

**Texas Panhandle Centers
Electronic Health Record System
RFP ID: 04062002**

Request for Proposal Questions & Answers

1. Are any RFP deadlines being extended/changed due to Covid-19?
While TPC understands firsthand the added pressure the COVID-19 pandemic is causing, we have made a strategic decision to continue with our current timetable due to the fact of having other projects tied to this RFP (e.g. CCBHC accreditation).
2. CL-170 - Please clarify meaning "Bulk Copies" of a staff person caseload.
"Bulk Copies" of a staff person caseload refers to an automated process for copying all patients on one staff person's caseload to another staff person while retaining the patients on the original staff person's caseload. This capability is helpful when transitioning one staff person's caseload to another staff person.
3. CL-200 - Please provide list of labs CENTER now sent orders and receive results.
LabCorp & Quest Diagnostics
4. CL-330 CENTER inventory of Medications - Please clarify if center inventory is Pre-package or Pharmacy dispense. Pharmacy Dispense
5. CL-370 - Clarify defined hierarchical structure of programs (organization/report units).
Hierarchical structure means that there are parent/child relationships between different programs. For example, there may be a parent program named "Mental Health Services" and this parent program has three child programs -- one program for each of three mental health clinics that exist at the Center. When running reports, if the "Mental Health Services" program is selected, the details for the three child programs would be automatically included.
6. CL-510 Collects details for State Facility Admissions, Absences, Discharges, and State-required follow-ups.
 - How does the Center collect details currently?
The details are currently collected in one of two ways. First, they can be collected based on information provided to the Center from various State Facilities through nightly reports. Second, clinical actions recommended for patients by Center staff can generate details. There are fields in the Center's current system to store these details.
 - How often is this data synced?
Center transactions related to State Facility Admissions are sent as one-way batch transactions to a Texas HHSC system and can be sent in a batch format no more than once per day. State Facility information is only sent from the Center to the Texas HHSC system on days when there are State Facility activities that occur for Center patients. State Facility information is provided to the Center through

nightly reports when there are transactions at the respective State Facilities related to Center patients.

- Are there any restrictions on when and how often the data can be synced?
A one-way batch file containing one or more transactions can be sent to the state a maximum of once per day.
7. CL-610 - Clarify ability to support the following residential bed day requirements. Please provide locations of residential beds and bed count per location.
We currently don't operate residential locations. These residential requirements were included to confirm your system's functionality should we decide to open residential locations in the future.
8. CL-620 Ability to create and manage stored phrases that can be used in various system interfaces. These stored phrases can be managed at the Center level and individual staff level.
- What type of stored phrases does the Center currently use?
This is a new feature that is of interest to the Center.
 - Is there a format that the Center uses?
There is no current format that the Center uses.
 - How long are these sentences?
The Center's preference is that the length of the sentences is variable.
 - Can they be multiple paragraphs?
The Center's preference is that there could be multiple paragraphs.
9. CL-710 For questions on assessments, the system's interface provides descriptions of the criteria that are defined for the answers to these questions.
- Are these descriptions mainly items that are similar to help text?
Many assessment questions have multiple choice answers and there are cases when these answers have lengthy descriptions. This requirement is confirming that the system's interface can support short and long descriptions for answers to multiple choice assessment questions.
 - Should this description text be displayed all the time? Even when printing?
For assessment questions that have multiple choice answers, the description text for the answers should display and print. It is acceptable to display or print an abbreviated version of an answer's description as long as the user has a way to view the lengthy description.
10. TP-210 System provides tools so that services to be delivered under a Texas Resilience and Recovery (TRR) level of care can be imported into the Behavioral Health Person Centered Recovery Plan. Please describe these tools.
- What tools does the Center use currently to accomplish this function?
The Center's current system has the ability to import pre-defined service packages into the Recovery Plan. These service packages are defined based on the patient's level of need and the service packages contain multiple services, each with accompanying durations and frequencies.

- Which staff is required to have access to these tools?
Clinical and administrative staff that are provided with the appropriate security privileges to maintain patient Recovery Plans.
11. TP-220 System provides tools so that issues identified in assessments can be imported into Treatment Plans. Please describe these tools.
- What tools does the Center use currently to accomplish this function?
This is a new feature that is of interest to the Center.
 - Which staff is required to have access to these tools?
Clinical and administrative staff that are provided with the appropriate security privileges to maintain patient Treatment Plans.
12. TP-230 Linkages exist between assessments and Treatment Plans to identify the specific assessment from which issues were imported into the Treatment Plan. What are the fields the Center wants linked between assessments and Treatment Plans?
This requirement is for a link to the specific instance of an assessment and the specific question on the assessment that generated the issue that was imported into the Treatment Plan.
13. BL-240 Payer assigned to clients can be flagged as a Contractor, Local Funds Payer, and OBRA so that these fields can be used to determine the First Billed Payer in the HHSC Service Encounter Extract.
- How many such flags are needed?
For this specific requirement, only the above three flags are needed.
 - How many levels of billing is possible?
Because it's possible that patients can have multiple payers, it's extremely important that balances from one payer can drop to another payer. We aren't able to specify an upper limit on the number of levels because it's dependent on the number of payers for which a patient has eligibility.
14. TC-300 System automatically generates transactions to send to the Texas Health and Human Services Commission's CARE and CMBHS systems. Please list all transaction types that are automatically generated for these two systems. What transaction types does the Center need?
The Center would want support for the following transaction types: Registration, Registration Change, Diagnosis, CANS (Texas Child and Adolescent Needs and Strengths) Assessment, ANSA (Texas Adult Needs and Strengths) Assessment, Destination Assignment, Service Assignment, Follow-up Transactions (State Facility Discharge, State Facility Absence, and Residential).
15. Page 6 Revenue Cycle Management - Please provide number of patient encounters per month, percentage of claims –Cash, commercial Insurance, Medicare and Medicaid and gross billing per year.
The Center averages approximately 16,800 patient encounters per month. We don't generate claims for cash payments, but these payments account for approximately .5% of our annual revenue. Our claim percentages for the payers that you request are the

following: commercial insurance - 11%, Medicare – 10%, and Medicaid - 79%. The Center's gross billing per year does not seem applicable to the current RFP.

16. Page 6 - Client FoxPro Database provide a CVS file or CCDS record of patient demographics.
We can provide a .CSV file of demographics.
17. Page 9 Item 2 Third Party Code Escrow Agreement – Code and update as needed or new features monthly can CENTER be billed every time changed.
TPC is requesting that the Vendor provide said information as part of their bid packet.
18. Page 13 - Please provide CENTER Clinical Staff/Supervisory staff per location. Also number of e-Prescribing EPCS staff.
12 Total Prescribers (7 Psychiatrists & 5 ANP). Prescribers are located either at our Polk Street Campus, Taylor Street Campus or virtually via telemedicine. The number of clinical staff per location can vary day-to-day based upon clinic schedules.
19. Page 13 Item I Text Messages - Please clarify Text Message in EHR for staff or includes text messages to patients and direct message to external providers.
The RFP contemplates using text messages to remind patients of upcoming appointments, receive appointment confirmations from patients, and to notify patients that staff are ready to see them for appointments. Please see SC-170, SC-180, and TC-290. If direct messaging is a component of your system, please include costs and a description of how it is integrated and utilized within your system.
20. Page 186 #29 - Please confirm CENTER software is Incode 10.
TPC's current financial software is Incode 10.
21. Page 186 #30 - CENTER ADP software please provide what data EHR should interface.
The purpose of this question is to determine if you have built any interfaces to the ADP Human Resources System and if so, what specific interfaces you have built. Examples of interfaces could be setting up a new staff person, credentialing, and training. If you've built interfaces to other human resources systems, please list the name(s) of these systems and describe the interfaces that were built.
22. How many beds does the Center manage in the IDD residential program?
Forty-four (44) beds in a Group Home setting.
23. How many beds does the Center manage in the Intensive Crisis Residential program?
TPC's Intensive Crisis Residential program does not fall under this RFP as it is operated by a third party organization.
24. How many clients are considered residential vs outpatient?
TPC currently serves 44 individuals in a Group Home setting on our IDD side. The remainder of the individuals we serve is on an outpatient basis.

25. Number of Individuals (residential/ICF's and community based) served in your IDD programs (Census is preferred for this metric)?
During fiscal year 2019, approximately 700 individuals were provided targeted case management in Center's IDD programs.
26. Number of ICF's? None at this time.
27. Number of individuals providing IDD services in the community (outside the group home)?
Currently, TPC has 30 Service Coordinates providing IDD services. This number can fluctuate as employees are onboarding/off boarding.
28. Does the Center provide primary care? If so, how many primary care providers does the Center have?
Not at this time but could occur in the future.
29. How many psychiatrists does the Center have? 7
30. How many prescribers does the Center have? 12 Total (7 psychiatrists & 5 ANP)
31. How many of your prescribers can prescribe controlled medications and would use EPCS?
Same as above, 12 Total (7 Psychiatrists & 5 APN)
32. How many non-prescribers does the Center have? (Non-prescriber is anyone other than a prescriber who needs to have access to e-prescribing. This may include nurses, system administrators, clinic managers, or others who would need access to e-prescribing). ≈5
33. How many payers does the center have? We currently have 30.
34. How many NPIs does the Center have? 6 Group NPIs
35. Approximately how many claims per month does the Center process?
Averages out to approximately 1,115.
36. What is the Center's average number of clients receiving services per month?
Averages out to approximately 16,800.
37. What is the Center's average number of client visits per month?
Averages out to approximately 3,400.
38. Number of monthly eligibility checks?
Center does approximately 2,600 insurance eligibility checks per month.

39. Number of monthly appt. reminders?

The Center begins sending out daily appointment reminders ten days before an individual's appointment. On average, there are 2,000 lines of data on the appointment reminder report uploaded into the Center's current system on a daily basis.

40. Will you connect with a HIE?

At this point in time, TPC has no plans to connect to an HIE but we may want to do so if an opportunity arises.

41. Are you working towards CCBHC certification? **Yes.**

42. Please confirm which of the forms are desired/needed.

For the purpose of your response to this RFP, please feel free to include additional forms as described in FR-010, Additional Questions section number 4, and Additional Questions section number 21.

43. Can you provide the number of end users who would utilize a disconnected solution (frequently be without internet)?

At this point in time, we don't have a specific number of users who would use a disconnected solution. The potential number of users will depend on the "disconnected solution's" functionality and price that is presented in your RFP response.

44. If possible, can you provide your Annual Revenue for 2019?

This question does not seem applicable to the current RFP.

45. What is your Current Operating Expense?

This question does not seem applicable to the current RFP.

46. What is the Center's average number of days in accounts receivable?

This question does not seem applicable to the current RFP.

47. What is the Center's average number of denied claims per month?

This question does not seem applicable to the current RFP.

48. What is the Center's average revenue/reimbursement per denied claim?

This question does not seem applicable to the current RFP.

49. What is the Center's average monthly reimbursement totals?

This question does not seem applicable to the current RFP.

50. What is the Center's average annual total costs of care?

This question does not seem applicable to the current RFP.

51. What is the Center's average time spent reporting back to primary and specialty care providers, EDs? (hours/week)

This question does not seem applicable to the current RFP.

52. What is the Center's average revenue/reimbursement per client?
This question does not seem applicable to the current RFP.
53. What is the Center's average time spent per week on billing across all staff involved? (hours/week)
This question does not seem applicable to the current RF
54. What is the Center's average time spent on double entry of clinical data across all staff involved? (hours/week)
This question does not seem applicable to the current RFP.
55. What is the Center's average time spent managing assignments across agencies and teams? (hours/week)
This question does not seem applicable to the current RFP.
56. What is the Center's average time spent on medication management across all staff involved? (hours/week)
This question does not seem applicable to the current RFP.
57. What is the Center's average time spent maintaining records for DEA audits across all staff involved? (hours/week)
This question does not seem applicable to the current RFP.
58. What is the Center's average number of referrals received per month?
This question does not seem applicable to the current RFP.
59. What is the Center's average referral conversion rate?
This question does not seem applicable to the current RFP.
60. What is the Center's average revenue/reimbursement per new referral?
This question does not seem applicable to the current RFP.
61. What is the Center's number of redundant or unnecessary treatments per month?
This question does not seem applicable to the current RFP.
62. What is the Center's average number of hospital re-admissions per month?
This question does not seem applicable to the current RFP.
63. What is the Center's average time spent exchanging information with team members, hospitals and providers (hours/week)?
This question does not seem applicable to the current RFP.
64. What is the Center's average time spent on data entry and error correction across all staff (hours/week)?
This question does not seem applicable to the current RFP.

65. What is the Center's average time spent on referrals and admissions across all staff (hours/week)?

This question does not seem applicable to the current RFP.

66. What is the Center's number of referral packets printed out per week?

This question does not seem applicable to the current RFP.

67. What is the Center's average number of pages per referral packet?

This question does not seem applicable to the current RFP.

68. What is the Center's average annual data integration hardware/software costs?

This question does not seem applicable to the current RFP.

69. What is the Center's average internal IT time required to support data integrations (hours/month)?

This question does not seem applicable to the current RFP.