BORDER REGION
BEHAVIORAL HEALTH CENTER

REQUEST FOR PROPOSAL

Behavioral Health
Electronic Health Records System

November 20, 2020

BORDER REGION BEHAVIORAL HEALTH CENTER
REQUEST FOR PROPOSAL

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SECTION I – INTRODUCTION

Border Region MHMR Community Center dba\Border Region Behavioral Health Center (Border Region BHC) is seeking proposals for an Electronic Health Records System for services in Behavioral Health, Primary Care, In-Patient Crisis Care, and Intellectual and Developmental Disability (IDD). The intent is to obtain information leading to the selection of a Behavioral Health Electronic Health Records System that will best meet the clinical and management information needs of Border Region BHC.

Respondents who are selected for further consideration may be requested to make on site presentations and demonstrate their system.

Border Region BHC requires that all proposed software be installed and operating at all four sites. If developmental software or an enhanced version of existing software is included in the overall package being proposed, the nature, status, and timing of development and delivery activities should be clearly stated.

All questions and inquiries regarding this RFP should be directed to:

Laura McCoy, CFO
Border Region BHC
1500 Pappas
Laredo, Texas 78041
956-794-3000
lauram@borderregion.org

 Anticipated Time Frames for Evaluation and Selection Process

Issue RFP to Vendors	11*/20/2020*
Questions on RFP due	*12/11/2020*
Responses to RFP due	*12/21/2020*
Online Vendor Demonstration-week of	*1/11-16/2021*
Final Evaluation and Selection	*1/20/2021*

Please submit your response to the above address or electronically:
lauram@borderregion.org
Responses received after *5:00PM CDT, December 21, 2020* **will not be considered.**

SECTION II – FACILITY PROFILE

1. Border Region BHC
1500 Pappas
Laredo, Texas 78041
956-794-3000
www.borderregion.org

2. Border Region MHMR Community Center, DBA, Border Region Behavioral Health Center, a community center under the provisions of Chapter 534 of the Texas Health & Safety Code Ann., as amended, transitioned from a State Operated Community Services Center, a State Agency, to a local governmental unit in September 2000 to provide community based behavioral health and intellectual development services in Jim Hogg, Starr, Webb, and Zapata Counties. BORDER REGION BHC is governed by a nine-member Board of Trustees representing each county in the service area and is the designated local authority. Border Region BHC provides Behavioral Health, Primary Care, In-Patient Care, and Intellectual and Developmental Disability (IDD) services.

3. Project Goals and Expectations
The goals of the Behavioral Health Electronic Information System Project are:

- Obtain sufficient information leading to the selection of a Behavioral Health Electronic Health Records System that will best meet the clinical and management information needs of Border Region BHC.
- Select a system a system that complies with all Federal (e.g., HIPAA, HITECH) and State requirements, specifically those for **Certified Community Behavioral Health Clinics** (CCBHC).
- Perform a successful implementation and transition to an EHR system that meets all the requirements of a successful operation.

4. Outreach Goals and Expectations
The outreach goals of the facility are to continue to provide excellent behavioral health services under the certification of CCBHC.

5. Current Electronic Information System Environment

The current Behavioral Health Electronic Information System is:
Cerner Community Behavioral Health

The current outreach solution is:

- *Services :* Behavioral Health, Primary Care, Crisis In-Patient Care, and Intellectual and Developmental Disability
- *Locations : 4 locations in Jim Hogg, Starr, Webb, and Zapata Counties*
- *Doctors : (12)*
- *Service Providers: 270 (Log-in Users – 150)*
- *Encounters : 20,000 – 24,000/mo*
- *Automated Appointment reminders: 649/mo*
- *Eligibility and Benefits Verification: 3,900/mo*

- *eVisits: 60/mo*
- *Caretracker: 419 served in IDD programs*
- *Historical system migration: All history available on the present system shall be migrated.*

The information systems to be interfaced to the Behavioral Health Electronic Information Systems are:

- Practice Management System
- Hospital Information System
- Billing System
- Electronic Medical Record
- Cost Accounting Methodology (CAM) Reporting System (Optional).

SECTION III – CRITERIA FOR EVALUATION OF RESPONSES

Border Region BHC will evaluate the responses to this RFP based on the vendor's ability to:

- Meet the functional and technical requirements described in this RFP as evidenced by the RFP response and demonstration of the software.

- Provide a cost-effective solution that meets the financial goals of *Border Region BHC*

- Provide timely program modifications and upgrades in response to changing industry needs, regulatory requirements, and advancing technology.

- Demonstrate expertise and functionality as evidenced by client references and site visits.

- Provide a superior level of customer service and technical support, both pre-installation and post-installation to clients as evidenced by references.

SECTION IV – VENDOR PROFILE

1. Identify the company name, address, city, state, zip code, telephone, and fax numbers.

2. Identify the name, title, address, phone and fax numbers, and e-mail address of the primary contact person for this project.

3. Provide a brief overview of your company including number of years in business, number of employees, nature of business, and description of clients.

4. Identify any parent corporation and/or subsidiaries, if appropriate.

5. Give a brief description of the evolution of the Behavioral Health Electronic information system software. Include the date of the first installed site and major developments that have occurred (e.g. new versions, new modules, specific features). Describe any previous ownership, if appropriate.

6. List any industry awards/recognition that you have received, the awarding party, and the date received.

7. Indicate the total number of Behavioral Health installations in the last 3 years by the year of installation and the total number of current users for the proposed system.

8. Provide a summary of your company's short term and long term goals and strategic vision.

9. Provide a list of three references similar in size and specialty mix to *Border Region BHC*. References should be clients who have had their system installed within the past 5 years. (Include name, contact, address, telephone, system(s) installed and date of installation)

SECTION V – TECHNICAL ENVIRONMENT

Hardware

1. Describe the required hardware configuration including descriptions of central processing unit(s), networking hardware, back up devices, and Uninterrupted Power Supply.

2. Describe the ability of the proposed system to support fail-safe data storage (redundancy, mirrored, etc.).

3. Describe the requirements of system cabling for communication to the server and to the existing network.

4. Does the system employ 32-bit architecture?

5. What are the warranty periods provided for hardware?

6. Please outline service and maintenance costs for the system as proposed.

7. In an outreach environment, describe the connectivity of the proposed system.

Software

1. Describe the operating systems under which the proposed system will operate. (UNIX, DOS, Windows, Windows NT, etc.)

2. Name and describe the database management program utilized by the system.

3. What programming language(s) was used to develop the system?

4. How many records can be stored in the proposed system?

5. Describe the file purging/archiving methodology used by the proposed system.

6. List cost of license agreements, renewal, and upgrades.

7. Describe the length of time a software version is supported.

8. Please describe your system's database reporting tools.

9. Describe the security system used by the proposed system.

10. Describe your proposed disaster recovery plan to safeguard source code and ensure that the proposed system is recoverable in the event of a disaster at the headquarters of your facility.

11. Describe your proposed disaster recovery plan for *Border Region BHC* to ensure that our data is safe and secure in the event of a disaster.

Network and Interface Issues

1. Have you interfaced your EHR with other Clinical Information Systems? (Provide names of interfaced systems.)

2. Describe the network topology of your outreach solution in conjunction with your EHR solution.

3. Describe the network topology of your outreach solution in conjunction with another vendor's EHR solution.

4. Can your outreach solution be a stand-alone application utilizing a different EHR?

5. Have you interfaced your outreach solution with other information systems (i.e. the outreach solution needs to be able to accept orders from and send results to information systems that do not reside on the same LAN or WAN as the Behavioral Health EHR)? Describe the interface functionality in detail.

6. Does the proposed system comply with interface standards for importing and exporting data to and from other systems?

7. Have you interfaced your EHR with reference laboratories? (Provide names of interface reference laboratories.) Describe the interface functionality.

8. Does your EHR have the capability to provide a direct link to off-site locations for order entry and result retrieval? Describe this capability in detail.

9. What communication protocols are supported?

10. What speeds of network lines are required for proposed EHR to function on a Wide Area Network?

11. What network infrastructure is needed to operate a true outreach operation?

SECTION VI – SYSTEM IMPLEMENTATION AND TECHNICAL SUPPORT

1. Describe and attach your typical implementation plan. Describe the length of time your engineer will be on our site during implementation and the exact scope of the work they will perform.

2. Describe the experience and qualifications of your installation team.

3. What kind of client communication and implementation planning is done prior to the installation?

4. Describe the training provided. Include a training outline.

5. Where is your technical support center located?

6. What are the methods for contacting technical support?

7. What are your hours of operation for technical support?

8. Describe the qualifications of your technical support staff.

9. Describe the organization and structure of your technical support services.

10. What percentage of your total employees is responsible for direct client support?

11. Describe the ongoing system support provided by the vendor.

12. Are software upgrades provided as part of the software support contract?

13. Describe your software upgrade process.

14. Are there "hot fixes" or "updates" between versions? Do these updates cost extra?

15. How often are new versions released?

16. How are customer requests for enhancements and customizations handled?

17. How many separate modifications were included in the last release?

18. How many separate modifications included in the last release requested by current users?

19. Describe the qualifications of your product development department.

20. What percentage of your total employees is responsible for product development?

21. Do you have a formal users' group?

22. Describe the company's policy regarding source code.

SECTION VII – SYSTEM PROPOSAL

Provide a system proposal that includes:

1. Detailed listing of hardware provided (If any).

2. Detailed listing of software provided.

3. Description of training provided, including location and time commitment.

4. Description and cost of ongoing support.

5. Cost of proposed system.

6. Provide timeline of events.

	BEHAVIORAL HEALTH ELECTRONIC OUTREACH SOLUTION **FUNCTIONAL REQUIREMENTS**		
NOTE: Detailed Descriptions of features are REQUIRED for all responses. **A - Feature is available off the shelf.** **N - Feature is not available.** **C - Feature is available with additional cost and custom programming.**			
	Functional Description	**Feature Availability**	**Detailed Description**
A.	**SYSTEM ARCHITECTURE AND MAINTENANCE**		
A.1	Provide an outreach system that operates in a Windows environment.		
A.2	Provide an outreach system that employs a centralized relational database.		
A.3	Allow the outreach system to operate on all networking infrastructures, including local and wide area networks, and Internet based connectivity linking all practice sites.		
A.4	Provide the ability for outreach solution to integrate with any EHR.		
A.5	Provide the ability for outreach solution to integrate with multiple EHR'.		
A.6	Allow full system functionality from any computer, regardless of computer specifications.		
A.6	Provide a scalable system that can be expanded easily as our facility grows.		
A.7	Provide an operational environment that will ensure the security and integrity of the system and all its data.		
A.8	Provide for redundant storage of all system data files.		
A.9	Provide for redundant processing capabilities to protect against processor failures.		
A.10	Provide a checkpoint recovery capability to restore data files after a system failure.		
A.11	Provide expanded descriptions for error messages.		

A.12	Please describe any scheduled maintenance procedures.		

SECTION VII – FUNCTIONAL REQUIREMENTS

Refer to the following Functional Requirements checklist. Notice that there is a Functional Requirements section for the Behavioral Health Electronic Information System portion of the proposed solution and a separate Functional Requirements section for the Outreach portion of the proposed solution. A response and detailed description to each checklist item is required. Failure to respond to every item could result in dismissal of your RFP submission. Elaborate on any items that differentiate you from other vendors.

Assign one of the following Availability Codes to each item:
A - Feature is available off the shelf.
N - Feature is not available.
C - Feature is available with additional cost and custom programming.

B.	SECURITY AND AUDITING		
B.1	Provide a multi-level security system that is separate from the EHR to ensure the confidentiality of patient-related information and to control access to outreach functions and features.		
B.2	Restrict access to specific areas of the application based on system function to be performed.		
B.3	Provide practice level security ensuring that associates of one practice cannot gain access to the patient records of		
B.4	Allow password protection at different levels (i.e. system administrator, phlebotomy, nursing, provider, etc.).		
B.5	Allow a user of proper security clearance to modify the database parameters once the system is live,		
B.6	Restrict access to configuration tables, profile indexes, etc. to designated personnel via security controls.		
B.7	Maintain an automated system log of user sign-on activity.		
B.8	Maintain an audit trail for system entries including user code, date, and time of each system transaction.		
B.9	Provide multi-level password security down to options within menus.		

C.	INTERFACING		
C.1	Provide operational interfaces for the following applications (Please provide a functional description of each interface available):		
C.1.1	Crisis Unit Information System		
C.1.2	Reference Laboratory		
C.1.3	Electronic Medical Record		
C.1.4	Behavioral Health Electronic Information System		
C.1.5	Billing System		
C.1.6	Practice Management System		
C.1.7	Demographics System		
C.1.8	Pathology Module/Software		
C.1.9	Microbiology Module/Software		
C.1.10	Radiology Module/Software		
C.1.11	Other Information System		
C.2	Provide additional interfaces for multiple systems.		
C.3	Provide all interfaces as an integral part of the application requiring no additional third-party software to implement or maintain the interface.		
C.4	Provide technical support for all active interfaces.		

D.	ORDER ENTRY		
D.1	Allow multiple tests ordering for a single patient using a common demographic record.		
D.2	Allow Behavioral Health Electronic orders to be entered from any computer on or off the local network.		
D.3	Allow the lab to develop and customize orderable items.		
D.4	Allow simple test ordering: Single header linked to a single test result field (e.g. Glucose).		
D.5	Allow compound test ordering: Single header linked to multiple test result fields (e.g. CBC, Lipid Panel, and Comprehensive Metabolic Panel).		
D.6	Allow the user to order tests by entering test codes and/or by selecting from a test menu.		
D.7	Automatically alerts users to previously ordered lab work.		
D.8	Allow at the time of ordering a request that patient lab results be sent to more than one provider.		
D.9	Allow the cancellation of orders for patients who do not show for appointment.		
D.10	Provide Medical Necessity validation based on lab-defined valid diagnosis codes for each applicable test.		
D.11	Allow the generation of Medicare-compliant ABN forms when test ordering fails medical necessity validation.		
D.12	Allow entry of four diagnosis codes for each ordered test.		
D.13	Provide automatic testing destination routing as specified in payor's contract.		
D.14	Provide automatic label printing as orders are entered.		
D.15	Allow lab-defined label configuration.		
D.16	Describe the bar code formats your outreach solution accepts and prints.		
D.17	Provide the specific sample requirements or sample tube types at the time of order entry.		
D.18	Store diagnosis codes in registration function.		

D.19	Support retrieval of patient records by partial (e.g. first few letters of) patient last name.		
D.20	Support sample storage and retrieval modules for the purpose of drug testing, add-on testing, etc.		
D.21	Process orders for profiles that include multiple tests (e.g. cardiac enzyme profile).		
D.22	Allow a miscellaneous test code so previously undefined tests can be ordered and charged.		
D.23	Ability to correct a field on a screen without having to re-enter entire order transaction.		
D.24	Allow entry of orders for future dates.		
D.25	Allow splitting one ordered test into more than one request (e.g. group tests, pre-op, and coag screen).		
D.26	Automatically check for and warn of duplicate single test orders with profile orders.		
D.27	Support cancellation of tests--logging accession #, test code, patient name, reason, date, time, and tech ID.		
D.28	Provide simple method to order additional test requests on sample already received and processed in lab.		
D.29	Allow cancellation of an order without canceling prior results.		
D.30	Provide flexible, customizable Sample ID formats.		
D.31	Print sample collection labels for timed and routine collections.		
D.32	Allow for multiple labels per test to print.		
D.33	Print instructions/comments (e.g. do not collect from right arm) on sample labels.		
D.34	Print aliquot labels when more than one test is drawn in the same collection tube.		
D.35	Provide that uncollected samples continue to appear on subsequent lists until cancelled or collected.		
D.36	Provide for easy free text entry of information such as critical result notification, sample rejection, or culture sites.		

D.37	Provide for intelligent prompting for accessioning; e.g. When a wound culture is ordered, the system prompts the user for site/location.		
D.38	Provide easy access to sample requirements for Behavioral Health Electronic users.		
D.39	Provide intelligent sample labeling – groups samples in chemistry together and prints on labels, while hematology tests print on separate label and microbiology prints separately. Allows for making the number of labels customizable for each test.		
D.40	Provide intuitive user interface – easy to locate screens for accessioning, reporting queries, etc.		
D.41	Provide for an easy, systematic, and logical method of adding, editing, or deleting tests in the test code dictionary.		
D.42	When looking up a patient in the system, tests performed on that patient and test results are made available without additional steps.		
D.43	Allow outreach clients to customize their own order entry screens to fit their practice's needs.		
D.44	Allow outreach clients to customize colors and logos of the system for their practice only.		

E.	RESULT REPORTING		
E.1	Provide ability to auto deliver results by the following methods:		
E.1.1	Web Delivered (i.e. Provider logs in to a website to retrieve results)		
E.1.2	Email		
E.1.3	Fax		
E.1.4	Print		
E.1.5	Electronic interface to client information system (EMR, HIS, PMS, etc.)		
E.2	Accept images, graphics and linked documents from a host EHR via interface to display on reports.		
E.3	Provide ability to designate HTML or PDF format of reports.		
E.4	Maintain patient result history indefinitely.		
E.5	Provide ability to purge results after a specific amount of time if desired.		
E.6	Provide ability to graph historical results on a report.		
E.7	Provide scheduler for automatic result delivery.		
E.8	Allow re-delivery of results.		
E.9	Automatically maintain a record of reports delivered by each reporting modality (FAX, Printer, and E-Mail, etc.). Provide easy access to these results at any time.		
E.10	Allow patient test to be incomplete for at least 8 weeks in the system.		
E.11	Print daily detailed master log of all work performed in lab for audit purposes.		
E.18	Display abnormal or critical results uniquely from other results.		
E.19	Allow for cumulative result reporting. Please explain.		

E.20	Describe the procedure for correcting test results that have been resulted. After correcting, are the corrections able to be altered?		
E.21	Print list of received but untested samples due to insufficient quantity. Allow for a comment to be placed on the sample accordingly.		
E.22	Includes features that allow batch reporting.		
E.23	Allow features for customizable patient report formats.		
E.24	Display patient results in an easy to view format for all patients of a provider or location.		
E.25	Provide ability to batch print and batch acknowledge receipt of results.		
E.26	Provide the date/time reported on reports transmitted by FAX, laser printer, and e-mail.		
E.27	Provide a permanent log of all test results that have been edited.		
E.28	Workstations work independently of each other. Multiple functions can occur simultaneously without one party having to exit the system.		
E.29	Provide flexible reporting formats.		
E.30	Provide the ability to access all patients of a particular client by name, date, or date range.		
E.31	Allow look-up of patient and patient results by client number.		

F.	RULES-BASED LOGIC		
F.1	Ability for rules-based logic where Behavioral Health Electronic personnel can define criteria in "if-then" statements.		
F.2	Ability for Rules program to evaluate all rule entries for tests, not just the first one, so that complex or "cascading" rules may easily be designed, where several rules can be invoked based on one scenario.		
F.3	Provide rules-based report routing.		
F.4	Provide the ability to create rules to assist in decision support.		
F.5	Must have ability to flag results based on criteria other than standard reference ranges to include testing location, drawing location, ordering provider, patient age, and priority of order.		
F.6	Charge rule capability.		
F.7	Provide ability to customize order entry rules.		
F.8	Allow rules to be enabled by practice (i.e. one practice has certain rules enabled and another practice doesn't).		

G.	SAMPLE STATUS AND TRACKING		
G.1	Provide the ability to track patient samples throughout the testing process.		
G.2	Provide identification of the individual who ordered the test, collected the sample, and released the test results, including the date and time of these occurrences so that this information is accessible throughout the process.		
G.3	Support user-defined priorities.		
G.4	Support a way to identify the phlebotomist, (doctor, nurse, etc.) in system for samples not drawn by Behavioral Health Electronic personnel.		
G.5	Include data for tracing order (dates, times, tech ID, results) from order entry to final reporting in master log.		
G.6	Provide index to master log by accession number.		
G.7	Provide customizable sample storage tracking including identification of freezers, refrigerators, etc.		
G.8	Allow sample storage/retrieval by use of a barcode scanner (i.e. the requisition is scanned into the system and the system tells the Behavioral Health Electronic where the sample is stored in the lab).		

H.	PATIENT RECORDS		
H.1	Provide ability to easily generate historical patient reports.		
H.2	Allow patient database search based on:		
H.2.1	Patient name		
H.2.2	Patient account number		
H.2.3	Patient SSN		
H.3	Allow the user to search previous patient results for specific tests and easily view historical results of that test.		
H.4	Allow the user to graph patient results by test to identify possible trends.		
H.5	Allow historical results for multiple tests to be graphed on one normalized graph.		
H.6	Describe how the system handles storage of old results. Is archiving/purging necessary?		
H.7	Allow the user to review specific patient's results without paging through the entire list of patient results.		

I.	MANAGEMENT AND ADMINISTRATION		
I.1	Provide ability to create completion reports by date.		
I.2	Provide ability to create billing summary reports by date.		
I.3	Provide ability to create reports of failed medical necessity checks.		
I.4	Provide ability to create cancelled test reports that include test name and reason for cancellation.		
I.5	Provide for a customizable overdue report that would indicate tests such as urine cultures that become overdue at 4 days while blood cultures become overdue at 7 days and CBC overdue at 4 hours.		
I.6	Provide ability to create turnaround time reports by date.		
I.7	Provide a summary report for test usage over a user-definable period of time.		
I.8	Provide physician utilization report (e.g. number of tests requested by a physician).		
I.9	Provide ability to print a list of draws that need to be performed.		

J.	DATA MINING		
J.1	Provide user-friendly report generator with graphical user interface as an integral part of the outreach application.		
J.2	Provide ability to create reports from any computer.		
J.3	Provide ability to create a billing report.		
J.4	Provide ability to create a report showing all tests completed during a date range.		
J.5	Provide ability to create a report for order exceptions.		
J.6	Provide ability to generate patient lists (with certain demographic data) who meet specific result criteria for public health reporting.		
J.7	Provide ability to create reports on standing or recurring orders.		
J.8	Provide ability to write queries using logic in great detail within the application.		
J.9	Support the use of commercially available tools for report generation.		
J.10	Provide ability to save commonly performed searches.		
J.11	Provide ability to schedule automatic, unattended runs of data reports.		
J.12	Provide ability to create reports to mine patient data for specific practices within the application		
J.13	Provide on-line help screens to assist novice users in all applications.		