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1	ADT	Exhibit 17: Requirements Traceability Matrix			<p>ADT ADT-47 The system shall provide functionality to interface to the MHARS system to retrieve official patient demographic data, until the system is replaced, taken off line, or otherwise not in use</p> <p>Question: Is the HL7 profile for MHARS is available?</p> <p>If not, when will it be made available?</p> <p>If the preferred interface is not HL7, do you have Interface Control Documents available?</p> <p>if not will they be available before the bid submission deadline?</p>	MHARS will not have HL7 profile or Interface Control Documents available before the bid submission deadline. Data sheets about the existing interface for MHARS to export data to downstream systems have been provided in the EMR RFP as Exhibit 3. This RFP requires the vendor to develop necessary interface(s) to import data into and export data out of MHARS to support business transactions such as billing.
2	Alternative Solutions				I'm wondering if there's a mechanism for alternative solutioning, ideas that might be different than what was laid out, but are options, you know, how that response would be structured or if it's strictly the format and forms that are within the RFP now?	There are several opportunities for vendors to propose an alternative. Those sections are located throughout the level 3 Technical score part 1 section and the level 6 Technical score part 3 Executive Presentations. These are examples of appropriate places to expand your presentation. OMH warns that all existing requirements must be addressed regardless of any additional ideas, suggestions, proposal or advice the vendor feels needs discussion. OMH is only evaluating this RFP as defined.
3	Bid Proposal Submission Requirements	Other (please specify)	General Question		Please confirm that only Attachments E, F, G, H, and R should only be submitted by the prime contractor and not the subcontractor?	Correct. The prime contractor submits these attachments.
4	Bid Proposal Submission Requirements	7. RFP Evaluation Criteria and Bid Submission Requirements		Page 117 - Section 7.5	Please confirm that the (1) unbound original technical proposal response should be submitted with only a binder clip?	Yes
5	Bid Proposal Submission Requirements	7. RFP Evaluation Criteria and Bid Submission Requirements		Page 117 - Section 7.5	Should (1) unbound original and (1) bound copy of the financial proposal response be submitted?	Bidders must submit one (1) original and one (1) copy (UNBOUND/clipped) and two electronic copies of the Financial Proposal only on two USB flash drives (one copy on each drive).
6	Clinical Document Architecture	Exhibit 17: Requirements Traceability Matrix			The system shall be compliant with the HL7 Clinical Document Architecture. We current generate a C32/CCD message, will this meet your initial needs? Development of other messages is ongoing.	C32/CCD messages will not meet all of our needs. HL7 CDA will be needed in the first year of Track 2 work.
7	Clinical Documentation	Exhibit 17: Requirements Traceability Matrix			The system shall give psychiatrists and other providers functionality to allow secure electronic communications between internal providers and between internal providers and external sources (e.g. consultants, other agencies), with specific sections, colo What would be acceptable for ALLOWable communications?	Allowable communications include but are not limited to secure electronic mail, secure web patient portal, and secure data/file transfer.
8	Clinical Documentation	Exhibit 17: Requirements Traceability Matrix			The system shall include the ability to transfer an entire chart to another state facility upon a patient's transfer Will the use of a C32/CCD messaging address this requirement? If not please outline desired functionality?	C32/CCD does not sufficiently address the need to transfer the entire chart to other OMH facilities and non-OMH facilities. In particular, some non-OMH local providers do not handle the "blob" data within C32/CCD.

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9	Clinical Documentation	Exhibit 17: Requirements Traceability Matrix		Line 343	Please provide an example Patient Record CPR-22 The system MAY provide the ability to identify patients related by living situation.	The intent is to have the ability to identify other patients residing within the same household (e.g., independent living, group home, residential treatment center) as the patient whose record is being viewed. PLEASE NOTE: We have changed 15 instances of the word "MAY" to "SHALL" in the Requirements Traceability Matrix in order to clearly state that they are Mandatory (as opposed to "desirable") Requirements.
10	Clinical Documentation	Exhibit 8: Technical Proposal Requirements		Line 349	Please provide an example. Patient Record CPR-28 The system SHALL provide the ability to filter results by factors that support results	For example, risk factors for cardio metabolic disease include Body Mass Index (BMI) over 30, smoking, high blood pressure, and HgbA1C over 6.5. The system should provide the ability to query and flag patients with two of these four risk factors.
11	Clinical Documentation	Exhibit 18: OMH EMR Glossary		Line 585	What is meant by "auto link"? TRE-40F The system shall provide an auto link to any changes to the patient's schedule within the review period as well as a link to all of the Group Notes written during that period	The system should update changes to schedules in a treatment record and should ensure that group notes from the old schedule will carry over to new schedule. The "auto link" refers to maintaining the link to the original group notes from within a new schedule if it changes.
12	Clinical Documentation	Exhibit 17: Requirements Traceability Matrix			The system must provide the ability to monitor patient on screening status Where is a screen status use, before hospital admission or just into OMH? What do you mean by monitor?	A screening is an assessment prior to admission to an outpatient program. Ongoing monitoring during a screening episode of care is required for current location and number of screenings. A final disposition must be made for each screening. Dispositions can include inpatient admission, admission to an outpatient program, referrals to other providers, or denial.
13	Clinical Documentation	Exhibit 17: Requirements Traceability Matrix			The system shall enable users to create, review and maintain documentation related to the Battery of psychological testing (personality functioning, neuropsychology screening, substance use/ learning disabilities, IQ, dementia rating scales, criminal/forensic assessments, sex offender assessments, behavior management plans, academic assessments, etc.) What do you mean by documentation here, just TIU notes?	OMH requires that answers to questions and scores within such tests and assessments be captured as discrete data elements within the document.
14	Clinical Documentation	Exhibit 17: Requirements Traceability Matrix			The system shall include functionality for a Nutritional trigger to be communicated to appropriate members of team (may vary by facility) Please give examples of a Nutritional trigger and how you would like to see this communication to happen.	Examples of factors that may call for an additional assessment of nutritional needs may include difficulty swallowing or a new diabetes diagnosis.

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15	Clinical Documentation	5. Supporting Information		Page 97 - Section 5.1	What is the number of "concurrent" user count (number of users at the busiest time) who will working with the pre-admission/intake process?	OMH provided a list of current staff (# of users) ratios per hospital in the RFP Section 5.1 OMH Facilities and User Counts. This would be the maximum number of users which is significantly higher than the concurrent count today. Generally OMH sees at least a doubling of the maximum number of users per day. Maximum concurrent per hour(s) would be several thousand users.
16	Clinical Documentation	Exhibit 17: Requirements Traceability Matrix			Progress Notes PRO-11 The system shall have the ability to import Goals, Objectives, Methods, Problems and Strengths (GOMPS) from the ISP. Question: Can you provide interface specifications?	This was demonstrated in the MHARS system demonstration on day two. The exact process you will use is what you need to propose. Currently those GOMPS items are discrete database records that are logically associated with the progress note for reference and supporting information.
17	Clinical Documentation - Discharge	Exhibit 17: Requirements Traceability Matrix			The system shall provide the ability to track and configure 60 or more different provider categories to which facilities can discharge patients to. Can you give an example of these provider categories and how the discharge process will utilize them?	Each individual facility maintains its own unique referral agency table. To select provider information, a drop down table with the referral agency data is used. If the provider is not seen on the drop down, the facility can go into the referral agency table and add it so the disposition can be completed. The drop down is in alphabetical order by provider name.
18	Clinical Documentation - Discharge	Exhibit 17: Requirements Traceability Matrix		Line 57	Please provide an example. ADT-54 The system shall provide the ability to track and configure 60 or more different provider categories to which facilities can discharge patients to.	Each individual facility maintains its own unique referral agency table. To select provider information, a drop down table with the referral agency data is used. If the provider is not seen on the drop down, the facility can go into the referral agency table and add it so the disposition can be completed. The drop down is in alphabetical order by provider name.
19	Clinical Documentation - Discharge	Exhibit 17: Requirements Traceability Matrix			ADT ADT-54 The system shall provide the ability to track and configure 60 or more different provider categories to which facilities can discharge patients to. Question: Can you define Provide Categories? Is the provider category intended to be used as a filter of all available providers, maybe to populate a drop down list?	Each individual facility maintains its own unique referral agency table. To select provider information, a drop down table with the referral agency data is used. If the provider is not seen on the drop down, the facility can go into the referral agency table and add it so the disposition can be completed. The drop down is in alphabetical order by provider name.
20	Clinical Documentation - Online editor	Exhibit 17: Requirements Traceability Matrix			The system's online editor will provide Microsoft word like functionality (spell check, bold, bulleting, etc.) Currently VistA only supports spell checking, is that enough to meet this requirement?	Spell-check is not sufficient. The system's online editor will provide Microsoft word-like functionality (e.g. images, clipboard, font, alignment, number, styles, table/cells, editing).
21	Clinical Documentation - SOMTA	Exhibit 17: Requirements Traceability Matrix			The system shall support SOMTA Pre-admission/Admission evaluations by providing the ability to maintain RN ward journals, facility statistics, census, discharge record review tracking and reporting, scheduling Are these RN ward journals part of a specific patient record? Or is it non patient specific? Can an example of a journal be given?	OMH is modifying this requirement. The modified requirement ADT-35 no longer contains any references to RN Ward Journals.
22	Clinical Documentation - SOMTA	Exhibit 17: Requirements Traceability Matrix			The system shall support the SOMTA confinement process from preadmission through treatment and release What issues/rules/regulation are unique to the SOMTA process that an EHR will need to adapt to?	The sex offender management and treatment subsystem is specific to OMH. The existing system is .net based and existing documentation and source code will be available to the successful bidder. OMH is not providing system documentation at this time. This was demonstrated during the pre-bidders conference on day 2.

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23	Clinical Documentation Transfers	Exhibit 17: Requirements Traceability Matrix			The system shall provide functionality to perform transfers into residential homes. Does OMH treat these residential homes as a "ward" location and cares continue as in the hospital or is this a type of transfer to an outpatient setting?	OMH provides multiple levels of care, including residential homes on-site and off-site in which a patient will continue to receive care directly from OMH. These can be considered a "ward" location. In other instances, OMH transfers patients into residential homes, that are licensed but not directly operated by OMH and would be treated as discharged patients. The system should provide functionalities to support transfer patients to both OMH "ward" location and non-OMH residential homes.
24	Clinical Documentation HIPAA	4. EMR Project Scope			Does OMH envision all hospitals and clinics running on a Single Cache database? If yes, does OMH have in place all required HIPAA agreements? And is OMH looking for any specific behavior on what will or will not be displayed between institutions?	All OMH hospitals and outpatient facilities will use the OMH enterprise-wide Vista EMR that runs on a single logical Cache database instance, supported by necessary redundancy and failover mechanisms. The required HIPAA compliance arrangement within OMH is in place. We anticipate that a complete patient record will be available to any treating provider.
25	Clinical Documentation Pharmacy	Exhibit 17: Requirements Traceability Matrix			The system shall include functionality to support Medication education and documentation for med reconciliation process when patient goes on leave and at time of discharge OMH has developed a medication reconciliation process, can you please outline the current and future desired workflows for med reconciliation.	This requirement stems from Joint Commission requirement NPSG.03.06.01. Current medications are listed on admission and any changes are documented. A medication list of current medications is given to the patient on discharge. This process includes each visit to a clinic and the list must contain all current medications.
26	Clinical Documentation Pharmacy	Exhibit 17: Requirements Traceability Matrix			The system shall support Alerts linked to external resources (e.g. journal references, PubMed, Micromedex, etc.) By linked do you mean links to these resources or do you mean that information from these resources will trigger an alert?	Linked to those resources as a reference only.
27	Clinical Documentation Reports	Exhibit 17: Requirements Traceability Matrix		line 443	Are these forms that need to be filed out or forms that need to become part of EHR? PRN-01 F The system shall enable staff to easily print Data onto standard, mandatory reporting forms	OMH has various standard forms that are included with the examples and references. OMH has not decided if these forms need to be modified; however, some version of them will be needed.
28	Clinical Documentation Reports	Exhibit 17: Requirements Traceability Matrix			Printing PRN-01 The system shall enable staff to easily print Data onto standard, mandatory reporting forms Question: Is the use of pre-printed form mandatory? Could electronic forms printed as appear on the screen suffice?	OMH will not use pre-printed forms. Yes, electronic forms printed as they appear on the screen will suffice. Electronic forms will be specified in the Track 2 work which can be different from the screen or the existing forms we provided as part of this RFP.

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29	Clinical Documentation RFP Alternative	Other (please specify)	General Question		<p>Will OMH consider replacing additional elements of the legacy system such as GOMPS or NIEMERS if a VistA Vendor can offer equivalent functionality out of the box to reduce cost/save redundant duplicative development efforts?</p> <p>If yes, how would a vendor propose such an option within the confines of the current RFP structure and page limits?</p>	<p>Even though replacement of NIMRS is not included in the work defined in this RFP, if the vendor has an out-of-box solution equivalent to or better than NIMRS which is tightly integrated with VistA, the vendor may present it as an alternative solution. As for GOMPS the vendor is under no restriction on what is proposed or used to replace the existing MHARS system as shown in the pre-bidders demonstration on day 2.</p> <p>There are several opportunities for vendors to propose an alternative. Those sections are located throughout the level 3 Technical score part 1 section and the level 6 Technical score part 3 Executive Presentations. These are examples of appropriate places to expand your presentation. OMH warns that all existing requirements must be addressed regardless of any additional ideas, suggestions, proposal or advice the vendor feels needs discussion. OMH is only evaluating this RFP as defined.</p>
30	Coding System	Exhibit 17: Requirements Traceability Matrix			<p>What are the existing OMH coding systems? Line item 240 on Exhibit 17 "General Business" GEN-06 The system shall provide more accurate coding than existing OMH systems.</p>	<p>The OMH has an Enterprise Vocabulary Server (EVS) that can maintain all of the standardized code sets needed for agency clinical, financial, and operational purposes. The EVS system is compliant with the HL7 CTS-2 specifications (CTS is Clinical Terminology Services). The current applications each use their own terminologies and a subset of those content areas have been cross-walked and stored within the EVS. The vendor will identify critical gap areas and map VistA codes to existing agency codes.</p> <p>OMH's requirement referred to coding for reimbursement. OMH currently uses ICD-9, CPT, DSM-IV, and OMH-developed service recording codes to capture billable direct services captured largely through entry of diagnoses. For more information about current service code recording, please refer to the document entitled "OMH Outpatient Service Recording Guidelines" provided with the March 5, 2012 EMR RFP update .</p>
31	Data Elements	4. EMR Project Scope		Page 86 - Section 4.11.9	<p>In item 54, the RFP states that the contractor will develop a data mapping document for each OMH location so that the local data store can be mapped back to the VistA data model. What are the expected number of data elements that are anticipated to be mapped at each local data store?</p>	<p>OMH does not have accurate counts of the number of data elements for each OMH location at this time. The exact number of data elements will be determined by the vendor as part of each hospital's pre-implementation visit, working with OMH and local IT departments.</p>

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32	EDM (Electronic Document Management)	Other (please specify)	Subcontracting for imaging/scanning		<p>It appears as though the above referenced RFP contains a document imaging/scanning component which is a preferred source offering currently available through New York State Industries for the Disabled, Inc. (NYSID).</p> <p>Although there are elements in the scope of work that fall outside the preferred source program, we possess the capability to provide document scanning services.</p> <p>Would OMH consider the utilization of NYSID as a subcontractor for any scanning needs pursuant to the RFP?</p> <p>We have a vast network of providers in this service area who employ many individuals with disabilities throughout NYS, many of whom that have come through the OMH system. We have provided scanning services to OMH in the past and are eager to participate in any capacity on future scanning opportunities. I look forward to your reply as part of the Q & A portion of the RFP.</p>	Subcontracting is permitted under the RFP/contract terms. Potential Bidders shall determine which aspects they will need to subcontract. OMH has posted vendor-approved contact information to the OMH EMR website.
33	EDM (Electronic Document Management)	Other (please specify)	Subcontracting for document scanning		<p>Are there any provisions in the EMR-RFP for sub-contracting document scanning under the NYSID preferred source mechanism?</p> <p>Maryhaven is the leading document imaging NYSID agency and we have extensive commercial experience in scanning medical records. Regards, Jim White Maryhaven Center of Hope A NYSID Agency (631) 924-5900 x149</p>	Subcontracting is permitted under the RFP/contract terms. Potential Bidders shall determine which aspects they will need to subcontract. OMH has posted vendor-approved contact information to the OMH EMR website.
34	EDM (Electronic Document Management)	Exhibit 17: Requirements Traceability Matrix			<p>Document Imaging SCN-04 The system shall allow scanned documents to be searchable and portable. Question: Does portable apply to the scanned format and searchable content, or just the scanned format?</p>	In this case the term portable refers to the ability to export those documents onto a removable encrypted device. In the VistA application, we expect the document to be searchable. The portable images do not have to be searchable themselves, but the document has to be indexed.
35	Financial Proposal	1. Introduction		Page 16, Section 1.4.2	<p>The RFP states: "Upon completion, acceptance and implementation of the OMH VistA Solution and all other Deliverables, OMH may elect to renew the Contract for one five year period (the "Maintenance and Support Term") to perform required maintenance and support services at a reasonable price to be negotiated between the parties."</p> <p>Is the Bidder requested to submit a pricing proposal for this "Maintenance and Support Term"? If so, is there a specified format to be used?</p>	There is no requirement to provide this cost with the Bid.
36	Financial Proposal	Other (please specify)	Section 1.4.1, 6, and 7.3.5	Page 16, 101, and 113 / Section 1.4.1, 6, and 7.3.5	<p>The terms "flat hourly rate" and "flat rate" are used in these sections. Please validate whether this term refers to the "Average Blended Hourly Rate" shown in cell C14 on the T&M tab of Pricing Response.</p> <p>Are there any types of work which would be paid on a standard T&M basis, with role-specific hours and rates?</p>	The terms "Flat Rate" and "Hourly Rate" are used interchangeably within the RFP. There will be no straight "Time and Materials" (T&M) payments under the contract resulting from the RFP. Refer to RFP 6 "Enhancements" which describes the methodology for "Hourly Rate" payments.

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37	Financial Proposal	Other (please specify)	C009999 Pricing Response	T&M tab, cells B-G20	<p>This paragraph refers to a pool of hours: "The OMH will maintain a pool of hours for the life of the contract for change request activities, defined as requested work that is not included in the Core Functions. Only OMH-approved hours will be counted against this pool of hours. The OMH will determine what work will be charged to the Modification Hours Pool. As with all Contractor personnel, the OMH will have approval over personnel assigned to the project for these activities. Costs associated with the modifications using these hours will be billed using an average hourly billing rate."</p> <p>Please clarify whether there is a specific number of resource hours which bidders are to include within their pricing proposals at time of submission, or whether this is to be negotiated as part of the final contract.</p>	There is no specific number of resource hours which bidders are to include within their pricing proposals at time of submission, nor will such hours be negotiated as part of the final contract. Change requests must be processed and negotiated between the contractor and OMH on a case by case basis during the project.
38	Financial Proposal	Other (please specify)	Appendix C: Payment and Reporting Schedule	Page 213	Please confirm whether the 10% surety withholding is to be returned at completion of the final deliverable #56 in year 5, or at some prior deliverable upon completion of system rollouts to all facilities.	10% surety will be paid once all of the deliverables are met and the OMH EMR is accepted by OMH. It is not limited to the final completion of #56 alone.
39	Financial/Admin Coding	Exhibit 17: Requirements Traceability Matrix			<p>"Codes Service Recording"COD-03 The system shall provide financial and administrative coding assistance based on the structured data and unstructured text available in the encounter documentation.</p> <p>Question: Can you specify the degree of automation required? Is a wizard type approach acceptable, or the coding is expected to materialize from the data collected without human interaction?</p>	A wizard-type approach is acceptable. Human interaction will be necessary; there should be a wizard-type drop down approach for recording the appropriate clinical code (e.g. DSM-IV, HCPCS, ICD-9) and description where 2-5 services are suggested for the clinician to choose from. It should also default to the entire drop down list should the wizard responses be wrong. Please see the OMH Services Recording Manual. For more information about current process for recording service codes, please refer to the document entitled "OMH Outpatient Service Recording Guidelines" provided with the March 5, 2012 EMR RFP update .
40	ICD 9 Conversion	1. Introduction		Page 15 - Section 1.3	When transitioning from ICD-9 codes to ICD-10 codes, will OMH be providing training on the use of the new ICD-10 codes or is that training expected to be included in this RFP?	OMH expects the vendor to train all required hospital staff on this topic when ICD-10 is implemented during the EMR Project. ICD-10 training of any hospital that was implemented using ICD-9 will also be provided by the vendor.
41	IV&V	1. Introduction		page 17	<p>Page 17 of the EMP RFP stated that "The OMH will acquire, through a competitive RFP process, the services of a separate vendor to provide Independent Validation and Verification (IV&V) services. The IV&V vendor will assist in providing program management and quality assurance services during the Project. The IV&V vendor will assist OMH during User Acceptance Testing to determine whether Deliverables are acceptable, and thus, eligible for payment."</p> <p>Can you please provide more information regarding the IV & V contract including the EMR IV & V RFP release date?</p>	The IV&V RFP release date is pending final internal reviews by the OMH (e.g. Legal). OMH will not release any information on the IV&V bid; the bid will be advertised in the NYS Contract Reporter and posted on the OMH website.

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42	Lab Interface	Exhibit 17: Requirements Traceability Matrix			<p>CPOE CPO-14 The system shall have the ability to link Outside Labs into Vista and demonstrate the ability to electronically transmit laboratory results obtained in outside laboratories, such as hospital utilized stat labs and centrally utilized reference labs, to Vista.</p> <p>Question: Do you have the list of LAB vendors to be interfaced available? Is it expected that outside vendors would comply with a specified interface, or the contractor expected custom interface each LAB vendor as needed?</p>	This is similar to question #45. OMH does not know the specific interface for each possible outside lab, but OMH would expect them to be standard HL7 interfaces. OMH does not currently have a complete list of outside lab vendors. However, Labcorp, Sunquest, and Bioreference represent a partial list. The EMR contractor will be expected to build custom interfaces as needed.
43	Lab Interface	Exhibit 17: Requirements Traceability Matrix			<p>CPOE CPO-15 The system shall include the capability to incorporate lab results obtained via Point of Care devices seamlessly into the Cerner Laboratory Information System, thereby having all lab results reside into a single EMR for each patient.</p> <p>Question: Is it a correct interpretation that outside LAB reports have to be available in both Cerner and Vista? The Cerner users would not have access to Vista?</p>	As described in the Cerner demonstration we currently allow end-users with permission to a patient record to see lab(s) that are held within the Cerner system. This interface is through our MHARS system. POC, stat labs and labs in general should be available within Cerner (not part of this RFP) and also through Vista which is part of this RFP. The majority of the Vista end-users will not have access to Cerner directly.
44	Lab Interface	Exhibit 17: Requirements Traceability Matrix			<p>CPOE CPO-16 "The system shall include the capability to seed information from EMR to Cerner (bypassing EpathLink for data entry) to include : Time the specimen was drawn Initials of the person who drew specimen Ordering physician Test to be performed</p> <p>Question: Are you going to supply the specific Cerner interface specifications, or the individual bidders are expected to obtain it from Cerner?</p> <p>Is it expected to be an HL7 feed from Vista to Cerner?</p> <p>Can you provide the exact version numbers and installed components of the LAB system?</p>	OMH has acquired licenses for Cerner Open Source. This license will allow OMH (and the Vendor) to develop the interface between Vista and Cerner as necessary. OMH also retains maintenance and support from Cerner for technical solutions. OMH expects the Vista vendor to use this information to develop the needed interface. The existing interface from MHARS to Cerner is not sufficient to support this effort. The current Cerner version is Cerner Millennium 2012.
45	Lab Interface	Exhibit 17: Requirements Traceability Matrix			<p>CPOE CPO-14 The system shall have the ability to link Outside Labs into Vista and demonstrate the ability to electronically transmit laboratory results obtained in outside laboratories, such as hospital utilized stat labs and centrally utilized reference labs, to Vista. Question: Can you provide the list of LAB systems the contractor needs to interface?</p>	This is similar to Question #42. The only lab system OMH uses internally is Cerner. OMH does not currently have a complete list of outside lab vendors. However, Labcorp, Sunquest, and Bioreference represent a partial list.
46	Master Patient Index (MPI)	4. EMR Project Scope		Page 45 - Section 4.4.4	<p>Considering risk mitigation, will the OMH Master Patient Index software be in production prior to the start of the Track 1 pilot?</p> <p>If so, will OMH staff integrate MPI software with MHARS prior to Track 1 or will that be the responsibility of the vendor awarded this contract?</p>	OMH anticipates that the OMH Master Patient index (MPI) will be in production prior to the start of the Track 1 work. Interfaces between Vista and MPI will be the vendor's responsibility. OMH will supply the vendor with all work products from OMH's integration effort with MHARS when appropriate and needed.

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47	MWBE Requirements	7. RFP Evaluation Criteria and Bid Submission Requirements		Page 120 - Section 7.7.3	If the prime bidder has a Tier 1 subcontractor who is a non-MBE/WBE/SBE and the Tier 1 subcontractor in-turn subcontracts to two Tier 2 vendors - one MBE vendor and one WBE vendor, will this arrangement count towards the prime vendor meeting the MWBE requirements called for in the RFP? Please clarify.	Expenditures made to Tier 2 MWBE subcontractors for services performed on the contract resulting from this RFP may be counted as MWBE expenditures, provided that the Prime Contractor can verify the contract expenditures made to the Tier 2 subcontractor. For instance, an agreement between the Tier 1 and Tier 2 subcontractors indicating the services to be performed and the amount to be paid to the Tier 2 subcontractor for work performed under the contract, along with evidence of payment would be sufficient evidence. The prime contractor should also enter into a contractual relationship with the Tier 1 contractor which specifically states that Tier 2 MWBE subcontractors will be retained by the Tier 1 subcontractor.
48	MWBE Requirements				With regard to MWBE utilization, would it suffice -- does the MWBE have to be a direct subcontractor to the prime in order to meet the 20 percent goal, or can the subcontractor, the MWBE, be a subcontractor to a subcontractor to the prime?	Please see the response to question number 47.
49	Numbering System	Exhibit 17: Requirements Traceability Matrix			The system shall provide functionality for a patient to be assigned a case number after they have been accepted for admission. The case number is the primary identifier for patients, although an identification number is assigned by the manually managed Master Patient Index (MPI) at OMH central (an electronic MPI is currently being developed by OMH central). There are multiple different "NUMBERS" used throughout OMH, can you list all these numbers and define their uses?	Facility Case Number or Facility Consecutive Number is a unique number for each patient in a hospital consisting of a facility ID plus a case number unique to that facility. The State ID is a unique 7 digit number assigned to a patient enterprise-wide.
50	OMH EMR Website				You had mentioned that you're going to be using the website to post all of this stuff to. Does that include a transcription of what was said here today's and tomorrow's meeting as well, or is it going to be closed?	Yes.
51	OMH External Systems	4. EMR Project Scope		Page 43 - Section 4.4.3	In the RFP (Data Conversion section), reference is made to additional external systems used by various facilities. The implication is that these systems are intended by OHM to be in scope and it is stated that OMH would define these systems during the pre-bidder's conference. However, no mention was made to these external systems during the pre-bidder's conference. Therefore, our interpretation is that at this time, these "additional systems" are out of scope. Please confirm.	There are local data stores at every hospital. Some may contain data that could be important to bring into the Vista solution. This will be reviewed on a case by case basis in which the vendor, as part of each hospital's pre-implementation visit, will work with OMH and the local IT departments to identify these sources of data and assist OMH in developing a data migration plan.

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52	Ongoing Support and Maintenance	4. EMR Project Scope		Page 54 - Section 4.10.1	The RFP states that the "Contractor must provide unrestricted 24-hour access to an Internet Web Client Support (Help Desk) Site." On page 59, the RFP states that a help desk ticket is tracked in HP Service Center. Does OMH require that the Contractor implement a Help Desk system or will OMH provide the contractor with access to HP Service Center? Please clarify.	The "internet web client support" refers to a web only "self-serve" reference guide and is not expected to be staffed by a live person. In this context, "Help Desk" is not the correct word choice. Any trouble calls or calls that require direct support from OMH or the Vendor are to be logged into our Helpdesk using HP Service Center for tracking and resolution. The Contractor is not required to create a separate "Help Desk" system, but is required to provide 24-hour support to OMH using the OMH's Help Desk System.
53	Ongoing Support and Maintenance	4. EMR Project Scope		Page 57 - Section 4.10.2	The RFP states that "requests for assistance within two hours or sooner of the initial request..." On page 59, the RFP states that "contact is expected to be made within 15 minutes of the reported call." Please clarify OMH's requirements with regard to response time to calls for assistance.	1. The 15 Minute response time is for normal OMH Help Desk Support to an end-user for calls that OMH has referred to the Vendor. 2. The 2 Hour response time is for the Vendor's Response to OMH CIT requests for Technical Assistance, such as crashed systems, downed servers, etc. Refer to pages 55 and 56 of the EMR RFP for information on Severity Levels.
54	Other	Other (please specify)	General		Please forward any additional documentation for this bid, if any, or where it can be found. Thank you.	All documentation is available via the OMH EMR website at http://www.omh.ny.gov/omhweb/rfp/2011/emr/
55	Pharmacy	Other (please specify)	General Pharmacy package		Do you expect to replace your current pharmacy inventory management with VistA's Drug Accountability package?	OMH's current prime vendor is Cardinal Health. VistA's inventory module did not work effectively for multi-hospital systems; therefore, we will continue to use our current system. However, OMH reserves the right to reexamine this at a later time.
56	Pharmacy	Exhibit 17: Requirements Traceability Matrix			The Pharmacy's Inventory Control system must be bar code based and interface directly with the prime vendor Who is OMH's prime vendor? The inventory control package in VistA is Drug Accountability (DA), do you expect to implement DA and retire your current inventory system?	OMH's current prime vendor is Cardinal Health. VistA's inventory module did not work effectively for multi-hospital systems; therefore, we will continue to use our current system. However, OMH reserves the right to reexamine this at a later time.
57	Pharmacy	Exhibit 17: Requirements Traceability Matrix			The system shall include a process for medication orders to reach the pharmacy and the coding standards used. What coding standards does OMH currently use?	OMH plans to use the NCPDP SCRIPT 10.x coding standard.
58	Pharmacy	Exhibit 17: Requirements Traceability Matrix			The system shall provide the ability to receive and process e-scripts for both outpatients and inpatients (going on leave or being discharged) Is this processing all internal to OMH, or do you require ePrescribing via Surescripts?	Inpatient processing will be internal to the OMH Pharmacy at each hospital. All outpatient scripts should follow an e-prescribing workflow via Surescripts or its functional equivalent.

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59	Pharmacy	Exhibit 17: Requirements Traceability Matrix			The system shall include a process to ensure that the medication gets to the patient's location. Can you outline how your current process works and how you would like to see this work with Vista? Is this for both inpatient and outpatient medications?	Our ADT system updates the patient's location in the pharmacy system on transfer. Currently it is only needed for inpatients. BCMA systems must ensure the RN has the capability to assess where the medication order is in the process. Has the MD ordered it, has the pharmacy validated and dispensed it? Is there a clinical alert that must be verified first? This applies to both Inpatient and Outpatient.
60	Pharmacy	Exhibit 17: Requirements Traceability Matrix			The system shall migrate pharmacy data for active patients within the last 2 years to Vista prior to implementation. What modes of data migration are acceptable?	OMH expects the vendor to electronically migrate data from the existing pharmacy system, Meds Manager, into the Vista pharmacy data base at start up for each facility. There will be no manual data entry of orders, meds dispensed, cart fills or any other data from Meds Manager into Vista. These systems should be functionally equivalent when done.
61	Pharmacy	4. EMR Project Scope		Page 46 - Section 4.4.4	Considering risk mitigation, will the OMH medication inventory system be in production prior to the start of the Track 1 pilot? If so, will an HL7 interface through BizTalk be established by OMH staff or required of the vendor awarded this contract?	The OMH medication inventory system will be in place by the time this work starts. Any HL7 interface to Meds Manager will also be done. Vendor staff will be required to modify this to work with the Vista pharmacy system as needed.
62	Pharmacy Reports	Exhibit 17: Requirements Traceability Matrix			Reports REP-16 The system shall include functionality to generate all New York State and Federal required reports, including Controlled substances, clozapine registries, and Justice Dept reports and have the ability to electronically submit controlled substance reports to the NYS BNE in the format required by NYS law. Question: Can you provide the interface specifications to the systems needing the reports?	The OMH has an existing process to send these reports to their respective recipients which will be shared with the selected contractor, who is expected to emulate this process electronically. For example, data on the reporting for NYS BNE is posted on their website at http://www.health.ny.gov/professionals/narcotic/electronic_data_transmission/manual_of_instructions.htm
63	Pre Conference Attendance Roster	Other (please specify)	Pre-Bid Conference Contacts		Is there a possibility that you can share the email addresses of attendees? It would be helpful to us (MWBE) in contacting prospects for subcontracting. Thanks	OMH has posted vendor approved contact information to the OMH EMR website.
64	Privacy Laws	Exhibit 17: Requirements Traceability Matrix		Line 378	Please provide an example of relevant privacy and other laws. "Patient Record Security/Auditing" CPR-57 Provide a current directory of patient information in accordance with relevant privacy and other applicable laws, regulations, and conventions	This includes but is not limited to basic HIPAA and/or HITECH regulations for security and auditing. Please refer to the Federal information on this topic. HIPAA: http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html HITECH: http://www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/enffir.pdf

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65	Project Manager Requirements	3. Mandatory Contractor Requirements			<p>3.2.5.3. MANDATORY QUALIFICATIONS: Project Manager Other:</p> <ul style="list-style-type: none"> Formal training in project management or certification (PMP certification) using PMI standards. Bachelor's Degree. Preference in Information Systems, Computer Programming or other similar field. Knowledge of technical architecture, data base administration and software development lifecycle. Proficiency in Word, Excel, PowerPoint, Microsoft Project, Microsoft Visio and Adobe Acrobat. Superior English language written and verbal skills. Experience with an Agile Software Development methodology and a willingness to develop and manage the development of OMH EMR custom software per OMH- prescribed Agile software development methodologies <p>In the subsection under "Other": Does this imply prefer and/or nice to have? Can years of experience in all RFP required PM areas be substituted in lieu of a PmP certification?</p> <p>For example, if a proposed PM has a minimum of say 12 or 15 years experience implementing EHRs, plus over 5 years implementing Vista or Vista-based solutions, would this suffice in lieu of a PmP certificate? Consideration could also apply to the last bullet item as the PM probably would not have experience with the "OMH" - prescribed Agile SW methodologies, though they would have experience with Agile in a cache mumps, etc., environment.</p>	The items in the "other" section of the "Mandatory Qualifications" are also "must haves". PM certification is not required but in lieu of that you must have formal training. If you are not PMI Certified as a CAPM or PMP, then you should provide some documentation on your formal training. Training can include professional classes taken with a certificate of successful completion or Corporate training. Please include the course content or certificate of successful completion. Experience alone cannot be used to satisfy this requirement, you must have some formal training or certification.
66	Project Manager Requirements	3. Mandatory Contractor Requirements		Page 26 - Section 3.2.5.3	Under "Other" requirements for the Project Manager, are the requirements listed in order of importance (high to low) or simply listed? This question would apply to all "other" requirements for each key position.	That is just a list; there is no implied order or rank.
67	Q & A Period				And you had also mentioned that the Q and As, the responses, would only be available to bidders who are here today. So is that going to be public as well, or is that going to be closed?	The Q&A responses will be made Public.
68	Requirements	Exhibit 17: Requirements Traceability Matrix			The system must provide the capability to track the number of visits and/or number of days toward allowable parameters (3 visits/30 days) after intake What do you want done with this info? Are these the only parameters?	OMH needs this information for a report and application alert to help with administrative decision support because Medicaid reimbursement will be negatively impacted for patients that exceed 3 visits within 30 days. Additional parameters may include but are not limited to applying filters by facility, unit, etc.
69	Requirements	Exhibit 17: Requirements Traceability Matrix			Column H of the requirements spread sheet has the header: "Req. Type (B/F/T)" What does B/F/T mean?	That hidden column (D) is an internal OMH classification to denote a "Business" (B), "Functional" (F) or "Technical" (T) Requirement. It is not relevant to the evaluation.

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70	RFP Alternative	Other (please specify)	General		<p>I have a general question regarding the bid:</p> <p>Is OMH seeking a "product" vendor to provide a customized VistA solution or seeking a "services" vendor to customize the existing VistA solutions to meet the needs of OMH?</p> <p>Within the bid it mentions a Base VistA solution, the customized VistA solution, and the OMH EMR. It would seem that the bid is looking for services to develop a solution based on existing technology instead of looking for a vendor to provide their own software product. Is this correct?</p>	<p>OMH is seeking a vendor that can fulfill all necessary products and services required to deliver the EMR system defined in the RFP. The Glossary, provided as Exhibit 18 of the EMR RFP defines "Base VistA Solution" as: "The VistA solution to be implemented in the Track 1 Implementation of the VistA CPOE, CPRS, BCMA, and Pharmacy modules, comprised of that portion of the As-Is VistA Solution that includes the Core Functions requested by OMH for Track 1 implementation. The vendor's own software product can be considered a Base VistA solution provided it is VistA based and meets all of the core functions designated as Track 1 requirements."</p> <p>The terms "customized VistA solution", and "OMH EMR" can be used interchangeably; they mean the Base VistA Solution, plus customizations as required by OMH, especially those changes made in Track #2 work.</p>
71	RFP Alternative	Other (please specify)	As Is VistA Solution		See "IHS Question" section at end of this document for entire question.	Yes.
72	RFP Alternative	Other (please specify)	General Question		Can a VistA solution vendor provide an alternative suggestion for optimizing OMH VistA work flows and interfaces to minimize the functional and transformational gap between Track I and Track II functionality, reduce risk, and decrease cost to OMH without exceeding page limits? Can an addendum be added for such a solution without disqualifying a vendor?	This question was asked during the February Pre Bidders Conference at which time the vendor was advised to send in specific questions. Please refer to question number 2 for more details.
73	RFP Alternative	Other (please specify)	General Question		<p>Clear take away messages from the RFI/RFP documents and the pre-bidders conference are:</p> <p>(1) "We (NYS OMH) don't have all the answers yet," (2) the content offered should be broadly construed as "guidance," and (3) OMH is relying on the bidder's SM expertise to propose the best answers and solutions – particularly in areas that can reduce cost/risk.</p> <p>We hear these messages loud and clear and we have several ideas that we think would reduce both risk and cost for OHM. However, we cannot see a way to do this within the current response outline format. Because it is stated clearly throughout the RFI/RFP that any deviation from the prescribed response outline format could result in the bidder's proposal being labeled as "non-responsive," we hesitate to suggest or propose these alternatives. We understand your concerns about standardizing the response format for evaluation purposes.</p> <p>With this in mind, would it be possible to amend the RFP response outline/template to include a new section (e.g., Alternatives For Adding Value)? This would allow us (and other bidders) to give you exactly what you have asked for in the other sections in the standardized format that you've asked for it while still allowing us to describe these "additional suggestions/alternatives" without deviating from the (amended) standard template.</p>	This question was asked during the February Pre Bidders Conference at which time the vendor was advised to send in specific questions. Please refer to question number 2 for more details.

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74	Server Structure	5. Supporting Information			<p>At the central office, two Production VistA servers are shown. Are these configured as active/passive or in a load-balanced configuration?</p> <p>In the hardware/software configuration table, is the number of cores listed per-CPU or per-server (total)?</p> <p>What is the purpose of the "VistA Application Prod" server listed in the hardware/software configuration table?</p> <p>With regard to transport between sites, is traffic secured via VPN/MPLS/etc?</p> <p>The Visio diagram lists "1.5 – 10 Mbps" for the link between OMH central office and the 26 facilities; later it's stated that the 26 facilities use 10 Mbps eport connections. Do they all use 10 Mbps connections or are there actually sites with 1.5 Mbps (T1) connections?</p>	<p>These diagrams serve only as a reference. OMH stated in the pre-bidder conference that this diagram was for discussion only. However, OMH does support a load balanced environment and expects VistA to be the same. The actual HW (numbers of CPU cores, memory etc) as explained in the pre-bidders conference will be constantly upgraded with normal OMH HW/SW acquisition. The network speed today ranges from T1 (1.5Mbps) up to Eport (10meg). The network is always being upgraded as needed.</p>
75	Training	4. EMR Project Scope		Page 78 - Section 4.11.6	<p>In item 35, the RFP refers to the contractor developing a web application for the OMH EMR training material. Would OMH consider allowing the contractor to utilize a COTS solution to satisfy this requirement?</p>	<p>Yes.</p>
76	Vendor Qualification Requirements				<p>On slide 90, it addresses using some of the qualifications from the subs as representative of the firm or the team to go along with the whole proposal. David, when he was talking, was referring as the bidder, and he said only the bidder could have the qualifications. Does that mean that the subs cannot put their "quals" in, or does that mean that the terminology of bidder and firm are the same, it's the team of the multiple vendors that make up that team or that firm or that bid?</p>	<p>The terminology is the same, bidder versus vendor in this particular case. We will allow proposed subcontractor's qualifications.</p>
77	Vendor Qualification Requirements				<p>Specifically, to the point of the qualifications for the five-year Vista experience, etcetera, if the prime does not have that, but the sub does then that's more pointed to my question?</p>	<p>Yes.</p>

Comments

Our team has work extensively with both VistA/CPRS from the VA and RPMS/GUI from IHS (RPMS is a VistA based solution), would RPMS/GUI be considered by the New York OMH as an "As Is VistA Solution"?

We have installed, trained and supported both VistA and RPMS outside of the VA and IHS. In a comparison using Exhibit 17 the Requirements Matrix from the RFP to both VistA (FOIA) and RPMS (FOIA), RPMS came out ahead.

We feel that RPMS/GUI would be a better solution for OMH, but will only bid it if OMH will consider it as a viable solution. The highlights of RPMS vs VistA as they exist in the FOIA form are:

RPMS's EHR GUI is based on the VueCentric framework, that allows the GUI to be built from components which can be controlled from the User to Systems level.

VueCentric is not an end user application, but is a technical infrastructure that supports graphical presentation of data from applications in the M environment, in a component-based architecture.

Within the VueCentric GUI framework, clinical functions are visually and operationally integrated in a way that is accessible and intuitive to users comfortable with Windows® programs.

All data generated in EHR is stored in the RPMS database. By using a component-based architecture, the EHR enables implementation of a variety of clinical functional components, including IHS-developed components, components adapted from VHA software, and, potentially, commercial products (COTS) that have been adapted to framework technology.

Among the advantages of componentization is the ability to add or modify GUI components without reinstalling the entire application. In addition, the user interface is highly customizable, permitting each facility to offer a variety of tab and component arrangements that accommodate the different information and workflow needs of various users.

IHS has developed multiple GUI's used with RPMS (to see related package documentation go to:

<http://www.ihs.gov/RPMS/index.cfm?module=home&option=documents>)

The Patient Registration graphical user interface (GUI) application provides a means of managing patient data while utilizing a more user friendly approach.

It provides a means of tracking a complete, accurate, and current patient profile to assist in evaluation, and billing of patient care provided.

The Patient Registration application ensures that the most accurate patient data is maintained. The Patient Registration GUI application is a Windows-based, client-server GUI to the Indian Health Service (IHS) Resource and Patient Management System (RPMS).

This application is designed to provide its users with an efficient, dependable way to ensure the viability and accessibility of all essential information existing on the computer system.

Comments

Indian Health Service (IHS) Clinical Scheduling application for Windows (BSDX) is the Graphical User Interface (GUI) for the Resource and Patient Management System (RPMS) Patient Information Management System (PIMS) application. It provides appointment management functions included in PIMS Scheduling, with the added convenience and usability of a GUI.

The IHS Clinical Scheduling for Windows (BSDX) package should be used with PIMS Scheduling.
Behavioral Health System

The Behavioral Health System is a module of the Resource and Patient Management System (RPMS) designed specifically for recording and tracking patient care related to behavioral health.

The new Behavioral Health System (BHS) version 4.0 includes functionality available in the previous versions of the RPMS behavioral health software plus multiple new features and an enhanced graphical user interface (GUI).

Many behavioral health providers colocated in a primary care setting at facilities that have deployed the RPMS Electronic Health Record (EHR) have transitioned to the EHR to document their services and support integrated care.

However, a large number of behavioral health clinicians are located at facilities that do not use the EHR. For these providers, BHS v4.0 can be utilized as a "stand-alone," yet integrated module within the RPMS suite of clinical and practice management software.

Behavioral Health System v4.0 offers:

- Opportunities for improved continuity of care and health outcomes
- Standardized documentation
- Tools to meet regulatory and accreditation standards and reporting requirements
- Revenue enhancement
- Report generation for care management, program management, and clinical data to inform prevention activities and support local and national initiatives

Comments
<p>While this package is integrated with other modules of RPMS, including the Patient Care Component (PCC), the package uses security keys and site-specific parameters to maintain the confidentiality of patient data. The package is divided into three major modules:</p> <ul style="list-style-type: none"> • Behavioral Health Data Entry Menu: Use the Behavioral Health Data Entry menu for all aspects of recording data items related to patient care, case management, treatment planning, and follow-up. • Reports Menu: Use the Reports menu for tracking and managing patient, provider, and program statistics. • Manager Utilities Menu: Use the Manager Utilities menu for setting site-specific parameters related to security and program management. In addition, options are available for exporting important program statistics to the Area Office and HQE for mandated federal reporting and funding.
<ul style="list-style-type: none"> • iCare is a Windows-based, client-server graphical user interface (GUI) to the IHS Resource and Patient Management System (RPMS). • iCare retrieves key patient information from various components of the RPMS database and brings it together under a single, user-friendly interface. • iCare is intended to help providers manage the care of their patients. The ability to create multiple panels of patients with common characteristics (e.g., age, diagnosis, community) allows users to personalize the way they view patient data. <p>The main components of this system are:</p> <ul style="list-style-type: none"> • Panel List • Patient Panel (List) • Community Alerts (i.e. Suicide Behavior alerts) • Creating a New Panel • Patient Record • National Performance Measures (GPRA) • CMET • Site level National Measures (GPRA) • Meaningful Use: Provider and Hospital Performance Measures, Provider Clinical Quality Measures • VistA Imaging/VistaRAD – This runs with minor modifications to configuration as designed by the VA.
<ul style="list-style-type: none"> • This runs without modification from the VA (all configuration and manuals from the VA apply).
<ul style="list-style-type: none"> • RPMS has a true ePrescribing module for prescriptions to be sent via the SureScripts network

Comments

- The C32/Continuity of Care Documents (CCD) Clinical Summary (BJMD) software is a component of the Indian Health Service (IHS) Resource and Patient Management System (RPMS).
- It provides facilities for generating industry standard CCD in Healthcare Information Technology Standards Panel (HITSP) C32 format (version 2.5).
- CCD/C32 documents can be transmitted to HIE C32 repositories or to the Electronic Health Record (EHR) Graphical User Interface (GUI) using Web Services (WS).

(we realize that today you may not be eligible for meaningful use incentive dollars, but the functionality of in an EHR that is meaningful use certified will be beneficial). (See: <http://www.ihs.gov/meaningfuluse/>

- Community Health Representative System – Track community activities of staff.
- Laboratory – the Lab package is as it exists in VistA with some additions
- Accounts Receivable – Could be made to meet AR needs of OMH, with some modification.
- Controlled Drug Export System -

The Controlled Drug Export System is used to identify prescriptions for controlled drugs and other specified drugs dispensed in RPMS, and create an export file for transmission to state Prescription Drug Monitoring Programs (PDMP). Data is extracted from the Resource and Patient Management System (RPMS) Outpatient Pharmacy Application, in operation at the local facilities. This software creates the export file and saves it in a secure directory as defined by facility's RPMS Site Manager or other IT management personnel. It is the responsibility of local pharmacy staff or other designated individual to transmit the export file to the PDMP in a timely manner consistent with HIPAA and IHS requirements. This version of the software accommodates exports in the ASAP Version 4.1 Standard and the ASAP Version 4.0 Standard which are owned and distributed by the American Society of Automation in Pharmacy.

- Dental/EDR Interface – Interface to dental package, can be modified to interface with Open Dental package.

Comments

RPMS has the same HL7 engines as VistA, but also includes GIS and the ability to integrate Intersystems Ensemble.

It is important to remember that RPMS/GUI is VistA Plus. RPMS has the same Core, Kernel and FileMan foundation as Vista and many packages are the same as VistA, this is best demonstrated by the fact that BCMA is used unchanged from the VA.

The one significant difference in use of RPMS would be that OMH would develop a relationship with IHS not the VA, this I view as a positive development as IHS is often willing to work directly with other organizations adopting RPMS especially if that organization is a government entity.

We know that to meet OMH's requirements we will need to modify the functionality of the various GUI's, for the main EHR GUI this is would mean only the addition of new functional button, window or tab or modification of an existing button, window or tab, not the modification of the CPRS.exe module.

The Mental Health GUI integrates tightly with the RPMS GUI, base on our current understanding of the workflow related to this care at OMH, some modification of the Mental Health GUI will be need but possible not to extensive. In either case the current RPMS Mental Health GUI provides an excellent starting point for this functionality at OMH.

Because IHS supports RPMS at what it calls Tribal sites, all patches and documentations can be found out on the IHS FTP site right when the patch is nationally released:

<ftp://ftp.ihs.gov/> RPMS information (including training) can be found at:
<http://www.ihs.gov/RPMS/index.cfm?module=home&option=index>

I know you can't talk to me about RPMS but Dr Howard Hays from IHS is available to talk about RPMS/GUI and its functionality, and the direction IHS plans to take RPMS. He gave me the OK to include his contact info in this email and his contact info is:

Howard Hays, MD, MSPH Chief Information Officer (acting) Director, IHS Office of Information Technology 301-443-9848 (office)
505-401-8731 (mobile) 505-212-0390 (fax) Howard.Hays@ihs.gov Thank you for your time,