



Solicitation Information
January 25, 2019

RFI# 7598578

TITLE: BHDDH Eleanor Slater Hospital Admissions and Financial System

SUBMISSION DEADLINE: March 4, 2019 at 10:30AM ET

Questions concerning this solicitation must be received by the Division of Purchases at [@purchasing.ri.gov](mailto:purchasing@purchasing.ri.gov) no later than **February 20, 2019 @ 10:30AM ET**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the **RFI# 7598578** on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

Robert DeAngelis, Senior Buyer

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Responses received without a completed RIVIP Bidder Certification Cover Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION COVER FORM

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SECTION 1. INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), Division of Eleanor Slater Hospital (ESH), is soliciting responses from qualified firms to provide information regarding their Remotely-Hosted or Software-as-a-Service (SaaS) healthcare information system, in accordance with the terms of this Request for Information and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases' website at www.purchasing.ri.gov.

Instructions and Notifications to Offerors:

1. Potential vendors are advised to review all sections of this RFI carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the response.
2. The State invites comments, suggestions and recommendations from potential vendors and other interested parties on any questions or issues raised in this RFI. Please note it is not a requirement to answer all questions.
3. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFI are solicited.
4. This is a Request for Information ("RFI"), and as such no award will be made as a result of this solicitation.
5. All costs associated with attending the pre-solicitation conference and/or developing or submitting responses to this RFI, or providing oral or written clarification of the content of a response shall be borne by vendors. The State assumes no responsibility for any costs.
6. Responses misdirected to other locations, or which are otherwise not present in the Division of Purchases at the above stated date/time of opening for any cause will be determined to be late and shall not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division of Purchases.
7. Vendors are advised that all materials submitted to the State for consideration in response to this RFI shall not be considered to be public records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island unless and until there is a contract award through a subsequent, related procurement.
8. Interested parties are instructed to monitor the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released as addenda.

SECTION 2. PURPOSE OF THE REQUEST FOR INFORMATION

The State is issuing this Request for Information (“RFI”) from qualified firm to provide information regarding their Remotely-Hosted or Software-as-a-Service (SaaS) healthcare information system to assist Eleanor Slater Hospital with management of its Admissions and Finance needs.

The long-range plan for ESH is to install an electronic medical record; however, its most immediate need is to replace its outdated admissions and financial software. This RFI is being released with the intent to determine if there are software packages available to meet both needs.

Eleanor Slater Hospital is accredited by the Joint Commission on the Accreditation of Health Care Organizations and regulated by the RI Department of Health as an acute care hospital. ESH has a patient census of approximately 225, that consists of a 20-bed ventilator unit, 95 long term medical patients with the remaining having psychiatric diagnoses.

ESH has approximately 750 workforce members. ESH bills approximately \$130 million annually and over ninety-five percent (95%) of all billing is to the RI Medicaid Management Information System (MMIS) using a per-diem rate. All ESH Medicaid services are billed utilizing an “837 Institutional Health Care Claim” transaction. ESH bills Medicare directly for services (approximately 0.05% of total billing) based on a Diagnosis Related Group (DRG). It also bills Medicare and commercial insurers for the related professional fees. Due to the extended stay of its patients, ESH must manage the patients’ trust accounts. These accounts are for the patients’ personal needs and income from patients’ Social Security benefits or pension.

ESH operates in-house Pharmacy, Laboratory, Radiology and Respiratory units. ESH has modern but standalone (but non-integrated) Pharmacy, Radiology, Laboratory and Respiratory healthcare information systems. However, unlike other hospitals ESH does not have an Emergency Room, it does not perform surgeries, has no intensive care units, nor other services such as Cardiology, Oncology, Obstetrics, etc. The average length of stay is over one year. ESH does not use the Minimum Data Set (MDS) assessment tool.

The purpose of this RFI is to learn more about healthcare information system options, features and general pricing so ESH can develop requirements and a budget for a future Request for Proposal (RFP). Its immediate need is to replace an outdated admissions and financial systems that includes the functionality in section 4 of this RFI.

The State reserves the right to contact specific vendors who respond to this RFI for additional information and/or to request a vendor demonstration.

SECTION 3. GENERAL QUESTIONS

Instructions: Please provide brief answers to the questions. Answers should be limited to no more than a few sentences.

3.0	General Questions	
3.1.1	Company name	
3.1.2	Name of the SaaS or Remotely Hosted system and the current version	
3.2	Estimated Number of Installations	
3.2.1	Estimated number of Nursing Home/Skilled Nursing facilities that utilize the system?	
3.2.3	Estimated number of State or Federal Veterans Homes that utilize the system?	
3.2.4	Estimated number of Psychiatric/Behavioral Health facilities that utilize the system?	
3.2.5	Estimate the total number of Acute Care hospitals that utilize the system?	
3.2.6	Estimated number of State Hospitals that utilize the system?	
3.2.7	Estimated number of Long-Term-Care Hospitals that utilize the system?	
3.2.9	Estimate the total number of Healthcare facilities (all types) utilize the system?	
3.3	Hosting	
3.3.1	Is the system offered as a Software-as-a-Service (SaaS) or Remotely Hosted Option (RHO)?	
3.2.2	Do the SasS and RHO offerings provide the same functionality as the locally installed offering?	
3.2.3	What percentage of your customers utilize the SaaS or RHO?	
3.2.4	What type of connection (public internet, direct data line connection, bandwidth recommendations) to the SaaS or RHO is recommended?	
3.2.5	Is the SaaS and/or RHO system hosted in your company's computer center or a third-party/partner computer center?	
3.2.6	Does your company have a backup computer center to handle all hosting operations should the primary hosting facility become unavailable?	

3.2.7	List the certifications of primary and backup computer centers.	
3.2.8	Does the SaaS and/or RHO require the ESH to have a separate contract or agreement with any third-party hosting services?	
3.3	Client Software and Hardware	
3.3.1	Does the system require any local equipment other than desktop and mobile computers?	
3.3.2	Does the system run within standard Microsoft and Chrome browsers?	
3.3.3	Does the system require any software to be installed on the local computers?	
3.3.4	Does the system provide “Apps” to access the system from mobile devices?	
3.3.5	Is the system compliant with the Web Accessibility Initiative (WAI) guidelines and standards?	
3.3.6	Does the system provide the functionality to integrate with the ESH’s Microsoft Active Directory user account management system?	
3.4	Professional & Implementation Services	
3.4.1	Does your company provide workflow analysis and workflow redesign services as part of the implementation?	
3.4.2	Does your company provide Project Management services throughout the implementation?	
3.4.3	Does your company provide on-site personal for “go live” support?	
3.5	Document Management	
3.5.1	Does the system have a fully integrated Document Management/Imaging module?	
3.5.2	If so, describe document management modules capabilities and limitations?	
43.5.3	If not, list the preferred/recommended document managements systems that interface with the system?	
3.6	Report Writing and Analytics	
3.6.1	Does the system provide for user defined custom reporting?	
3.6.2	How many pre-built dashboards does the system provide?	

3.6.3	How many pre-built reports does the system provide?	
3.6.4	Does the system provide report writing or business analytics tools, if so, list the tools?	
3.6.5	Does the system provide the functionality to extract selected datasets for offline reporting?	
3.7	Interfaces to Existing ESH Systems	
3.7.1	Does your company have an already developed interface with the ESH's Health Information Exchange vendor (CurrentCare)?	
3.7.2	Does your company have an already developed interface with the ESH's Pharmacy Information System vendor (Kalos)?	
3.7.3	Does your company have an already developed interface with the ESH's Laboratory Information System vendor (Cerner)?	
3.7.4	Does your company have an already developed interface with the ESH's Radiology Information System vendor (Rad-Info)?	
3.7.5	Does your company have an already developed interface with the ESH's Respiratory Information System vendor (Bernoulli)?	
3.7.6	Does your company have an already developed interface with the ESH's Automated Dispensing Cabinet vendor (Omnicell)?	
3.8	Training Services	
3.8.1	Does your company offer 24/7/365 on-demand online training?	
3.8.2	Does your company offer webinars and online training for upcoming/new functionality?	
3.8.3	How many trainers and how many days of <i>onsite</i> training is typically provided during an installation?	
3.9	Maintenance and Support	
3.9.1	Does your company provide 24/7/365 support for the software and hosting environment?	
3.9.2	Does your company perform scheduled software updates and enhancements for the system?	
3.9.3	Does your company require the healthcare facility staff to perform any of the software updates?	
3.9.4	Does your company provide various levels of support options, if so, list the main support options?	

3.9.5	Can users call your help desk directly or do you require that call be routed through pre-identified persons at the healthcare facility?	
3.10	Miscellaneous	
3.10.1	Is the system a “Certified” Electronic Health/Medical Record, and if so, list the type of certification and certification organization?	
3.10.2	Does the system offer an electronic forms generation tool that allows for custom created forms that can be linked to patient records?	
3.10.3	Does the system provide the functionality for user developed custom assessments and can components of these custom assessments flow automatically into the Care Plans and other parts of the system?	
3.10.4	Describe the system provide functionality that would help ESH provide quality services specifically to their adult Psychiatric patients?	
3.10.5	Does the system provide functionality to support outpatient services?	
3.10.6	Does your company provide data migration of legacy census and billing data as part of the implementation?	
3.10.8	Does the system provide functionality to support patient or employee scheduling?	
3.10.9	Does the system provide interfaces to any payroll systems?	
3.10.10	Does the system require that we have a separate contract or separate agreement with any third-party software or services or would a single contract with your company include all software and services?	

SECTION 4. ADMISSIONS AND FINANCIAL FUNCTIONALITY QUESTIONS

Instructions: Please provide brief answers to the questions. Answers should be limited to no more than a few sentences.

4.0	Admissions and Financial Functionality Questions	
4.1.1	Eligibility and Benefits	
4.1.2	Does the system have an Insurance Eligibility and Benefit Inquiry module?	
4.1.3	What specific information is available from the Insurance Eligibility and Benefit inquiry module?	
4.1.4	What third-party service provider does the eligibility and benefit inquiries module utilize?	
4.1.5	How long does it take to see the results after an eligibility and benefit inquiry?	
4.2	Census Management	
4.2.1	Does the system provide Pre-Admission/Waiting List functionality?	
4.2.2	Does the system support custom questioners/forms for the pre-admission and admission processes?	
4.2.3	Does system support using ESH's existing Master Patient Index which is an Alpha character followed by six numbers; X099999?	
4.2.4	Does the system provide the functionality to record and report on three user-defined fields associated with a patient admission; (1) Type of Admission (voluntary, involuntary), (2) Source of Admission (facility name), and (3) Category of Service (Psych, Medical)?	
4.2.5	Does the system provide the functionality to query and report based on an individual facility unit and on multiple facility units?	
4.2.6	Does the system provide the functionality to record a patient's primary physician upon death?	
4.2.7	Does the system provide the functionality to record multiple ICD primary diagnoses for each patient?	
4.2.8	Does the system provide the functionality to record multiple ICD secondary diagnoses for each patient?	
4.2.9	Does the system provide the functionality to record multiple ICD discharge diagnoses for each patient?	

4.2.10	Does the system provide the functionality to track new sets of diagnoses codes for patients that are specific to an admission period?	
4.2.11	How many census-related real-time dashboards and reports are available in the system?	
4.2.12	Does the system support creation of user defined reports?	
4.3	Patient Trust Accounts	
4.3.1	Does the system support Patient Trust Accounts?	
4.3.2	Does the system support recording of deposits and withdrawals on a per patient basis?	
4.3.3	Does the system provide the functionality to prorate a sum of money evenly amongst a selected group of patients?	
4.3.4	Does the system support automated recording of patient Social Security checks deposited into a bank accounts under the patient's name?	
4.3.5	Does the system support direct Board and Care billing and automatic payments applied from the patient's Trust account to the Account Receivable module?	
4.3.6	Does the system support automated interest calculation and posting to the individual Patient Trust Accounts?	
4.3.7	Does the system provide the functionality to set aside funding for funeral related expenses?	
4.3.8	Does the system provide the functionality to generate facility-wide and individual patient statements and reconciliations?	
4.4	Financial	
4.4.1	Does the system provide the functionality for Accounts Receivable, Account Payable, and Collections?	
4.4.2	Does the system provide the functionality to handle various sources of billing including Medicare (Part A and B), Medicaid, Patient Trust Accounts, family and legal representatives, and insurance carriers?	
4.4.3	Does the system provide the functionality for automated billing based upon the patient census activity?	

4.4.4	Does the system provide the functionality for Medicaid Claims Submission, based on (4) different an all-inclusive per-diem rates, using an 837 Institutional claim?	
4.4.5	Is the claims submissions functionality fully integrated into the system or does it utilize third-party software?	
4.4.6	Does the system provide the functionality to automatically update the claim status (accepted, pending, and rejected claims) after submission?	
4.4.7	Does the system provide the functionality for authorized financial users to define the end of the fiscal year?	
4.4.8	Does the system provide the functionality for multiple parities to be billed for one service period?	
4.4.9	Does the system provide the functionality to print bills for different parties containing different verbiage?	
4.4.10	Does the system provide the functionality for Medicare Claims Submission?	
4.4.11	Does the system use a fiscal intermediary for Medicare billing, and if so, list the intermediary?	
4.4.12	Does the system provide the functionality for Diagnosis Related Groupings (DRG) for Medicare Billing (ESH does not use RUGS codes)?	
4.4.13	If there is not an integrated grouper, does he system provide an interface to a grouper software, and if so, list the grouper software and the type of interface?	
4.4.14	Does the system provide the functionality for capturing physician NPI numbers for billing purposes?	

SECTION 5. CLINICAL AND OTHER FUNCTIONALITY QUESTIONS

Instructions: Indicate either a “Yes” or “No” if the system has the functionality/module.

5.0	Clinical and Other Functionality Questions	Does the system have this functionality (Yes or No)?
5.1.1	Standard and Custom Assessments	
5.1.2	Standard and Custom Care Plans	
5.1.3	History and Physical	
5.1.4	Vitals	
5.1.5	Allergies	
5.1.6	Immunizations	
5.1.7	Progress Notes	
5.1.8	CNA Daily Care/Flow Sheets	
5.1.9	CNA Charting	
5.1.10	Psychiatric / Behavioral	
5.1.11	Rehabilitation	
5.1.12	Therapeutic Recreation	
5.1.13	Order Entry	
5.1.14	Patient Identification/Bar Coding	
5.1.15	Medication Management	
5.1.16	eMAR	
5.1.17	eTAR	
5.1.18	Disease Management	
5.1.19	Medical Reference Database	
5.1.20	Point of Care Device Connectivity	
5.1.21	Dietary/Nutrition Management	
5.1.22	Quality//Risk Management/Incidents	
5.1.23	Room Management//Housekeeping	
5.1.24	Telemedicine	
5.1.25	Patient Scheduling	
5.1.26	Employee Scheduling	
5.1.27	Patient/Family Portal	
5.1.28	In-house Pharmacy	
5.1.29	In-house Laboratory	
5.1.30	In-house Radiology	
5.1.31	In-house Respiratory	
5.1.32	In-house Eye Clinic	
5.1.33	In-house Dental Clinic	
5.1.34	Automated Dispensing Cabinets	

SECTION 6. GENERAL PRICE RANGE AND BILLING QUESTIONS

Instructions:

Please provide your company’s pricing and billing model as well as general price ranges for the functionality/modules listed in Sections 4 and 5 of this RFI. Any general price ranges provided are for State budgeting purposes only. Responders will not be held to any prices provided as part of the RFI should the State later decide to issue a competitive solicitation.

General price ranges should be inclusive of all licensing, hosting, professional services, configuration, data migration, testing, training, interfaces, maintenance, support, travel, and other expenses.

6.0	General Price Range and Billing Questions	
6.1.1	Describe your company’s pricing model; For example, do you charge based on the number of modules, or the number of users, or the number of patients, or the number or beds, or net revenue, etc.?	
6.1.2	Describe your company’s billing model. For example, do you bill for licensing modules and services up front and then bill a separate annual maintenance fee or do you bill using all-inclusive monthly service fee?	
6.1.3	Describe the timing of when your company initiates billing. For example, do you bill when the contract is first signed, or do you bill when all or part of the system goes live?	
6.1.4	Provide a general price range for the Admissions and Financial functionality/modules listed in section 4	
6.1.5	Provide a general price range for the Clinical and Other functionality/modules listed in section 5	

SECTION 7. QUESTIONS FROM VENDORS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFI# 7598578** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website for any procurement related postings such as addenda. If technical assistance is required, call the Help Desk at (401) 574-8100.

SECTION 8. RESPONSE CONTENTS

A. Responses shall include the following:

1. One completed and signed RIVIP Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at www.purchasing.ri.gov. *Do not include any copies in the response.*
2. Response - describing the requirements and concept for this potential project, and all information described earlier in this solicitation. The response is limited to six (6) pages.
 - a. One (1) Electronic copy on a CD-R, marked "Response - Original".
 - b. One (1) printed paper copy, marked "Response -Original" and signed.
 - c. Four (4) printed paper copies

B. Formatting of proposal response contents shall be as follows:

1. Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:
 - a. Vendor's name
 - b. RFI #
 - c. RFI Title
 - d. If file sizes require more than one CD-R, multiple CD-Rs are acceptable. Each CD-R must include the above labeling and additional labeling of how many CD-Rs should be accounted for (e.g., 3 CD-Rs are submitted for a technical proposal and each CD-R should have additional label of '1 of 3' on first CD-R, '2 of 3' on second CD-R, '3 of 3' on third CD-R).

Vendors are responsible for testing their CD-Rs before submission as the Division of Purchase's inability to open or read a CD-R may be grounds for rejection of a Vendor's proposal. All files must be readable and readily accessible on the CD-Rs submitted with no instructions to download files from any external resource(s). If a file is partial, corrupt or unreadable, the Division of Purchases may consider it "non-responsive". USB drives or other forms of electronic media shall not be accepted. Please note that vendor CD-Rs shall not be returned.

2. Formatting of written documents and printed copies:

- a.** For clarity, the response shall be typed. These documents shall be single-spaced with 1” margins on white 8.5”x 11” paper using a font of 12-point Calibri or 12 point Times New Roman.
- b.** All pages on the response are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end, including all forms and attachments. The Vendor’s name should appear on every page, including attachments. Each attachment should be referenced appropriately within the response section and the attachment title should reference the response section it is applicable to.
- c.** Printed copies are to be only bound with removable binder clips.

SECTION 9. RESPONSE SUBMISSION

Interested vendors must submit responses to provide information covered by this RFI on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases, shall not be accepted.

Responses should be mailed or hand-delivered in a sealed envelope marked “**RFI# 7598578**” to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

SECTION 10. DISCLAIMER

This Request for Information is solely for information and planning purposes and does not constitute a request for proposal or an invitation to bid. All information received in response to the RFI and marked as “Proprietary” shall be deemed to be confidential but may still be subject to disclosure pursuant to the Rhode Island “Access to Public Records Act, R. I. Gen. Laws § 38-2-1, *et seq.* . Responses to the RFI will not be returned.

END