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**ADDENDUM #3**

RFP# 7598578 TITLE: ELEANOR SLATOR HOSPITAL ADMISSIONS AND FINANCIAL SYSTEM

SUBMISSION DEADLINE: MARCH 18, 2019 at 10:30 AM EASTERN TIME

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THE FOLLOWING ARE THE QUESTIONS AND RESPONSES FOR THIS RFP

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The following questions were received from vendors regarding RFI #7598578 Eleanor Slater Hospital Admissions and Financial System:

**Vendor A**

1. Is the current admission and financial software have an incumbent vendor?

No. The legacy system is an in-house custom-developed system.

2. What is the estimated budget for this project?

A budget is not available. 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).

3. Does the department plan to rely on a vendor to implement an electronic medical record (EMR)? and If so, what would be the estimated timeframe for a solicitation release?

We do not have an estimated timeframe for the solicitation release. The State will have a Project Manager work with the chosen vendor to implement the Admissions and Financial components. Implementation of an EMR will be after the Admissions and Financial components have been implemented.

**Vendor B**

1. As you move through your selection process to find a new vendor, do you have a data migration or conversion plan from the old systems to the new?  
a retention strategy for the legacy data that will not migrate?  
a plan for decommissioning the old application and server that will get replaced?

The State has not yet developed a data migration plan. We expect that data will need to be migrated from the legacy Admissions and Financial systems. The State will have a plan for the retention of legacy data and decommissioning of legacy systems.

**Vendor C**

Section 8. Response Contents

1. Item A. 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. Question: Are we to key our responses in the tables provided in Sections 3-6 (PDF pages 5-13) ? If so, then that is more than the six (6) pages the response is limited to.

Vendors may use the tables provided. Submitting more than 6 pages is acceptable.

AND/OR

2. Item B.2.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? Question: Or are we to re-key the question with our response in a Microsoft Word document using the specifications provided in Item B.2.a noted above?

#### Vendor D

1. "ESH bills Medicare directly for services (approximately .05% of total billing) based on a Diagnosis Related Group (DRG)" We are unable to do this. Is this a non-starter?

It is not a non-starter since the DRG grouping functionality can be handed by a different software vendor.

2. "Does the system provide the functionality for Diagnosis Related Groupings (DRG) for Medicare Billing (ESH does not use RUGS codes)?" We are unable to do this. Is this a non-starter?

It is not a non-starter since the DRG grouping functionality can be handed by a different software vendor.

#### Vendor E

1. The RFI states that ESH bills Medicare directly for services based on DRG's for only .05% of your bills. Does ESH require this to be done using a software platform or is it such a small portion of the billing that this task could be done manually? What is the average number of DRG based bills per month?

DRG grouping functionality can be handed by a different software vendor if your system does not perform this function.

2. The RFI states that ESH bills Medicare and commercial insurers for the related professional fees. Can we assume this is in a P1500 form/file format? Is this a correct assumption?

Yes.

3. The RFI states the need for an interface with your Pharmacy information system vendor (Kalos). What data needs to be interfaced, and what format is the interface (HL7, NCPDP, Direct Message, FHIR etc.)?

ESH currently does not have interfaces in place between the Kalos Pharmacy system and an Admissions system, or Financial system or an EMR. For RFI response purposes, assume that either HL7 or FHIR interfaces may be needed.

4. The RFI states the need for an interface with their Radiology Information System, vendor (Radinfo Systems). What data needs to be interfaced, and what format is the interface (HL7, FHIR etc.)?

ESH currently does not have interfaces in place between the Radinfo Radiology system and an Admission system, or Financial system or an EMR. For RFI response purposes, assume that either HL7 or FHIR interfaces may be needed.

5. The RFI states the need for an interface with their Respiratory Information System, vendor (Bernoulli Health). What data needs to be interfaced, and what format is the interface (HL7, FHIR etc.)?

ESH currently does not have interfaces in place between the Bernoulli Respiratory system and an Admissions system, or Financial system or an EMR. For RFI response purposes, assume that either HL7 or FHIR interfaces may be needed.

6. The RFI states the need for an interface with their Automated Dispensing Cabinet, Vendor (Omniceil). What data needs to be interfaced, and what format is the interface (HL7, FHIR , NCPDP etc.)?

ESH currently does not have interfaces in place between the Omnicell system and an Admissions system, or Financial system or an EMR. For RFI response purposes, assume that either HL7 or FHIR interfaces may be needed.

7. The RFI asks, does the system provide interfaces to any Payroll Systems. Should that read, does the system provide an interface to pull data from any Payroll Systems? What Payroll system does ESH use? Are you looking to send out the JE from the PR to GL?

The RFI requests for vendors to indicate if their systems interface to any Payroll system. It is not expected for vendors to have an interface with the State operated payroll system.

8. Section 4.0 asks about Eligibility and Benefits which our system does provide, what third party does ESH use today and plan to utilize in the future?

ESH's existing Eligibility and Benefits process consists of querying a State eligibility system and manually rekeying the information into the ESH Legacy Admissions and Financial systems. ESH expects to utilize integrated Eligibility and Benefits functionality provided by the vendor. The system should have the ability to provide verification of patient insurance data including eligibility, benefits, and co-pays.

9. What is the current software vendor for Admissions and Financial? This is needed to better answer the question if our company provides data migration of legacy census and billing data. What format can the current data be provided in?

ESH's legacy Admissions and Financial systems were custom developed inhouse. The legacy system utilizes a database that support Structured Query Language (SQL). We have not yet determined the specific data elements that need to be migrated.

10. What is the next steps in the process, when is the anticipated RFP release date?

ESH will develop a plan to go forward based upon the RFI responses.

11. What is the projected "Go-Live" date for this project?

ESH does not have a go-live date for this project. 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).

12. Is there an approved budget for this project for fiscal 2019?

A budget is not available. 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).

13. Does ESH require that the software have certification and if so what type of certification and certification organization?

ESH does not require the software certification for the purposes of this RFI.

14. Will the solution specifically be required to have a Meaningful-Use certification?

ESH does not require Meaningful-Use certification for the purposes of this RFI.

#### **Vendor F**

1. On page 14 in Section 8 under requirement A. 2., it states the response is limited to six (6) pages Is that 6 pages in addition to the 9 pages to answer the tables in sections 3 through 6, and the 3-page RIVIP Bidder Certification Cover Form? Or is it 6 pages total?

Submitting more than 6 pages is acceptable.

- On page 14 in Section 8 under requirement B. 1., it states separate CD-Rs are required for the technical proposal and cost proposal. Do the printed versions need to be separated into a technical and cost volume?

The printed versions do not need to be separated.

**Vendor G**

- Please provide the name of the facility where the EHR system will be used, and provide the following staffing numbers at the agency:

The facility where systems will be used is Eleanor Slater Hospital. Please use the following high-end staffing estimates:

Role	Number Staffed
Full Time Physicians	15
Part Time Physicians	35
Full Time Advanced Level Providers (i.e. PA, APN, NP)	10
Part Time Advanced Level Providers (i.e. PA, APN, NP)	5
Full Time Nurses	200
Part Time Nurses	50
Full Time Psychiatrists	5
Part Time Psychiatrists	10
Full Time Psychologists	5
Part Time Psychologists	5
Full Time Dentists/Oral Surgeons	0
Part Time Dentists/Oral Surgeons	3
Full Time Pharmacists	5
Part Time Pharmacists	3
Other? Please specify.	

- What is the maximum (concurrent) number of users that will be on the system at any given time?

For the purposes of this RFI, assume ESH may have up to 100 concurrent users for the Admissions and Financial modules and up to 500 concurrent users for clinical/EMR modules. These numbers are high-end estimates.

- Is your agency currently utilizing an EHR solution? If so, what is the name of the vendor/solution and what were the shortcomings of the system as it relates to both software and services? Please describe any data migrations that should be considered as part of this project, if applicable.

ESH currently does not have an EHR solution. We expect to migrate some of our legacy Admissions and Financial data into the new vendor solution. A data migration plan has not been created.

4. Can you please provide every vendor/system with which Centricity is to interface with? Will you need to interface with the local HIE and/or Hospital? Please provide all necessary information:

Please refer to the “Interfaces to Existing ESH systems” section of the RFI.

5. What kinds of services are you providing?

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.

6. How many facilities do you have?

ESH is a single hospital, located on two campuses.

7. How many medical forms are currently being utilized?

For the purposes of this RFI, assume ESH utilizes up to 200 medical forms.

8. Describe your billing process. How are claims for services processed (if applicable)? Who are you billing? What is inefficient about the billing process today, and what do you expect out of a new, electronic billing system? Do you require EDI/clearinghouse software and services? Will you need Revenue Cycle Management Services or is that done in house? Do you currently use a clearinghouse, or will the vendor provide you with clearinghouse options?

The majority of ESH claims are billed to Medicaid via an “837 Institutional Health Care Claim” transaction using a per-diem rate. The Medicaid claims are currently billed using software called Provider Electronic Solution (PES) provided by the State Medicaid claims vendor (DXC). ESH also bills commercial insurers and Medicare for services. We expect the vendor to have functionality to bill Medicaid and commercial insurers from within the system (perhaps interfacing with a clearing house). If your company does not have DRG grouping functionality, it can be handed by a different software vendor.



How many NPIs do you bill under?

ESH bills under 3 NPI numbers.

9. Do you bill a per diem rate directly to the State Medicaid Management Information System using an 837 Institutional Nursing Home Claim, if applicable?

Yes

10. Are there any specific reports that need to be submitted to the State? If so, which reports?

A list of specific reports is not available.

11. Do medications get distributed? If so, would you expect the EHR to have a fully integrated eMAR?

The immediate need is to replace an outdated Admissions and Financial systems that includes the functionality in section 4 of the RFI. If ESH decides to implement clinical modules, we expect the vendor to have a integrated eMAR.

12. Are you also looking for a dental module, group noting functionality, bedboard, patient portal, or any other components or system functionalities? Is there anything specific within your day-to-day operations that you would like to have electronically rather than working on paper?

ESH is looking for vendors to respond specifically to the questions in the RFI.

13. Would you be interested in a Patient Accounting/Trust Accounting module that allows you to track, close out and report on activities, such as receipt of patient SSA/SSI checks, maintenance/allocations charges, room and board, allowances and interest allocation? If yes, would you be interested in exploring this after the EHR has been implemented or would you expect to look further into this opportunity prior to contracting?

The immediate need is to replace an outdated Admissions and Financial systems that includes the functionality specified in the RFI. This includes Patient Accounting/Trust Accounting functionality. ESH plans to implement the Admission and Financial functionality before implementing an EHR.

14. Would you be interested in an ADT module for census management, census reports and dashboards based on inpatient unit locations and on diagnosis for billing purposes? If yes, would you be interested in exploring this after the EHR has been implemented or would you expect to look further into this opportunity prior to contracting?

The immediate need is to replace an outdated Admissions and Financial systems that includes the functionality specified in the RFI. This includes census management and reports. ESH plans to implement the Admission and Financial functionality before implementing an EHR.

15. Do you use DRG codes for Medicare billing?

Yes, but it is only a small part of ESH billing. The DRG grouping functionality may be handed by a different software vendor if your system does not support this functionality.

16. Please describe your current IT setup:

- a. Is your facility(s) equipped with Wi-Fi?

Some ESH areas are equipped with Wi-Fi. ESH will eventually have Wi-Fi available in all areas.

- b. How many, and what kind, of computer workstations are you currently on? What kind of software are they running (i.e. what version of Microsoft, etc.)?

All ESH computers run Microsoft Windows. ESH is actively migrating all computers from Windows 7 to Windows 10. ESH also subscribes to Microsoft Office 365.

17. Are you interested in a client-hosted or a Cloud-Hosted (Vendor – Hosted) pricing model, or would you like pricing for both?

ESH is interested in a cloud/vendor hosted environment. However, vendors may submit estimated price ranges for both client-hosted and cloud/vendor hosted solutions.

18. Please elaborate on the department's needs and concerns. Add any additional information we should know about that can help us get a better sense of your needs, requirements, and goals:

ESH is looking for vendors to respond specifically to the questions in the RFI.

19. Does the Agency have any affiliation to Rhode Island Department of Corrections?

DOC and ESH are both State of Rhode Island operated facilities. DOC inmates occasionally receive treatment services from ESH.

20. What legacy systems will need to have data migrated from? For each legacy system please describe all data that will need to be migrated?

The State has not yet developed a data migration plan. We expect that some data will need to be migrated from the legacy Admissions and Financial systems.

21. Question 3.10.9 – What payroll system will need to be interfaced with the EHR?

ESH utilizes an in-house developed payroll system. The RFI requests for vendors to indicate if their systems interface to any Payroll systems. It is not expected for vendors to have an interface with the State operated payroll system.

22. Would the Agency please elaborate on the Benefit Inquiry Module?

The system should have the ability to provide verification of patient insurance data including eligibility, benefits, and co-pays.