



Emergence Health Network

El Paso Center for Mental Health/Intellectual Disabilities

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ADDENDUM

To: All Interested Proposers

From: Diana Billingsley

Date: November 16, 2016

Subject: **Electronic Health Record Consultant Services RFP #17-002 Addendum II**

This addendum includes responses to all questions submitted prior to Tuesday, November 15, 2016.

Any questions or additional information required by interested vendors must be emailed to bidquestions@ehnel Paso.org . RFP number and title must be on the “Subject Line” of the email. Attempts to circumvent this requirement may result in rejection of the proposal.

RFP No. 17-002
Electronic Health Record Consultant Services
Q&A

Emergence Health Network has received the following questions in response to its Request for Proposals (RFP) for an Electronic Health Record Consultant. Responses to these questions are being provided publicly to all possible candidates:

Question	Reply/Clarification
<i>Can you confirm that the attendance of the 11/08 pre-bid conference was not mandatory, and that our proposal will be considered when submitted prior to the deadline of November 22, 2016 (3pCT).</i>	The attendance of the pre-bid conference held on 11/08/2016 was not mandatory and bidders will not be disqualified if they were not in attendance. Correction to the deadline posted in the question is November 22, 2016 at 3:00 p.m. MST, not CT.
<i>Does the proposal need to follow the format/sequence included in the bid or can we structure our response in a different way as long as we cover the submittal criteria (1-8) that were requested?</i>	Yes the proposal needs to follow the format/sequence included in the bid.
<i>How many users will you have on the new system?</i>	Presently we have 200 concurrent licenses but would like to enter into a new agreement with 300 concurrent licenses.
<i>How many different interviews do you anticipate during requirements gathering?</i>	At the very least, 11. Will interview with every Chief. Ideally, more would be recommended in order to cover key staff such as Directors and Clinic Managers.
<i>How many initial vendors do you want to include in the analysis?</i>	This will be up to the bidders, but we feel at least 5 and Cerner as they are our current EHR provider, we would like to have a good selection.
<i>When do you anticipate making a decision and when do you anticipate the project to begin?</i>	We will work as fast as the consultant does and will start immediately thereafter.
<i>How do you want to see travel costs? Suggested number of visits with travel cost estimates?</i>	This is up to the each bidder; they can travel once and spend a few days doing leg work, or they may break it up into several trips. Please suggest a number of visits and also include travel cost estimates.
<i>Would EHN be willing to negotiate the indemnification clause to ensure that our Professional Liability insurance will apply to this contract?</i>	We are comfortable with each bidder's Professional Liability Insurance as long as EHN is named as an additional insured.
<i>Many of the specifications listed on the fourth page of the RFP that must be initialed appear to apply to commodity contracts, not to professional services. For example, the references to "F.O.B. Destination," delivery fees, and product availability. Please confirm if these specifications are accurate and must be initialed.</i>	There is no need to initial the following: <ul style="list-style-type: none"> - No minimum orders will be allowed. All items will be ordered as needed - No delivery fees may be added - All purchases must be F.O.B. Destination - Proposal must include Labor to Assemble and Install per Plan.
<i>Statement of Work, B. Submittals: May the three Representative Projects and five References overlap?</i>	Yes they may overlap.
<i>Statement of Work, D. Evaluation Criteria: The criteria states that Reference Checks 1-3 will constitute 30% of the evaluation. Will EHN be checking all five references provided, or just selecting three to check?</i>	EHN Scoring Committee will be selecting only 3 of the references provided.
<i>What is the driving force behind EHN's decision to procure a new EHR system at this time?</i>	Currently Anasazi is being sunseted and a new system will not be available until 2018. There is lack of data availability to move to a pay for performance model, performance-support-open architecture available APIs and there are user friendliness issues. There are also no mobile options, among other issues.
<i>Which version of the Anasazi software is EHN currently using?</i>	Promotion 223 Hotshot 05
<i>Would EHN confirm that it desires the selected consultant to participate in on-site software vendor demonstrations?</i>	Confirmed.
<i>Can EHN provide a list of the Anasazi modules currently in</i>	The following are our current Anasazi modules:

<p><i>use?</i></p>	<p>as- Assessment and Treatment Plan aw- Cost Accounting az- Anasazi Central ca- Additional Client Windows cd- Client Data ch- Clinician’s Homepage cr- Deprecated Functionality cw- Client Window dr- DR Homepage fw- Fiscal Windows hw- HR Windows sc- Scheduler</p>
<p><i>Does EHN anticipate that the selected consultant will meet with EHN staff by functional area? If so, what are the functional areas and at what staff level does EHN anticipate the consultant will conduct these meetings (e.g., executive leadership, management, end users)?</i></p>	<p>The following are the areas: Executive Leaders, Program Directors, Clinic Manager, and Other key staff.</p>
<p><i>Does EHN anticipate that any external stakeholder groups will take place in any of the requested workshops or presentations?</i></p>	<p>It is not anticipated but would like the option to be there.</p>