximum number of interfaced Point of Care Tests (POC) results processed per day (group tests must be broken down into individual results - include QC tests)?”

Answer(s)/Statement(s):

CCHCS does not track this data.

29. Question(s)/Statement(s):

“Number of instruments and reference labs to be interfaced?”

Answer(s)/Statement(s):

40 instruments for in-house labs, and 1 reference lab.

30. Question(s)/Statement(s):

“Number of Faxed Documents per Day for Lab?”

Answer(s)/Statement(s):

CCHCS does not track this data.

31. Question(s)/Statement(s):

“If the Fax Server will be shared with another system please specify the number of faxes that will be sent per day for each system.”

Answer(s)/Statement(s):

CCHCS does not track this data.

32. Was an EMR Feasibility Study / EMR Strategy conducted by CCHCS?

a. If so, can that be made available to bidders of the EMR solution?

b. Would the vendor of that Study/Strategy be able to bid for the EMR solution?

Answer(s)/Statement(s):

No, for this RFP CCHCS is exempt from preparation of Feasibility Study Report (FSR).