Follow Up Questions for Van Buren CMH – RFP 2020-001

8/5/2020

Following are questions related to the overview, current platform, project description, high-level critical requirements summary outlined in the RFP:

Answers are provided in RED and questions in BLACK

1. Do all of the 8 physical locations have separate Tax Id's or does VBCMH operate on 1 Tax Id?
   Van Buren has 1 Tax ID for the organization and a multitude of NPIs and other reporting IDs like LARA that would need to be attached by programs to claims and encounters. For example LARA relates to SUD services and has to be attached to those claims.
2. Of the 180-total staff, can you provide me with a breakdown of the following number (#) of staff in each of these categories? FT? PT?
   a. Providers - (MD/DO, Psychiatrist)?
      3 Doctors, 1 NP (though this provider might not be part of EHR)
   b. Mid-levels - (NP/PA, Therapy Assistant, BH (Psychologists, Counselors, Clinicians, Therapists, Licensed Social Workers)?
      100 (including Case Managers, Autism testing, therapists, and other roles)
   c. Other Credentialed Staff - (Social Workers, etc.)?
      20
   d. Do you know how many concurrent users you will have? For example, billing, finance, front desk, admin, etc.
      Billing includes 4 people in Finance and 2 in provider network and compliance, Admin would be 10, Front Desk would also be around 10, and we have direct care workers which are around 25. 7 RNs. Then we have other staff that do not access the EHR (like HR). Our counts do vary as we add and change programs
3. Are you wanting a solution that captures real-time scheduling and accessing patient charts 24/7 using your smartphone? Do you want capability to capture data in order to document "pen to chart?"
   Yes, we would like this feature though it is not a requirement but we do want flexibility specifically around getting client signatures (and if there is a smartphone option we would be interested) and meeting meaningful use requirements. Many staff transfer paper documents into the chart currently because Van Buren is a rural county that has areas with significant barriers related to WIFI signal.
4. Do you want capability to document meds to and on patients, change orders, order scripts?
   Yes, we want the capability to electronically order Medications and send electronically to pharmacies, including controlled substances electronic prescribing.
5. I see you have residential services, do you want access to a Bed Board?
   We act as the payor and a manager of these types of services. We currently don't have a Bed Board and likely would not need one for our purposes in managing the services but providers we contract with and that would bill us through this system solution are expected to monitor this so there may be a nontraditional use that we could think of.

6. Considering the importance of a "integrated care functionality" are you seeking a platform that executes interoperability between systems in order to be able to migrate data in a frictionless and seamless path using a multitude of plug and play systems – for example with medical/primary care, BH, SUD, etc.
   Yes, we want to meet the Michigan standards related to sharing information and reporting including ADT transfers, and Meaningful use reporting. We would like to be able to share data with other EHRs and systems to improve client care.
   a. Do you want the system to allow you to readily exchange data with business partners on a bi-directional basis, connect to a health information exchange or other entities for a more complete view of your consumer's/patient's health experience?
      Yes, we have had providers interested in being able to load their clinical documentation into our records and we would want to be able to get information from our payors and other providers like physical health care.
7. Regarding population health, do you want a platform that aggregates and analyzes patient data from multiple sources? For example, identifying high risk patients and help prioritize targeted outreach.
   Yes, we have other sources of data that we would like to be able to load into our system and flag clients. For example, the state provides a file of claims data with physical and behavioral health care information that we have access to but have limited use for because it is not joined with our EHR data.
8. What top 3 features and functionality are you specifically looking for in a Telehealth/Virtual visits solution?
   Ease of use (staff and clients have issues with internet in our area that cause barriers so the simpler and quicker an application the better),
   Security we want a solution that protects client information above and beyond our standards (HIPPA and 42 CFR).
   Flexibility we have found that different populations have different needs and preferences, so flexibility is important.
9. In terms of an EPM (electronic practice management) system (provider management) can you outline what specific solutions you are seeking for this enterprise? Any backend processes you are specifically wanting in the solution?
   We act as a payor and as a provider depending on the situation. We maintain a provider network of external providers who run specialized mental health services. These providers have to enter claims into a system, and we have staff that then cut checks from the system and pay them. Our solution should work with our financial software for tracking.
10. In regards to "payer requirements" are you seeking a platform that can monitor Value Based Care by measuring provider performance through peer-practice pattern variation of resource utilization and clinical quality measures? Something more specific?
    Currently no, we do not used Value Based Care, there have been some discussion about developing a VBC system within the state and it might be something we are interested in after a few years but right now we are not implementing a Value performance system with providers. The state of Michigan may move CMHs or these 3 CMHs may move separate from the state in the direction of the CCBHC model.

11. Do you have specific needs for migration of existing EHR data and other software? Will all data be migrated (i.e. demographics only)? Do you have a data dictionary for your old system?
    Yes, we would want to migrate clinical data and demographic information from our current systems to the new solution. We do not have data dictionaries for our old systems.
12. In terms of interfaces, I see that you want PIHP/State/Local – is this also including HIE? For example, with the Michigan Health Information Network (MiHIN)?
    Ideally yes but we currently don't have a relationship with MiHIN so depending on if there is a phased rolled out this could wait for phase 2 while we set up that relationship.
13. Regarding your workflow optimization in your implementation – it appears that you want your vendor to assist with the workflow analysis and optimization. Any specific details that the vendor should outline in depth?
    We want to take this opportunity to increase staff productivity and that could include recommendations for changes in the workflow processes. Currently we complete a lot of paper scanning into the systems that we would like to minimize, and we want to improve our ability to set and change Authorization set ups. By Authorization set up we get set approved authorizations caps that we would like the system to approve so for example if a person with a Level of Care has 5 Med Reviews as part of a base package we would want those to approve without staff intervention but if the client treatment plan asked for 6 UM staff would review.
14. Data warehousing systems (hosting) - Please share additional information regarding preferences regarding data warehousing services – data control?
    Currently we self-host one of the EHRs we use on servers that we have another IT vendor manage. We want access and data control to run queries and reports at hoc but are open to how this is done, as long as we understand the recommendations being made in the proposal we are open to various solutions (including self-hosting or having the vendor host and getting data out of the system).
15. Can you share current high-level data reporting indicators (enhanced financial analytics, staff productivity, retention rates, turnover percentage and staff satisfaction percentages of areas outlined in services?)
    Financial Analytics: we track many financial metrics including counts of internal and external services, costs, rates, time taken to make payments.
    Staff productivity: We do have ways to track this but struggle with a metric definition that captures billable and non-billable staff productivity.
    Retention Rates: We track open client stats in the system but do not track staff retention rates in any of the EHRs.
    Turnover Percentage: We track how many clients leave services or end services. We do not track turnover of staff in the EHR systems.
    Staff Satisfaction: we track staff satisfaction outside of the EHR systems, we also track client satisfaction through a annual phone survey and paper survey process.
    a. Are they tracked and measured?
       Yes metrics that are defined are tracked by assigned staff, some are submitted if the metric is assigned by a payer or the state of Michigan.
    b. Are there current reports you can share as well?
       Most of the reports include PHI screenshots of some of the state formats are included at the end of this document.

c. Would you like your vendor to consult on any additional data capturing, tracking and reporting opportunities?
Yes, we are always interested in others expertise on data capture and tracking.

16. I see that you are wanting e-prescribing, does your staff currently use a paper MAR (medication administration record)?
No currently we use an electronic module called "RX" that prescribes everything except controlled substances which currently we do use paper scripts for but are transitioning that to electronic too.
17. Does VBCMH place prescription orders?
Yes, our 3 Doctors we do have 1 Nurse Practitioner.
    a. If yes, do you prescribe controlled substances?
    Yes, controlled substances are part of the medications that we prescribe.
18. Does VBCMH place lab orders already? We place orders through paper order.
    a. If yes, please indicate which lab vendor(s) you expect to interact with-
    We would be interested in an electronic solution and have talked with vendors in the past but don't have an active relationship that we would prioritize if we set this up.
19. Does VBCMH do waterfall billing? Yes
    a. If yes, what percentage of total revenue is billed using waterfall billing?
    10%-15%
    b. What percentage of total revenue is billed as Medicaid?
    80%-85% This is our highest percentage of total revenue.
    c. Does group bill commercial insurance carriers? Yes
        1. If yes, what percentage of total revenue to commercial carriers?
        Around 5%
20. Does VBCMH use a clearinghouse? Yes
    a. If yes, which clearinghouse do you use? We use BCBS
    b. If yes, does your current clearinghouse meet your needs? Yes
    c. If no, please detail the issues with your current clearinghouse n/a
21. Does VBCMH do rollup billing? No
    a. If yes, does group roll up if different providers but same CPT? n/a
22. Does VBCMH use any proprietary billing codes (i.e. non CPT/HCPCS)?
We currently do not but we do have a history of the state and our major payor changing codes with little warning and using state codes or modifiers that are not standard. For example, we have a 90853 group code with a HF (SUD modifier) and a "proprietary" modifier of H7 to mark it as an evidence-based service. The key for us is to quickly be able to modify codes because we often get little warning and for the past 2 years the state had made significant changes to coding that we have had to implement.
    a. If yes, please list codes and services they are associated with
    Van Buren does not have proprietary codes, but the state sometimes uses them. The state coding manual can be found at:
    https://www.michigan.gov/documents/mdhhs/MHCodeChart_554443_7.pdf

Set 2:

23. What are the sizes of the other CMHs?

Please note, these are all metrics trying to be gained for each organization (Van Buren, CMHSP 1 and CMHSP 2) to help us put an accurate pricing proposal together for your RFP.

CMH 1:
We have 2 providers/prescibers and 2-3 more prescriber agents
+/- 60 Users
We average around 35k encounters per Fiscal Year.

CMH 2:
7 prescribers (all part time)
+/- 50 Users

Van Buren:
3 (4 including NP) prescribers
180+/- Users

Operating expense for each org? Van Buren $26,776,000 CMH 1: $14,815,025
CMH 2: $14,500,000
How many concurrent users at each org?
CMH1: 60 CMH 2: 50 Van Buren: 180
What are the service lines for each org? It looks like Van Buren has MH, SA, DD, and Residential. Is that the same for the other two? Does anyone provide Crisis services?
All CMHs provide MH, SA, IDD and Crisis services (including hospitalization prescreening).
How many prescribers at each org?
CMH 1: 2; CMH 2: 7; Van Buren: 3
How many providers are doing telehealth at each org?
Before COVID there were only a few that participated in telehealth, since COVID-19 most providers have learned and provided services via telehealth. We are all currently unsure if the new Michigan telehealth rules will continue past the COVID crisis.
For each org providing DD services, can you please provide the following:

- # of Individuals served in your DD programs (Census is preferred for this metric)
  CMH 1: 200; CMH 2: 300; Van Buren : 410
  - # of home and community based clients in your DD programs if applicable same as above
- # of day programs (locations) if applicable
  0 -CMHs have transitioned to supported employment programs and individualized or very small group CLS services, Van Buren does run a store front as well for selling crafts made by clients.
- # of ICF's (locations) if applicable 0
- # of group homes (locations) if applicable
  0 owned by any of the 3 CMHs, we all do contract for specialized mental health services with other providers that run group homes.
  # of Users documenting on DD clients?
  CMH1:10 to 15; CMH 2: 50; Van Buren: 66 users

Set 3:

1. Please confirm the official due date. The RFP states both 8/10 and 8/15 as the due date.
   8/15/2020 by 5:00 pm (Saturday) it can be turned in earlier then the deadline.

2. Can you clarify the number of Providers that will be utilizing the system?
   a. Providers" mean those:
      Physicians 3, Nurse Practitioners 1, Physician Assistants 0, Audiologists 0, Optometrists 0, Ophthalmologist 0, Opticians 0, Therapists 57 (Psychologist and Social workers) , Occupational Therapists/ Physical Therapists 3, Music Therapist 0, Speech Therapists 0, Massage Therapists 0, Chiropractors 0, Anesthesiologists 0, Psychologists (LLP) 14, Dentists 0, Hygienists 0, Licensed Social Workers 43, Midwife 0, Nutritionists 0, Dietitians 0, Counselors (LPC) 10 , Mental Health Practitioners 0 Neurophysiologists 0, care managers/care coordinators/case managers: 11 and Podiatrists 0 employed by or under contract with Customer to provide services within the medical field.

3. Can you please clarify the number of nurses that will be utilizing the system? (Please do not include Nurse Practitioners as they are considered Providers and should be included in the Provider number above). At Van Buren there are 7 RNs.

4. Can you please clarify the roll of the nurses (not including Nurse Practitioners)?
   a. Will the nurses be writing prescriptions?
      RNs complete verbal orders in the system for Doctors
   b. Will the nurses be issuing medications?
      RNs do provide injections to clients of medications.
   c. Will the nurses require a schedule?
      Yes
   d. Will the nurses need to lock the Progress Note?
      Lock no – create progress notes yes.

5. Can you provide a breakdown of Full-Time and Part-Time Providers? We define a Full-Time Equivalent Provider as a provider who works more than two (2) days a week. A Part-Time provider works two (2) days a week or less. Full-Time at Van Buren only: 156; Part-time at Van Buren only: 31

6. Can you provide the total number of facilities to be served, and how many clinical providers (per definition above) per facility?
   Van Buren has 6 buildings and provides services in the community as well.

7. If multiple facilities, do you want them to share a single database or have individual databases?
   Single staff move between buildings.

8. Please provide a general overview of your data migration needs (demographics, insurances, EMR data, number of years of data, number of patients, etc.)

2 CMHs have had an EHR system since the 2008; the 3rd has had EHR for a decade . We would want data transferred related to demographics, history of services, insurances, clinical documents for active and inactive patients or at least access to those data elements.

9. Do you have a preference for on-premises hosting or a cloud-hosted solution?

   We have used both in the past and are open to either depending on recommendations and agreements with vendor.

10. Are there any device integration requirements for this project? If so, what devices?
    None

11. Can you please provide additional details on what interfaces are needed – labs, radiology, hospital information systems, etc.? We assume the most common format is HL7 interfaces. If there are other formats, please provide the details for these formats.
    Labs and Pharmacy interfaces are desired, ADT hospital information is desired. Also we have to generate 15 file types and submit them to our PIHP these file types are defined by SWMBH and SWMBH provides file formats as part of the MCIS process (examples include daily Authorization file, Encounter files, BH TEDS files, Assessment files).

12. Please include the name of the system(s) that needs to be interfaced with, the format of the interface, what information will need to be exchanged and which direction the information will be going.
    We don't currently have interfaces with other systems but would want the ability to interface with other systems moving forward.

13. Do you need an interface to an in-house pharmacy? If so, please provide the name of the pharmacy system.

    No

14. Are you participating in, or do you plan to participate in any payer incentive programs, for example, Meaningful Use, MIPS, HEDIS, PCMH, ACO, etc.?
    Meaningful Use and MIPS, I would also like to have HEDIS in the system but we don't participate in that currently.

15. Do you require the integrated Dental EMR, Inventory Management, Population Health, Chronic Care Management, or Office Kiosk? No

16. Do you have a central scheduling/billing office? Scheduling is done by staff seeing the client or front desk, billing is done by Finance staff based on service notes generated by progress notes completed by staff.

17. Do you offer occupational health services? Van Buren provides supported employment services and OT services to clients. Staff occupational health would be done outside the EHR for workers comp.

18. Do you have in-house IT resources that are available for this project? Do they have experience with projects of this size/scope? Will this be a dedicated team that will work with our Project Team during the Implementation Phase?

    We contract with two IT vendors – 1 focused on hardware and 1 on IT support, both will be involved in the project. There will also be non-IT project management and a small team to work with implementation (as well as inviting Subject Matter Experts to review their pieces of the implementation).

19. What other solutions are being evaluated? All solutions that are submitted as part of the RFP will be reviewed and evaluated based on the RFP and a grading criteria we have created based on the RFP.

20. Are there additional ancillary information systems that you are using? Are they cloud-based or locally hosted? What is their purpose? We use additional reports and data that comes form the PIHP and State however none of this is integrated into our EHR currently. The most important data source that we would want to integrated in 270/271 eligibility data into the system. This comes from the state and is not hosted locally.

21. Do you have an existing fax solution? Would it be interested in a digital faxing solution?

    Yes we are interested in digital faxing.

22. Are you seeking a Train-the-Trainer program? If so, can you clarify how many resources you anticipate will be needed to become certified for the Train-The-Trainer program?
    We would want training provided by the EHR company for our staff to be available, it would not have to certified.

23. Will you require an interface to an HIE? If so, which one?
    Yes we want an interface probably MiHin but we don't currently have that relationship set up.
24. Do you have any specific billing requirements, needs, or challenges?
    We have a complicated billing system with us acting as payer and provider depending on the situation, we also have a lot of changes coming to the system from the state in the next few years for billing as far as codes to use so we require the ability to change quickly.
25. Do you require Revenue Cycle Management Services (outsourced revenue cycle services provided by eClinicalWorks)?
    We would be interested in seeing your solution we do not require it though.

Set 3:

<u>Pharmacy (Rx) Management and ePrescribing:</u>

1) Do you have inpatient prescribing needs?

    No all our prescribers are outpatient and if they work in a hospital setting it is with the

hospital not under us.

2) Do any of your programs submit prescriptions to a dedicated/contracted pharmacy? No
    a. If yes, is this pharmacy onsite at one of your locations? None – no pharmacies are on site.
    b. Is this pharmacy owned by you? No
    c. Is this pharmacy licensed as inpatient or outpatient? N/A
    d. If Outpatient/Retail, is it on the Surescripts network? N/A

3) How many ePrescribers do you currently have (for licensing purposes)? 3 Doctors are prescribers and 1 NP at Van Buren.

4) How many ePrescribers will need to be quoted for your shared models with Pines and/or 2 other CMHSPs (how many prescribers does each additional CMHSP have)?
CMH 1:We have 2 providers/prescribers and 2-3 more prescriber agents
CMH 2: 7 prescribers (all part time)
Van Buren: 3 (4 including NP) prescribers

Provider Management

1) How many provider entities do you contract with? For Van Buren 80 current contracts (but they include multiple provider sites so there can be subcontracts)
2) How many provider entities do you pay? 100 (our PHIP manages the contracts for hospitals but we pay those claims)
3) How many provider entities need access to a portal? All 100
    a. Do your providers use a portal today? Currently providers enter claims in an EHR owned and operated by the PIHP in our region for 2 of the CMHs in this RFP, and one CMH manages their own provider payment system. One of the goals of this RFP is to pull back from the PIHP the billing features for the 2 that are currently in that system.
    b. If yes, what do they do with their portal access? Providers access and see authorizations approved by the CMH and generate claims that the CMH pays.
4) How do you know what needs to be paid to a contracted provider?
    a. Is this based on documentation they submit to you? Yes external providers have to submit claims in our system that meet validations that we have set in the system.
    b. Do any providers send you paper claims? A few those are entered into the system by our staff to get paid.
    c. Do any providers send you 837 electronic claims? No but would like this feature in solution.

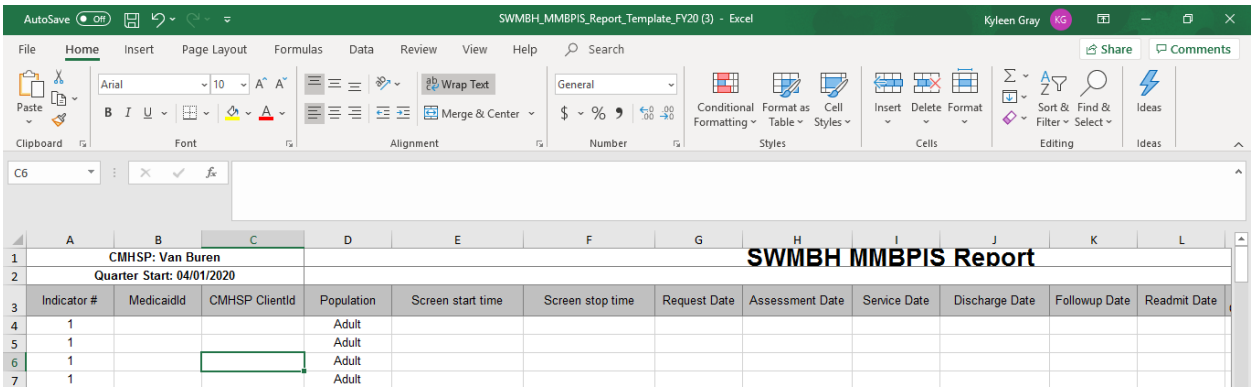
Reporting

1) You mention PQRS. PQRS requirements were rolled into MIPS reporting a few years back. Is this the intent of your question? Yes we still call the program based on the old name but it needs to align with MIPS current standards.

Pricing

1) Your RFP mentions 180 staff/users. Is that 180 users for Van Buren only? Yes
2) How many users should be quoted for each additional CMHSPs? CMH 1: 60; CMH 2: 50

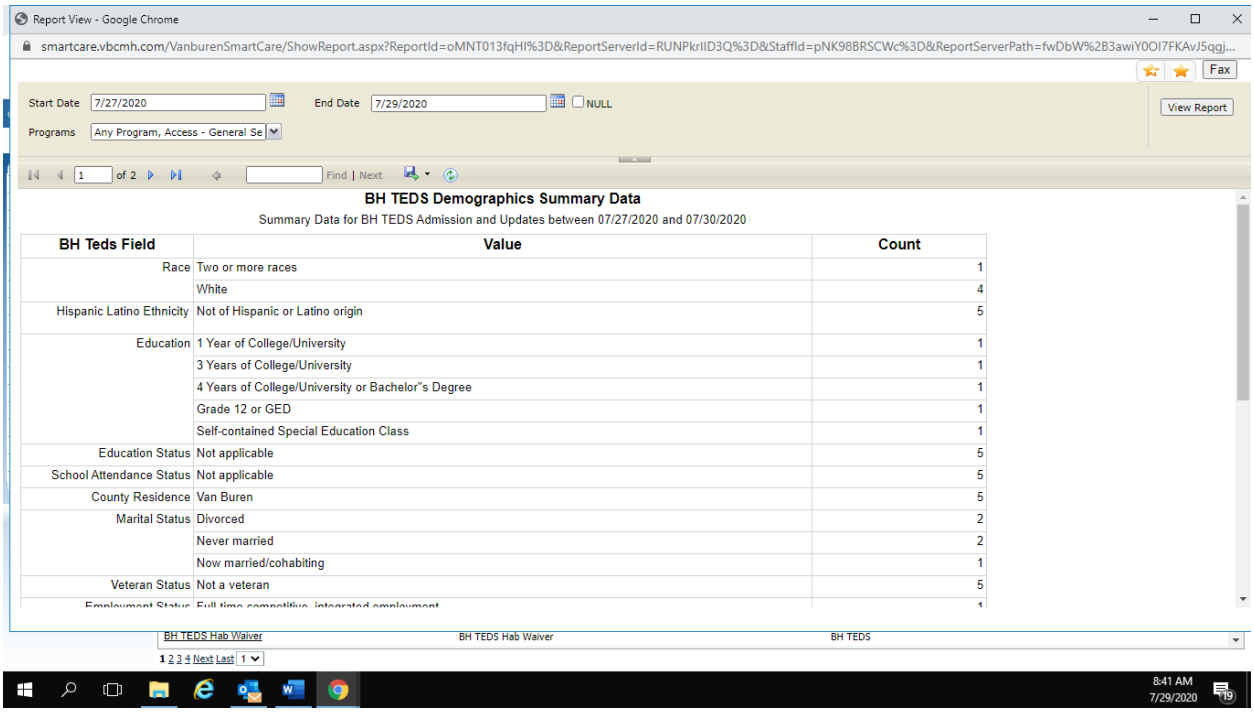
Examples of Reports:



CMHSP: Van Buren
Quarter Start: 04/01/2020

SWMBH MMBPIS Report

Indicator #	MedicaidId	CMHSP ClientId	Population	Screen start time	Screen stop time	Request Date	Assessment Date	Service Date	Discharge Date	Followup Date	Readmit Date
1			Adult								
1			Adult								
1			Adult								
1			Adult								



Start Date 7/27/2020 End Date 7/29/2020 NULL Programs Any Program, Access - General Se View Report

BH TEDS Demographics Summary Data

Summary Data for BH TEDS Admission and Updates between 07/27/2020 and 07/30/2020

BH Teds Field	Value	Count
Race	Two or more races	1
	White	4
Hispanic Latino Ethnicity	Not of Hispanic or Latino origin	5
Education	1 Year of College/University	1
	3 Years of College/University	1
	4 Years of College/University or Bachelor"s Degree	1
	Grade 12 or GED	1
	Self-contained Special Education Class	1
Education Status	Not applicable	5
School Attendance Status	Not applicable	5
County Residence	Van Buren	5
Marital Status	Divorced	2
	Never married	2
	Now married/cohabiting	1
Veteran Status	Not a veteran	5
Employment Status	Full time competitive integrated employment	1