

State of Maine
Master Score Sheet

RFP# 202105068					
Integrated Care Management (ICM) Solutions					
Bidder Name:		Cerner State & Local Government Services, Inc.	Medical Information Technology, Inc.	Netsmart Technologies	Streamline Healthcare Solutions, LLC
Proposed Cost Including Cost Adjustments:				\$5,998,421.00	\$7,231,105.00
Scoring Sections	Points Available				
Section I: Preliminary Information	Pass/Fail	Pass	Pass	Pass	Pass
Section II: Organization Qualifications and Experience	15	13.00	7.00	13.00	11.00
Section III: Proposed Services a. Functional (15 points) b. Technical (15 points) c. Implementation (15 points)	15	11.00		12.00	10.00
	15	7.00		13.00	11.00
	15			13.00	9.00
Section IV: Cost Proposal a. Cost Proposal (35 points) b. Budget Narrative (5 Points)	35			35.00	29.03
	5			4.00	3.00
TOTAL	<u>100</u>	DISQUALIFIED at Stage Three (Technical)	DISQUALIFIED at Stage Two	<u>90.00</u>	<u>73.03</u>

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011
Tel.: (207) 287-3707; Fax: (207) 287-5031
TTY: Dial 711 (Maine Relay)

Award Justification Statement

RFP# 202105068 Integrated Care Management (ICM) Solutions

I. Summary

Through RFP# 202105068, the Department sought proposals for an Integrated Care Management (ICM) Solutions. Four (4) Bidders responded to the RFP: Cerner State & Local Government Services, Inc. (Cerner), Medical Information Technology, Inc. (MEDITECH), Netsmart Technologies (Netsmart), and Streamline Healthcare Solutions, LLC (Streamline). Through the evaluation process, Netsmart was determined to provide the best value to the State of Maine.

II. Evaluation Process

An Evaluation Team comprised of State employees, used a staged approach to evaluate and score the proposals and applied the consensus method in scoring the Bidders Qualifications & Experience, and Proposed Services. Scores for the Cost Proposal were assigned using a mathematical formula.

III. Qualifications & Experience of Netsmart

- Over 50 years' experience in health and human services technology.
- Twenty-five (25) states and Washington D.C. (2 being New England state) utilize Netsmart's solution.
- Deliver full medial clinical medication management building interoperability in healthcare analytics platform.

IV. Proposed Services Netsmart

Netsmart's proposed solution will offer the Department a new comprehensive approach to its records management. Netsmart demonstrated the ability to provide an ICM Solution both in the written narrative and during the demonstration of their solution.

V. Cost Proposal

Netsmart's proposed the lowest cost of \$5,998,421 for the 2 year implementation and 3 years of initial period of performance for ongoing maintenance, operations, and enhancements.

VI. Conclusion

The strengths of Netsmart outweighed the other Bidders through both their qualification and experience as well as the services they intend to provide through the RFP. The Evaluation Team has determined the proposals submitted by Netsmart represents the best value to the State of Maine.

From: [Charette, Thomas](#)
To: [Jonathan Amey](#)
Cc: [Charette, Thomas](#)
Subject: Proposal Evaluation Notification for RFP #202105068 Integrated Care Management (ICM) Solutions - Cerner
Date: Wednesday, October 27, 2021 9:25:07 AM
Attachments: [AL_RFP_202105068_ICM - Cerner.pdf](#)

Good morning Mr. Amey,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for Dorothea Dix and Riverview Psychiatric Centers Integrated Care Management (ICM) Solutions. The attached letter identifies the awarded Bidder selected through the evaluation process.

Thank you for your submission.

Tom Charette
RFP Manager
DHHS/Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, ME 04333

RFP.DHHS@maine.gov

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TTY: Dial 711 (Maine Relay)

Oct-26-2021

Via Electronic Mail: nick.amey@cerner.com

Cerner State & Local Government Services, Inc.
Nick Amey, Advisory Strategic Client Executive
2800 Rockcreek Parkway
North Kansas City, MO 64117

SUBJECT: Notice of Conditional Contract Award under RFP #202105068, Integrated Care Management (ICM) Solutions

Dear Mr. Amey:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Dorothea Dix and Riverview Psychiatric Centers. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

- Netsmart Technologies

Netsmart Technologies received the evaluation team's highest ranking. The Department will be contacting Netsmart Technologies soon to negotiate a contract. As provided in the RFP, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and Netsmart Technologies. Netsmart Technologies shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.

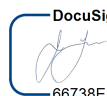
As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:

66738ED17E0C4B2...

Jim Lopatosky, Director
Division of Contract Management

From: [Charette, Thomas](#)
To: pgasek@meditech.com
Cc: [Charette, Thomas](#)
Subject: Proposal Evaluation Notification for RFP #202105068 Integrated Care Management (ICM) Solutions - Med
Date: Wednesday, October 27, 2021 9:23:40 AM
Attachments: [AL_RFP_202105068_ICM - MEDITECH.pdf](#)

Good morning Ms. Gasek,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for Dorothea Dix and Riverview Psychiatric Centers Integrated Care Management (ICM) Solutions RFP. The attached letter identifies the awarded Bidder selected through the evaluation process.

Thank you for your submission.

Tom Charette
RFP Manager
DHHS/Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, ME 04333

RFP.DHHS@maine.gov

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TTY: Dial 711 (Maine Relay)

Oct-26-2021

Via Electronic Mail: pgasek@meditech.com

Medical Information Technology, Inc. (MEDITECH)
Pamela Gasek, Marketing Consultant
One MEDITECH Circle
Westwood, MA 02090

SUBJECT: Notice of Conditional Contract Award under RFP #202105068, Integrated Care Management (ICM) Solutions

Dear Ms. Gasek:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Dorothea Dix and Riverview Psychiatric Centers. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

- Netsmart Technologies

Netsmart Technologies received the evaluation team's highest ranking. The Department will be contacting Netsmart Technologies soon to negotiate a contract. As provided in the RFP, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and Netsmart Technologies. Netsmart Technologies shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.

As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

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Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:



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Jim Lopatosky, Director
Division of Contract Management

From: [Charette, Thomas](#)
To: cpanowicz@ntst.com
Cc: [Charette, Thomas](#); [DHHS, RFP](#); [Gagnon, Jennifer](#); [Drolet, Bethany](#); [George-Roy, Stephanie](#); [Ives, Jonathan A](#)
Subject: Proposal Evaluation Notification for RFP #202105068 Integrated Care Management (ICM) Solutions - Net
Date: Wednesday, October 27, 2021 9:31:02 AM
Attachments: [AL_RFP_202105068_ICM - Netsmart.pdf](#)

Good morning Ms. Panowicz,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for Dorothea Dix and Riverview Psychiatric Centers Integrated Care Management (ICM) Solutions RFP. The attached letter identifies the awarded Bidder selected through the evaluation process.

Thank you for your submission.

Tom Charette
RFP Manager
DHHS/Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, ME 04333

RFP.DHHS@maine.gov

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109 Capitol Street
Augusta, Maine 04333-0011
Tel.: (207) 287-3707; Fax: (207) 287-5031
TTY: Dial 711 (Maine Relay)

Oct-26-2021

Via Electronic Mail: cpanowicz@ntst.com

Netsmart Technologies
Cathleen Panowicz, Government Solutions Manager
11100 Nall Avenue
Overland Park, KS 66211

SUBJECT: Notice of Conditional Contract Award under RFP #202105068, Integrated Care Management (ICM) Solutions

Dear Ms. Panowicz:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Dorothea Dix and Riverview Psychiatric Centers. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

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Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:

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Jim Lopatosky, Director
Division of Contract Management

From: [Charette, Thomas](#)
To: joel.zangara@streamlinehealthcare.com
Cc: [Charette, Thomas](#)
Subject: Proposal Evaluation Notification for RFP #202105068 Integrated Care Management (ICM) Solutions - Stream
Date: Wednesday, October 27, 2021 9:24:32 AM
Attachments: [AL_RFP_202105068_ICM - Streamline.pdf](#)

Good morning Mr. Zangara,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for Dorothea Dix and Riverview Psychiatric Centers Integrated Care Management (ICM) Solutions RFP. The attached letter identifies the awarded Bidder selected through the evaluation process.

Thank you for your submission.

Tom Charette
RFP Manager
DHHS/Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, ME 04333

RFP.DHHS@maine.gov

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11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011
Tel.: (207) 287-3707; Fax: (207) 287-5031
TTY: Dial 711 (Maine Relay)

Oct-26-2021

Via Electronic Mail: joel.zangara@streamlinehealthcare.com

Streamline Healthcare Solutions, LLC
Joel Zangara, MBA, Regional Sales Manager
510 E. Butler Court
Kalamazoo, MI 49007

SUBJECT: Notice of Conditional Contract Award under RFP #202105068, Integrated Care Management (ICM) Solutions

Dear Mr. Zangara:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Dorothea Dix and Riverview Psychiatric Centers. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

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Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:

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Jim Lopatosky, Director
Division of Contract Management

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Cerner State & Local Government Services, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Debra Downer

Names of Evaluators: Michael Migliore, Stephanie George-Roy, Jennifer Gagnon, Bethany Drolet, Dr. Daniel Potenza, Christine Bellatty, Jamie Meader, Beverly Perkins

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)		
All interested parties who have at least three (3) years' experience in the past six (6) years providing technical maintenance and system operational support of live production Integrated Care Management Solutions within an inpatient psychiatric facility located in the United States are invited to submit bids in response to this RFP. The Bidder's qualifying ICM Solution experience must, at a minimum, include: • Behavioral Health Services; • Medical Services; • Pharmacy Medication Management Services; and • Billing and Reimbursement Services.	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	15	13.00
Section III. Proposed Services a. Functional (15 points) b. Technical (15 points) c. Implementation (15 points)	15	11.00
	15	7.00
	15	*
Section IV. Cost Proposal a. Cost Proposal (35 points) b. Budget Narrative (5 Points)	35	*
	5	*
<u>Total Points</u>	<u>100</u>	*

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Cerner State & Local Government Services, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

Provided evidence of three (3) years' experience in the past six (6) years providing technical maintenance and system operational support of a live production Integrated Care Management Solutions within an inpatient psychiatric facility located in the United States. Qualifying ICM Solution experience identified in Projects 1 and 2 include:

- Behavioral Health Services;
- Medical Services;
- Pharmacy Medication Management Services; and
- Billing and Reimbursement Services.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Cerner State & Local Government Services, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	15	13.00

Evaluation Team Comments:

Stage Two - Qualifications and Experience	
Part IV. Section II. Organization Qualifications and Experience	
1. Overview of the Organization	- International corporation founded in 1979, 42 years. 300 organizations are utilizing the behavioral health solution. - Market share holder held company. - Indicates holding more patents than other companies, 4x larger than competitors. - Have several state contracts throughout the U.S. dealing with statewide networks. - Dashboard for social determinants of health was interesting. - Millennium architecture was first released in 1997. - Mobile applications for providers. - New president/CEO effective October 1, 2021 a psychiatrist who may bring new knowledge to the company. He also was the former vice president of Google Health and president/CEO of Geisinger. - Established a standalone strategic behavioral health business unit in 2012 which demonstrates dedication to behavioral health services. - Recipient of the KLAS award in 2020 and 2021. - Indicates attributes of their company are architecture, innovation, remote hosting, and fixed fee implementations. - One project was an example from Maine (NorthernLight). - Two projects were state specific (Virginia, Wisconsin). - Two projects provide reference contacts as Cerner employees rather than the business reference contracts. - One project has been live for <1 year, one project just over 1 year, and the 3rd since 2018.
2. Subcontractors	Indicates none will be utilized.
3. Organizational Chart	Org chart includes pertinent groups for this project from the behavioral health unit.
4. Litigation	Indicates no pending, it is not clear if the bidder has any closed within the past 5 years.
5. Financial Viability	Appears financially viable. Provided only 2 years audited.
6. Licensure/Certification	Met requirement.
7. Certificate of Insurance	Provided and valid, cyber liability is limited to 10M.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Cerner State & Local Government Services, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	15	11.00
a. Functional (15 points)	15	7.00
b. Technical (15 points)		
c. Implementation (15 points)	15	*

Evaluation Team Comments: The Evaluation Team's consensus score resulted in the Bidder not receiving the minimum score of 9 as required by Part V, B.2. Stage Three – Proposed Services for the Technical Narrative Response (TNR) and Technical Requirements Workbook. Therefore, the Bidder is disqualified at Stage Three.

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
<u>FNR-1:</u> Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
- Proposing a single tenant solution. - Fully automated integrated pharmacy solution. - Claim an individualized plan of care for each patient. - EHR designed to support behavioral health specifically. - Unified platform between each of the modules. - Inoperability solutions. - Interoperability connection to CommonWell and Cerner Direct HISP (mechanism to create and forward email to providers) - Provides a patient portal. - Optional imbedded video visits.
<u>FNR-2:</u> Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
- Provided a detail history which was logical. - Have a separate center just for government contracts, currently in Maine. - Has had no transfer of ownership.
<u>FNR-3:</u> For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
- Release monthly service packs - Major upgrade and packages will be Cerner's responsibility. - Allows for the Department to perform testing prior to any deployment to production. - Provide documentation and reporting tools upon release. - Claim a highly effective change control process. - Communicate with customers prior to release.
<u>FNR-4:</u> Medication Reconciliation

STATE OF MAINE TEAM CONSENSUS EVALUATION NOTES

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Cerner State & Local Government Services, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
• Home medication history uses many resources to gain information including HIEs, CommonWell Health Alliance, and SureScripts • All viewable within the physician's workflow. • Automatically generates orders during reconciliation. • Therapeutic interchange through formulary is automatically reconciled. • Reconciliation notes are included in the patient summary. • Transfer medication reconciliation is inclusive of all order including non-medication orders.
FNR-5: Medication Orders, Verification, and Administration
Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:
a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
• Order entered into CPOE is immediately available to pharmacy review and verification, then fully available for administration on the eMAR using barcoding technology for increase safety. • Completely integrated medication order entry.
FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
• Alerts can be displayed at any place in the ordering process (physician, pharmacy or eMAR) • Alerting window is actionable. • Pop up window indicating severity, interaction, and drug information.
b. Describe how warnings will be enforced.
• Responses will be reported with a pop up window alert. • User action on warning will be retained in logs and can be reported on.
c. Describe, where applicable, how warnings will be closed or canceled.
• Pop ups allow for discontinuing order, a new order, modifying the order, or to override the warning. • Warning cannot be dismissed without an action. • Overrides are available in an audit report.
FNR-7: Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
• Utilize their own drug formulary drug reference database and updates monthly. • The Team is concerned that price changes may need to be manually entered and maintained.
b. Describe how changes will be entered into the proposed ICM Solutions.
• Access is controlled by position level permission for administration.
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
• CPOE directly links with formulary, validation barcodes ensure successful administration. • Therapeutic substitution steers the Provider to formulary items.
FNR-8: Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
• Non controlled medications are transmitted to preferred pharmacy. • Controlled medications required two-factor authentication either by biometrics or smart token to meet requirements.

STATE OF MAINE TEAM CONSENSUS EVALUATION NOTES

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Cerner State & Local Government Services, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
Offers over 180 behavioral health specific scales and assessments, with constant updates.
b. Identify the skills required and the steps to be taken to:
- Develop new customized forms and assessments; and - Deploy changes to test and production environments.
- Cerner authors new clinical forms and assessments with a team of experts. - Will work with the Department to best fit prebuild forms and assessments to Department specific requirements.
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
- Cerner's change governance process will be used to implement additions. - Modification to existing forms and assessment will not impact patient information already captured. - Documentation is in real-time across platforms.
FNR-10: Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
Meet requirement
b. Describe the process for ordering lab tests and reviewing lab results.
- Uses HL7 messages for direct interfaces. - Can scan or import documents from labs that do not have interfaces.
FNR-11: Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
Met requirement.
Functional Requirements Workbook
103.01 – Robust search functionality which allows for multiple criteria and filters 104.01 and 104.02 – Bidder seemed to have misinterpreted the requirement. 108.00 – clinical risk management is essential and not met by bidder with no alternative solution proposed. 109.08 – medical necessity, CPT4, and ICD10 require additional licenses. 112.01 – Hospitals cannot create or modify assessment or forms. 112.04 – assessment flex based on patient demographics. 112.05 – Hospital cannot determine requirement fields. 112.13 – Cerner offers read only access during down time. 113.02 – Wiley Libraries are not included and would require a separate purchase. 115.01 – Nuance Dragon medical dictation is enabled for speech recognition, additional fees apply. 119.03 – unable to send outpatient controlled substance information to PDMP from the inpatient pharmacy. 122.02 – reference wristband scanning for eTAR identity verification, team is wondering if other verification methods available. 123.01 – bidder indicates meets but does not provide a dietary solution and suggests the Department provide the solution. 124.03 – finance forms not included but Cerner will work with the Department to determine if they can be built. 200.01 – comprehensive reports and appear to support data driven decision. 126.04 – cannot do custom searches, only sort by date, type and author. 126.05 – propose all documentation is pulled into Cerner rather than provide hyperlinks to external document system. 131.01 – can connect with some external patient record archives, will recommend an appropriate system upon award.

STATE OF MAINE TEAM CONSENSUS EVALUATION NOTES

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Cerner State & Local Government Services, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

132.02 – Enhancement – offline assessment functionality is in development.
 135.02 – did not answer transcription text environments.
 302.01 – will allow Provider to view PDMP records which is not a bidirectional interface.
 302.02 – PDMP full functionality is not available without additional cost.
 304.00 and 305.00 – unclear if interface is being offered or if the Department would have to submit directly.
 308.00 – Bidder is unclear of their ability to connect to HealthInfoNet.
 312.01 – unable to upload medication from wholesaler.

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

- Single tenant solution isolates the system from other vendors systems.

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

- Met requirement.

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

- Client server solution being proposed, will utilize CITRIX a legacy system.

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

- Multifacility functionality allows dispersed facility to utilize the same database but maintain separate information.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

- Does not address mobile tablet or phone in response.

Technical Requirements Workbook

500.00 – request exception and additions which will need to be validated by the State legal team.
 500.02 – are requesting exceptions to vulnerability remediation policy.
 500.04 – enhancement in order to meet the Departments digital accessibility and usability policy. Are not section 508 compliant.
 500.05 and 500.07 – does not agree to comply with remoting hosting or information security policy policies requesting exceptions.
 500.11 – requesting exception to vulnerability policy
 500.13 – requesting exception for validation of security scanning
 502.01 – Bidder proposing use of a previous signed NDA with the State.
 502.03 – states meeting requirement but does not apply to Cerner agrees to provide annual penetration attestation. Will not do a penetration test prior to deployment.
 503.01 – data center is only 22 miles apart.
 505.02 – unclear whether bidder is proposing a replica of the State's active directly environment sent LDAP
 507.04 – creating an enhancement for a disconnected read and write mode which is still in development.
 507.05 – does not integrate with Office 365
 508.07 – integrated “help” pages available online and “help” can be accessed within the solution.
 509.02 – require multiple user credential for multi role staff members.
 510.00, 510.01, 510.02, 510.03 – the Department or OIT cannot make changes to forms and reports, does not agree to make post go-live requirement changes or allow staff to make modifications to system inventories.
 511.00 and 512.00 – only providing one non production environment.
 514.03 – do not address physical hardware of the servers.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Medical Information Technology, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Debra Downer

Names of Evaluators: Michael Migliore, Stephanie George-Roy, Jennifer Gagnon, Bethany Drolet, Dr. Daniel Potenza, Christine Bellatty, Jamie Meader, Beverly Perkins

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)		
All interested parties who have at least three (3) years' experience in the past six (6) years providing technical maintenance and system operational support of live production Integrated Care Management Solutions within an inpatient psychiatric facility located in the United States are invited to submit bids in response to this RFP. The Bidder's qualifying ICM Solution experience must, at a minimum, include: - Behavioral Health Services; - Medical Services; - Pharmacy Medication Management Services; and - Billing and Reimbursement Services.	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	15	7.00
Section III. Proposed Services a. Functional (15 points) b. Technical (15 points) c. Implementation (15 points)	15	*
	15	*
	15	*
Section IV. Cost Proposal a. Cost Proposal (35 points) b. Budget Narrative (5 Points)	35	*
	5	*
<u>Total Points</u>	<u>100</u>	*

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Medical Information Technology, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

Provided evidence of three (3) years' experience in the past six (6) years providing technical maintenance and system operational support of a live production Integrated Care Management Solutions within an inpatient psychiatric facility located in the United States. Qualifying ICM Solution experience identified in Projects 1 and 3 include:

- Behavioral Health Services;
- Medical Services;
- Pharmacy Medication Management Services; and
- Billing and Reimbursement Services.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Medical Information Technology, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

*The Bidder did not provide multiple items as required in Part IV, Section II of the RFP. The Evaluation Team's consensus score resulted in the Bidder not receiving the minimum score of 9 as required by Part V, B.2. Stage Two – Qualifications and Experience of the RFP. Therefore, the Bidder is disqualified at Stage Two.

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	15	7.00

Evaluation Team Comments:

Stage Two - Qualifications and Experience	
Part IV. Section II. Organization Qualifications and Experience	
1. Overview of the Organization	- Has had the behavioral health component since 2005. - Current electronic records for both State hospitals. - Privately held corporation founded in 1968. - Out of 1472 accounts 375 are utilizing the Expanse program within the U.S. and only one in Maine. - Used in 2250 healthcare organization in 23 countries. 2018 launched fully integrated web-based Electronic Health Record. - Indicate 24% of market share within the U.S. - Claim to be at the forefront of interoperability. - Reference provided in the 3 projects were for MEDITECH employees rather than the business reference contracts. - Two of 3 projects were legacy customers who upgraded to the Expanse product. - All three projects reference 3rd party vendors: Zynx Health, DrFirst, First Databank, and Intelligent Medical Objects. - Project 2 is not for inpatient psychiatric services. - The Department currently works with MEDITECH through MaineHealth. The Department has been using MEDITECH legacy system since 2006 for both hospitals. MEDITECH has been highly responsive to Department needs and has resolved issues within sufficient timeframes.
2. Subcontractors	Indicates may be utilizing subcontractors for specific projects but did not provide any additional information.
3. Organizational Chart	Provided a high level org chart including specific staff names. Does not include the resources for the project being proposed.
4. Litigation	Indicates no pending and would need further discussion. It is not clear if the bidder has any closed within the past 5 years.
5. Financial Viability	Did not provide indicating further discussion would be required.
6. Licensure/Certification	Met requirement.
7. Certificate of Insurance	

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER: Medical Information Technology, Inc.

DATE: 9/16/2021, 9/21/2021, 9/28/2021

- | |
|---|
| <ul style="list-style-type: none">• Did not provide indicating further discussion would be required. Would provide upon request, however the RFP requested the information. |
|---|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/16/2021, 9/21/2021, 10/5/2021, 10/25/2021

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Debra Downer

Names of Evaluators: Michael Migliore, Stephanie George-Roy, Jennifer Gagnon, Bethany Drolet, Dr. Daniel Potenza, Christine Bellatty, Jamie Meader, Beverly Perkins

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)		
All interested parties who have at least three (3) years' experience in the past six (6) years providing technical maintenance and system operational support of live production Integrated Care Management Solutions within an inpatient psychiatric facility located in the United States are invited to submit bids in response to this RFP. The Bidder's qualifying ICM Solution experience must, at a minimum, include: • Behavioral Health Services; • Medical Services; • Pharmacy Medication Management Services; and • Billing and Reimbursement Services.	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	15	13.00
Section III. Proposed Services a. Functional (15 points) b. Technical (15 points) c. Implementation (15 points)	15	12.00
	15	13.00
	15	13.00
Section IV. Cost Proposal a. Cost Proposal (35 points) b. Budget Narrative (5 Points)	35	35.00
	5	4.00
<u>Total Points</u>	<u>100</u>	<u>90.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/16/2021, 9/21/2021, 10/5/2021, 10/25/2021

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

Provided evidence of three (3) years' experience in the past six (6) years providing technical maintenance and system operational support of a live production Integrated Care Management Solutions within an inpatient psychiatric facility located in the United States. Qualifying ICM Solution experience identified in Projects 2 and 3 include:

- Behavioral Health Services;
- Medical Services;
- Pharmacy Medication Management Services; and
- Billing and Reimbursement Services.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/16/2021, 9/21/2021, 10/5/2021, 10/25/2021

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	15	13.00

Evaluation Team Comments:

Stage Two - Qualifications and Experience	
Part IV. Section II. Organization Qualifications and Experience	
1. Overview of the Organization	- Over 50 years' experience in health and human services technology. - Deliver full medial clinical medication management building interoperability in healthcare analytics platform. - Indicates #1 provider of state hospitals and behavioral health organizations. 25 states and Washington D.C. (2 being New England state) utilize Netsmart's solution. - Claim extensive experience replacing legacy systems and paper based workflows. - Have an advocacy group in Washington D.C. to assist with legislative matters related to behavioral health. - Have a comprehensive solution and demonstrated continuous progress and improvements to their solution over the past years related to the needs of the customers. - Claim experience related to health information exchange and prescription drug monitoring programs. - Reference being members of the Sequoia project. - Projects listed for ND, TN, and SC which are all state with inpatient psychiatric facilities and have been in production for multiple years.
2. Subcontractors	Indicates will not utilize subcontractors.
3. Organizational Chart	- Provided a comprehensive org chart covering the project team through implementation and support. - Will provide a dedicated individual assigned to Maine.
4. Litigation	Provided, the team has no concerns at this time.
5. Financial Viability	Appears financially viable. Provided only 2 years audited.
6. Licensure/Certification	Met requirement.
7. Certificate of Insurance	Provided and valid. Does not specifically indicate having cyber liability.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/16/2021, 9/21/2021, 10/5/2021, 10/25/2021

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	15	12.00
a. Functional (15 points)	15	13.00
b. Technical (15 points)		
c. Implementation (15 points)	15	13.00

Evaluation Team Comments:

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
<u>FNR-1:</u> Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
• Certified through all stages of meaningful use and working on alignment with Cures Act • Subscription based SaaS solution • Cloud based • Utilizes the recovery model • One distinguishing feature is bill episodically rather than encounter based • Integrated with PMP, DEA, etc. set up for inpatient and outpatient. • Has ability to track Key Performance Indicators • Core of solution is myAvatar • Associated with NASMHPD Research Institute (NRI) and National Association of State Mental Health Program Directors (NASMHPD) • Fully integrated pharmacy module designed for behavioral health. • Supports digital dictation • Integration and interoperability engine assists with care coordination
<u>FNR-2:</u> Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
• Founded in 1968, longest standing healthcare records in the U.S. • Fully functional and used in over half of the U.S. in state facilities, in addition to non-profits and private entities. • Developed and completely owned by Netsmart. • Started out as a billing solution and migrated into a fully functional records management solution.
<u>FNR-3:</u> For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

STATE OF MAINE TEAM CONSENSUS EVALUATION NOTES

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/16/2021, 9/21/2021, 10/5/2021, 10/25/2021

- Product development is driven by governmental mandates, trends in the industry, market demand, and client input. - Utilize Netconnect for quarterly broadcasts - Perform monthly patch releases with quarterly minor system releases - All updates are placed in the UAT for testing prior to go-live - Customers can choose when to enable enhancements after delivery - Updates generally require no more than 1 hour down time. - Provided an outline of when updates are performed.
FNR-4: Medication Reconciliation
Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
Met requirements
FNR-5: Medication Orders, Verification, and Administration
Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:
a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
- Prescribing agents and nursing staff require prescriber validation prior to order being transferred to the pharmacist - Order are immediately available on the eMAR for stat orders
FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
- Warnings are non-interruptive during order process. - Depicted as "lights" with color coding - Both rules engines and risk engines are modifiable by the State policies
b. Describe how warnings will be enforced.
- Ordering and administrating can override alerts but a comment must be added to the system. - Orders cannot be signed until the provide takes action.
c. Describe, were applicable, how warnings will be closed or canceled.
- Associated staff are maintained in the system and available for reporting - Warning must be acknowledged, and responses are audited.
FNR-7: Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
- Provides a master formulary which can be individualized per facility - Information entered is defaulted to add efficacy to the process - Changes to formulary flow through to order entry, eMAR, and dispensing.
b. Describe how changes will be entered into the proposed ICM Solutions.
- System uses Micromedex/IBM and Redbook as formulary data providers - Updates occur monthly through the system and only need to be loaded 1 time
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
- Option to remove the medication from practitioner display or move to the bottom of the list and marked non formulary. - Formulary checking is performed at real time and occurs at various points during prescribing

STATE OF MAINE TEAM CONSENSUS EVALUATION NOTES

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/16/2021, 9/21/2021, 10/5/2021, 10/25/2021

FNR-8: Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
- Fully integrated ePrescribing functionality allows for the provider to directly sign in from the solution to the Maine PDMP - Surescripts and DEA certified - Uses IBM-Watson Health Micromedex - Uses two-factor authentication - A library of pharmacies is available
FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
- Robust library of prebuild inpatient psychiatric forms templates and assessment are available and are modifiable - Forms and assessment can be created using logic or visual modeling - Embedded tool sets include the form bundler to assist with workflows. - Ability to insert hyperlinks
b. Identify the skills required and the steps to be taken to:
i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
- No prerequisite skills required, training will be provided - System administrator deploy changes
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
Information will not change unless it is resubmitted
FNR-10: Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
Met requirement
b. Describe the process for ordering lab tests and reviewing lab results.
Alerts are sent for abnormal or critical results
FNR-11: Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
Met requirement
Functional Requirements Workbook
103.01 patient look up has capability to show photo for positive identification 105.02 supervisor can view staff dashboards 117.04 notes, labs, and assessment are available to view during order process but are not attached to the order. 117.10 UpToDate functionality for clinical support will not be available until 7/1/2022 123.01 proposing continued use of the Gerimenu which does not meet the requirement outlined in the RFP 125.01 include analytics 132.02 support fully offline access and syncing upon connection 300.02 and 300.03 may incur additional cost if data elements are required then the proposal states. 311.00 unable to auto transmit Merit Based Incentive Payment System (MIPS) via interface, however files and data are collected.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/16/2021, 9/21/2021, 10/5/2021, 10/25/2021

Technical - Narrative Response (TNR)	
<u>TNR-1: Technology Overview</u> - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).	
- System hosted in Plexus Cloud which appears the branding for Netsmart Cloud Solution - Hosted environment is SSAE 18 certified and SOC2 Attested - Use secure development frameworks including Spring, OWASP, AntiSamy, and Hibernate - Security plan follows ISO 27001/27002 and NIST CyberSecurity Framework	
<u>TNR-2: Technical Architecture Diagram</u> - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.	
Met requirement	
<u>TNR-3: Technical Architecture Diagram Description</u> - Describe the technical architecture diagram of the proposed ICM Solutions.	
Provided 3 diagrams appear to be adequate for a web based solution	
<u>TNR-4: Data Privacy</u> – Describe how the technical architecture prevents unauthorized access to personally identifiable information.	
Does not state encryption level	
<u>TNR-5: Hardware Specification</u> - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).	
Met requirement. However, smart phones are not supported unless it is using a specific piece of the solution.	
Technical Requirements Workbook	
500.03 will comply but testing is done without any customizations and not guaranteed to meet accessibility policy. 500.05 perform annual penetration testing using 128/256-bit SSL certificates and 168-bit TripleDES IPsec 500.12 Have not undergone FEDRAMP or CJIS certification. 501.00 NIST 800-53 revision5 compliance by the end of 2021 and will provide new documentation once prepared. 505.02 Support ADFS and SAML 2.0 507.04 solution has disconnected mode 507.05 appointments sent to Outlook do not have PHI or PII 508.04 copy and paste functions use native right click 508.07 contextual help is available from within the solution. 511.05 test data is created in the production environment and copies back to test environment for use 511.08 Performs automated testing but not on specific client databases.	

STATE OF MAINE TEAM CONSENSUS EVALUATION NOTES

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/16/2021, 9/21/2021, 10/5/2021, 10/25/2021

Implementation - Narrative Response (INR)
INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook). • Provided a well organized information with overview of each role's responsibilities and tasks
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned. • Did not specifically provide the percent of time for each role, only the position count • Indicates time is split between other projects.
INR-3: Roadmap and Schedule – Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook). • Provided a comprehensive roadmap and schedule • Includes major milestones and correlated to the work plan • Work plan was completed in a Microsoft project solution which is easy to modify and share • Timeline proposed appears to be feasible.
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions. • Designed separate trainings for separate roles
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live). • Utilize train the trainer method • Would conduct end user training • Offer webinars and recorded sessions for post go-live • Maintenance training is provided to system administrative staff
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook). • Use industry standard boilerplate SLAs
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center. • Physically separated by more than 600 miles
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing • SaaS is inclusive of licensing costs
Deliverable 1.2 Solution Configuration • Well defined process with check points and workflow validation
Deliverable 1.3 ICM Acceptance Testing Environment • Will be created post go-live and can be filled with test data or deidentified production data • A build environment will be created for file building and form/assessment modeling
Deliverable 1.4 ICM Training Environment • Pre and post training data will be available • Preproduction environment will be created for pre go-live, a training environment will be created for on-going training • Training modules are deliverable by role
Deliverable 1.5 ICM Production Environment

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• Redundant and dedicated virtualization with IIS web, application servers, and database servers • Utilize SAN storage and RAID disks • Backups are done nightly, and data replications are done throughout the day
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
• Collaborate with organization to assess workflows. • Will provide as-is assessment documentation to the Department
Deliverable 2.2 Hospitals To-Be Migration Plan
• Met requirement
Deliverable 2.3 Solution Implementation
• Met requirement
Deliverable 2.4 Electronic Form Migration
• Will review each form and customize as needed
Deliverable 3.1 Support
• Tier based support model with 3 different levels • Has a web based support portal allows reporting and viewing of status of all issues 24/7/365
Deliverable 3.2 Maintenance
• Met requirement
Deliverable 3.3 Enhancements
• Mostly client driven • Performs an appropriate amount of testing prior to release • Provide ongoing communication
<u>INR-9: Subcontractor Roles and Responsibilities:</u> For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.
Unclear if Micromedex or Redbook are subcontractors
Implementation Requirements Workbook
803.01 proposed strategy does not meet the requirement
812.09 uptime is 99.9% instead of 99.98%
812.14 do not meet partial or intermittent outages

STATE OF MAINE TEAM CONSENSUS EVALUATION NOTES

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/16/2021, 9/21/2021, 10/5/2021, 10/25/2021

Stage Four - Demonstrations
Topic 1 Use Case – User Authentication and Authorization
The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.) - Demonstrate how authorized hospital staff will log in. - Describe the steps and timing; how many times a day will users need to complete the login process? - What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card) - Will the State's Active Directory be required for user credentials and authentication? - How will users know which environment they are connected to (e.g. test, training or production)? Used SAML for active directory authentication Used multi-factor authentication and multiple ways to utilize the function Federated authentication model was comprehensive Customizable user time out default Identify the environment to connect to prior to logon
Topic 2 Use Case – Patient Registration and Bed Assignment
Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.) - Demonstrate how a patient is pre-admitted through full registration, including any required fields. - Demonstrate what data is captured for insurance. - Demonstrate how a patient is given a room/bed assignment. - Demonstrate census reporting. - Demonstrate how a patient would be transferred to another room/bed. Required fields are shown in red Ability to pull data from HIE Did not show all available beds Did not provide for a search feature Bed board is used for transfers with a drag and drop feature Census was a good feature and can be sorted by multiple filters Waterfall billing can be set up at a patient level Has a pre-admission process that can capture data on referral without needing to create an admission record
Topic 3 Use Case - Medication Reconciliation at Admission
Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.) - Demonstrate how and what information about a patient's existing medications is captured. - Demonstrate how the providers indicate that a medication should be continued, held, or discontinued? - Demonstrate how a provider would substitute a medication in the formulary for an existing medication. Met requirement Cumbersome clicking
Topic 4 Use Case – Clinical Diagnoses
Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.) - Demonstrate how diagnoses are captured. - Demonstrate how diagnoses are activated/inactivated. - Demonstrate how present on admission (POA) is captured. Ability to pull in diagnosis from previous documentation or visit
Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission
Provider orders medication for patient. (Refer to Requirement Group #117.) - Demonstrate how a <u>provider</u> orders a medication. - Demonstrate the steps <u>providers</u> will follow to review medication warnings and related patient safety

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features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions). i. How will the medication warnings be visually depicted? ii. How will warnings be enforced? iii. Were applicable, demonstrate how warnings will be overridden and available override reasons. c. Demonstrate how a <u>provider</u> signs the order they entered. d. Demonstrate how a <u>provider</u> signs an order that was entered by a nurse (e.g. telephone or verbal orders).
Met requirement Screens busy with lots of clicking
Topic 6.1 Use Case - Medication Order Verification
Pharmacist verifies the medication order. (Refer to Requirement Group #119.) a. How does the <u>pharmacist</u> verify or deny the order? i. Demonstrate how an order's dose, route, quantity, and frequency are verified. ii. Demonstrate how a therapeutic substitution would be made. b. How does the <u>pharmacist</u> request the provider to review or modify the order? c. Demonstrate the steps a <u>pharmacist</u> will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions). d. How will the medication warnings be visually depicted? i. How will warnings be enforced? ii. Were applicable, demonstrate how warnings will be overridden and available override reasons. iii. How does the <u>pharmacist</u> provide medication administration instructions to nurses?
Had a pharmacist presenting the functionality which was beneficial Ability to monitor who has access to what and the time
Topic 6.2 Use Case - Medication Formulary Management
Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.) a. Demonstrate how <u>pharmacists</u> will make changes to the Medication Formulary. b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration. c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).
Met requirement
Topic 7 Use Case – Electronic Medication Administration Record (eMAR)
Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.) a. Demonstrate how <u>nurses</u> receive notification that a patient medication needs to be administered. b. Review the eMAR screen(s) in the proposed ICM Solutions. i. Review TALLman Lettering ii. Review Visual Cues or Text c. Demonstrate how <u>nurses</u> will document administration of patient medications on the eMAR. d. Demonstrate the steps <u>nurses</u> will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions). i. How will the medication warnings be visually depicted? ii. How will warnings be enforced? iii. Were applicable, demonstrate how warnings will be overridden and available override reasons. e. Demonstrate how to document a late administration of medication. f. Demonstrate how to document a patient medication refusal.
Color coded for stat meds TALLman lettering in effect
Topic 8 Use Case – Clinical Treatment Planning
Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.) a. Demonstrate how a treatment plan is created. b. Demonstrate how standard text is modified to be patient centered.

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c. Demonstrate how goals and interventions are populated for documentation.
Concern there will be a lot of work to get the treatment planning to meet the Department's workflow
Topic 9 Use Case – Nursing Assessments/Interventions
Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)
a. Demonstrate how <u>nurses</u> receive notification that a patient has an assessment/intervention that needs to be completed.
i. Demonstrate layout of daily status board screens
ii. Demonstrate navigation of screens
b. Demonstrate how <u>nurses</u> would document that the intervention has been completed.
c. Demonstrate how <u>nurses</u> would document notes.
Created nursing workflows
Problem lists will be updated based on what is selected in the assessment and would not force manual re-entry in the workflow.
Demonstrated shift notes and comments
Nursing forms have customizable required fields
Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking)
Financial analyst completes billing cycle (Refer to Requirement Group #127.)
a. Demonstrate how <u>financial analysts</u> view patient accounts for billing
b. Demonstrate how <u>financial analysts</u> create claims
c. Demonstrate how <u>financial analysts</u> reconcile remittances
Analytics and exporting into excel
Topic 11 Use Case - Data Conversion (MEDITECH C/S 5.66): Refer to the full text in the Requirements Workbook (RFP Appendix G) for:
803.01 Convert data from the Department's "Core" Legacy System MEDITECH C/S 5.66
803.02 Conversion source data
How will Netsmart's proposed solution meet all three components of 803.01.
1. Extraction of data
2. Transformation and formatting of data
3. Loading of data into the proposed ICM Solutions.
Will provide a workbook for extraction and mapping
Department is responsible for data extraction from the legacy systems
Go through multiple cycles for clean-up to get to a standard clean data set
Data validation is done live after load is completed
Will collaborate with Department to tailor the process to complete what is needed

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**EVALUATION OF SECTION IV
Cost Proposal**

Lowest Submitted Cost Proposal	÷	Cost Proposal Being Scored	x	Score Weight	=	Score
\$5,998,421.00	÷	\$5,998,421.00	x	35 points	=	35.00

Budget Narrative

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Budget Narrative	5	4

Evaluation Team Comments:

- Provided a clear budget narrative

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SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Debra Downer

Names of Evaluators: Michael Migliore, Stephanie George-Roy, Jennifer Gagnon, Bethany Drolet, Dr. Daniel Potenza, Christine Bellatty, Jamie Meader, Beverly Perkins

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)		
All interested parties who have at least three (3) years' experience in the past six (6) years providing technical maintenance and system operational support of live production Integrated Care Management Solutions within an inpatient psychiatric facility located in the United States are invited to submit bids in response to this RFP. The Bidder's qualifying ICM Solution experience must, at a minimum, include: • Behavioral Health Services; • Medical Services; • Pharmacy Medication Management Services; and • Billing and Reimbursement Services.	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	15	11.00
Section III. Proposed Services a. Functional (15 points) b. Technical (15 points) c. Implementation (15 points)	15	10.00
	15	11.00
	15	9.00
Section IV. Cost Proposal a. Cost Proposal (35 points) b. Budget Narrative (5 Points)	35	29.03
	5	3.00
<u>Total Points</u>	<u>100</u>	<u>73.03</u>

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**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

Provided evidence of three (3) years' experience in the past six (6) years providing technical maintenance and system operational support of a live production Integrated Care Management Solutions within an inpatient psychiatric facility located in the United States. Qualifying ICM Solution experience identified in Projects 1 and 2 include:

- Behavioral Health Services;
- Medical Services;
- Pharmacy Medication Management Services; and
- Billing and Reimbursement Services.

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**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	15	11.00

Evaluation Team Comments:

Stage Two - Qualifications and Experience	
Part IV. Section II. Organization Qualifications and Experience	
1. Overview of the Organization	
- Privately held LLC, founded in 2003. - Designate 15% of revenues to research and development. - Provide services in 30 states. 25% annual growth in 8 years. - Solution improvement uses a continuous improvement model, service packs are released monthly, and core upgrades are done annually. - Value customer input to drive improvement. - All 3 projects were for inpatient psychiatric facilities. 2 out of 3 have been in production for multiple years, while one is not currently live. None of the projects were specific to state run hospitals.	
2. Subcontractors	
Proposing to utilize Red Sail Technologies who has experience integrating QS/1 utilizing industry standard interfaces.	
3. Organizational Chart	
Provided two comprehensive org charts, one for the overall company and one project specific.	
4. Litigation	
Provided, the team has no concerns at this time.	
5. Financial Viability	
- Did not provide audited financial reports, did provide 2 years of compilation reports. - Small company and appear to be growing.	
6. Licensure/Certification	
ONC Health IT certification provided for one of their applications.	
7. Certificate of Insurance	
Provided and valid, cyber liability is limited to 5M.	

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**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	15	10.00
a. Functional (15 points)	15	11.00
b. Technical (15 points)		
c. Implementation (15 points)	15	9.00

Evaluation Team Comments:

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
• Hosted on Microsoft Azure as a web-based application • Able to support bi-directional interfaces • Have a partnership with pharmacy management solution PrimeCare
FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
• Established in 2003 • Behavioral health model has been in existence for 25 years • No transfer of ownership identified
FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
• Not a typical SaaS model • Prioritize enhancements that have the most benefit to the largest number of customers. • Provide a wide emphasis on building custom assessment and forms • Built in MS SQL • Monthly core service packs • Annual core build upgrades • As needed custom releases for customer specific modifications • Updates done overnight or weekends, no specific timeframe listed. • Down times generally <90 minutes
FNR-4: Medication Reconciliation
Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
• Rx dashboard available for quick views of medications • Utilize First Databank • Can use self-reported medications or a CCD imported medications • Unclear to what degree interaction checking is done for medication reconciliation
FNR-5: Medication Orders, Verification, and Administration

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Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:
a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
• SmartCare, PrimeCare, and Pyxis will all be integrated • Interface with State PDMP • Provide will use SmartCare and pharmacist will use PrimeCare • Have ability to document samples and investigational medications • Allow for printing medication instruction sheets • Records patients response to new medications • Allows to maintain and view patient medication history • MAR tracks medicines administered, follow up, who administered medicine, medication errors, documents when medications are refused including details.
FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
• Warnings are available for staff to view • Interactions are rated and responses are determined by the Hospital • Acknowledge button shows on each line item that has an interaction
b. Describe how warnings will be enforced.
• All warnings must be acknowledged before continuing • All bypasses are logged and recorded • Level 1 must be signed off on, level 3 does not require a sign off
c. Describe, were applicable, how warnings will be closed or canceled.
• Prescriber must acknowledge and sign off before continuing
FNR-7: Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
• Informs prescriber if medication choices are not on the formulary • Displays warning if medication requires prior approval • Allows creation of a therapeutic interchange plan • Work flows for medication changes are customizable by the Hospitals • Unclear if formularies can be designated to each facility.
b. Describe how changes will be entered into the proposed ICM Solutions.
• Did not address how changes will be entered into the ICM Solutions.
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
• Did not address how formulary changes will be enforced.
FNR-8: Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
• Utilize SureScripts • If SureScripts cannot be utilized the Hospital can override • Electronic prescribing for controlled substances requires two-factor identification via a soft fob on the prescribers smart phone
FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

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• OIT and Department have the ability to create and modify forms • Utilize a knowledge sharing platform via Ryver
b. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
• Training is provided • .NET and SQL background and experience needed • SQL used for lower complexity changes • .NET used for more complex changes
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
• Not addressed
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
• Have the ability the exchange data bi-directionally with multiple interfaces • Paper documents can be scanned in • Use SENT technology which can send and receive SFTP, TCP/IP, SOAP/REST, and direct messaging or VPN connectivity
b. Describe the process for ordering lab tests and reviewing lab results.
• Provide full order entry capabilities for lab and non-lab based orders • Order labs directly from notes • Customizable flow sheets determine if results are normal or abnormal • Labs can be queued for review by the provider • Providers can sign off on acknowledgement for results • Providers are notified of incoming lab orders via a dashboard widget
<u>FNR-11:</u> Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
• Met requirements
Functional Requirements Workbook

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Did not provide narrative text for multiple requirements within this workbook.

Multiple functional requirements indicate the need for customization and additional cost (201.00 excluding 201.10, 300.03, 303.00, 305.02, 310.00, 313.01)

104.01 unclear if requirement is understood by bidder, response indicates access control instead of separate area

106.07 reporting is described, bidder does not address if dashboard is customizable to include lists

107.02 and 107.03 bidder notes information about service authorization but does not address medical necessity documentation.

109.02 did not address whether all records for a patient are captured under the same unique identifier

112.05 required fields do not interrupt data entry but open in a new window.

112.13 SmartCare Anywhere is not used and additional cost may be incurred to create blank downtime documentation

113.01 fee to use Wiley library, any interfaces with Kennedy is not currently included

115.01 works with JAWS for visually impaired

118.06 will require an enhancement for ePrescribing, will need further discussion

121.07 sliding scale insulin will be available by Q1 2022

123.01 utilize Accanto Health

123.08, 123.09, and 123.10 indicates will need more information to meet requirements around recipes

125.01 includes analytics with PowerBI

127.09 no cost modification but may require additional cost depending on the number of integrated applications

311.01 MIPS is included

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Technical - Narrative Response (TNR)	
<u>TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).</u>	
- Utilizes SQL Server 2016 database - Front end is the web based	
<u>TNR-2: Technical Architecture Diagram – Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.</u>	
Met requirement	
<u>TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.</u>	
- Diagram is detailed, includes networking traffic, database traffic, and data flow - Networking diagram SHA1 is used for support staff fax transmissions SHA1 is deprecated but is ok in this situation	
<u>TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.</u>	
- HIPAA complaint through ONC and HITECH - Use centralize role based access control (RBAC) - Includes audit logs, session timeouts, and multifactor authentication - Intends to be FISMA moderate compliant by Q4 2021 - Microsoft Azure has SOC 2 data compliance centers - Provide opportunities for audit reports, including SOC 1, SOC 2, SOC 3, FEDRAMP, HITRUST, ISO 27001, and more - Data is encrypted in flight and at rest - LDAP or SAML can be used for active directory authentication - Mobile data protections include ability to remove data remotely	
<u>TNR-5: Hardware Specification – Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).</u>	
- Recommend Windows 10 with BitLocker - SmartCare is fully browser based with no need for Citrix or Cisco VPN - PrimeCare will need additional hardware and additional end user devices	
Technical Requirements Workbook	
Did not provide narrative text for multiple requirements within this workbook. 500.02 request and enhancement and collaboration to ensure compliance 501.01 full FISMA documentation will be available Q4 2021 502.02 working with external compliance vendor and will need additional information to ensure compliance on PII impact level high 507.02 Mozella Firefox is not support for error corrections but can still be used 513.01 provide adequate number of database environments to perform testing, training, and production. 514.01 allows OIT to make customizations without waiting on the Bidder, many parts of the system are customization without causing issues with core upgrade and patches	

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Implementation - Narrative Response (INR)
INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook). Did not provide job descriptions as required by the RFP. Did provide resumes however the RFP did not require bidders to submit resumes.
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned. Most of staffing plan evolved around Department staffing and only two resources are noted for the bidder
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook). - Activities not well defined, timeline is not depicted, durations for key tasks are not identified - Unclear if implementation schedule is feasible due to lack of full details
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions. Provided a checklist but did not provided end user training documentation
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live). - Can train 600 end users and 6 technical support users prior to go-live - Will train super-users for ongoing training - Will provide customized instructor guides, end user manuals, quick reference guides and technical documentation.
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook). Met requirement
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center. Met requirement
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing Met requirement
Deliverable 1.2 Solution Configuration Met requirement
Deliverable 1.3 ICM Acceptance Testing Environment - Refreshed from production, it is unclear whether data is de-identified or if real data will reside in non-production environment - No limited to the number of refreshes
Deliverable 1.4 ICM Training Environment Instructions will be provided to OIT and Department to refresh this environment without bidder intervention
Deliverable 1.5 ICM Production Environment Met requirement
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>

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Deliverable 2.1 Hospitals As-Is Assessment	
Met requirement	
Deliverable 2.2 Hospitals To-Be Migration Plan	
Met requirement	
Deliverable 2.3 Solution Implementation	
- Outlined implementation plan - Unit testing, integrated testing, user acceptance testing, and final comprehensive go-live sign off are all steps in the implementation plan	
Deliverable 2.4 Electronic Form Migration	
- Will develop all required patient care forms and assessment and incorporate into SmartCare during implementation - Post go-live the Department will have ability to create and modify forms.	
Deliverable 3.1 Support	
24/7 support is provided through a support portal - Daytime customer phone support hours 8am to 8pm, after hours for severity 1 only - Have a knowledge sharing platform including user groups to share best practices - Prior to go-live the Department will be introduced to support resources including the assigned customer success manager	
Deliverable 3.2 Maintenance	
- Could be up to 3 hours down time for annual core upgrades - Release notes will be provided	
Deliverable 3.3 Enhancements	
- Updates come from customer input, industry trends and change in behavioral health and substance use - Annual national user conference to gather feedback and intelligence to improve system. - OIT developers will be able to add tables, store procedures, functions and more as needed - Bumpers are used around core functionality required by the system that cannot be modified	
INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.	
Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	RedSail Technologies LLC
Deliverable	Roles and Responsibilities
1.1 Solution Licensing	Upgrade RPC QS/1 to PrimeCare and expand to include DDPC
1.2 Solution Configuration	PrimeCare will be configured to meet requirements
1.3 ICM Acceptance Testing Environment	
1.4 ICM Training Environment	
1.5 ICM Production Environment	
2.1 Hospitals As-Is Assessment	
2.2 Hospitals To-Be Migration Plan	
2.3 Solution Implementation	Will implement PrimeCare and provide appropriate training
2.4 Electronic Form Migration	
3.1 Support	Will be responsible for PrimeCare upgrades, service updates and back-ups.
3.2 Maintenance	Will provide maintenance on PrimeCare component.
3.3 Enhancements	
Implementation Requirements Workbook	

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Did not provide narrative text for multiple requirements within this workbook.

805.01 offering an option post-go-live refresher training at additional cost

806.01 if no customizations are needed then the requirement will be met

812.09 (c) additional discussion requested for reasonable estimation for uptime calculations.

813.07 catastrophic failures may not be able to meet the RTO but common failures would meet

STATE OF MAINE TEAM CONSENSUS EVALUATION NOTES

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Stage Four - Demonstrations
Topic 1 Use Case – User Authentication and Authorization
The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.) - Demonstrate how authorized hospital staff will log in. - Describe the steps and timing; how many times a day will users need to complete the login process? - What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card) - Will the State's Active Directory be required for user credentials and authentication? - How will users know which environment they are connected to (e.g. test, training or production)? Direct care staff will need to have a cell phone or email access for login Two-part authentication is an option Support active directory integration for single sign on Time out is customizable Ability to change ribbon color to identify specific environments
Topic 2 Use Case – Patient Registration and Bed Assignment
Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.) - Demonstrate how a patient is pre-admitted through full registration, including any required fields. - Demonstrate what data is captured for insurance. - Demonstrate how a patient is given a room/bed assignment. - Demonstrate census reporting. - Demonstrate how a patient would be transferred to another room/bed. Met requirement
Topic 3 Use Case - Medication Reconciliation at Admission
Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.) - Demonstrate how and what information about a patient's existing medications is captured. - Demonstrate how the providers indicate that a medication should be continued, held, or discontinued? - Demonstrate how a provider would substitute a medication in the formulary for an existing medication. Met requirement
Topic 4 Use Case – Clinical Diagnoses
Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.) - Demonstrate how diagnoses are captured. - Demonstrate how diagnoses are activated/inactivated. - Demonstrate how present on admission (POA) is captured. Met requirement
Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission
Provider orders medication for patient. (Refer to Requirement Group #117.) - Demonstrate how a <u>provider</u> orders a medication. - Demonstrate the steps <u>providers</u> will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions). - How will the medication warnings be visually depicted? - How will warnings be enforced? - Were applicable, demonstrate how warnings will be overridden and available override reasons. - Demonstrate how a <u>provider</u> signs the order they entered. - Demonstrate how a <u>provider</u> signs an order that was entered by a nurse (e.g. telephone or verbal orders). Warnings are enforced at provider level and the nursing staff does not have warning functionality Pop up notice for missing items

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Topic 6.1 Use Case - Medication Order Verification
Pharmacist verifies the medication order. (Refer to Requirement Group #119.) - How does the <u>pharmacist</u> verify or deny the order? - Demonstrate how an order's dose, route, quantity, and frequency are verified. - Demonstrate how a therapeutic substitution would be made. - How does the <u>pharmacist</u> request the provider to review or modify the order? - Demonstrate the steps a <u>pharmacist</u> will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions). - How will the medication warnings be visually depicted? - How will warnings be enforced? - Were applicable, demonstrate how warnings will be overridden and available override reasons. - How does the <u>pharmacist</u> provide medication administration instructions to nurses?
Not demonstrated
Topic 6.2 Use Case - Medication Formulary Management
Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.) - Demonstrate how <u>pharmacists</u> will make changes to the Medication Formulary. - Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration. - Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).
Not demonstrated
Topic 7 Use Case – Electronic Medication Administration Record (eMAR)
Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.) - Demonstrate how <u>nurses</u> receive notification that a patient medication needs to be administered. - Review the eMAR screen(s) in the proposed ICM Solutions. - Review TALLman Lettering - Review Visual Cues or Text - Demonstrate how <u>nurses</u> will document administration of patient medications on the eMAR. - Demonstrate the steps <u>nurses</u> will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions). - How will the medication warnings be visually depicted? - How will warnings be enforced? - Were applicable, demonstrate how warnings will be overridden and available override reasons. - Demonstrate how to document a late administration of medication. - Demonstrate how to document a patient medication refusal.
Presentation lacked knowledge from a nursing standpoint Appears more functional for the out-patient population Warnings seemed misplaced and there is concerned they could get missed or overlooked Whiteboard was easy to follow and navigate
Topic 8 Use Case – Clinical Treatment Planning
Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.) - Demonstrate how a treatment plan is created. - Demonstrate how standard text is modified to be patient centered. - Demonstrate how goals and interventions are populated for documentation.
Had a well presented treatment plan presentation
Topic 9 Use Case – Nursing Assessments/Interventions
Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.) - Demonstrate how <u>nurses</u> receive notification that a patient has an assessment/intervention that needs to be completed. - Demonstrate layout of daily status board screens

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ii. Demonstrate navigation of screens b. Demonstrate how <u>nurses</u> would document that the intervention has been completed. c. Demonstrate how <u>nurses</u> would document notes.
Customizable Tabs at the top of assessment for different components is a benefit for the workflow Function reduces the need to click continuously
Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking)
Financial analyst completes billing cycle (Refer to Requirement Group #127.) a. Demonstrate how <u>financial analysts</u> view patient accounts for billing b. Demonstrate how <u>financial analysts</u> create claims c. Demonstrate how <u>financial analysts</u> reconcile remittances
Analytics and exporting into excel Provided functionality for notifications
Topic 11 Use Case - Data Conversion (MEDITECH C/S 5.66): Refer to the full text in the Requirements Workbook (RFP Appendix G) for: 803.01 Convert data from the Department's "Core" Legacy System MEDITECH C/S 5.66 803.02 Conversion source data
How will Streamline's proposed solution meet all three components of 803.01. 1. Extraction of data 2. Transformation and formatting of data 3. Loading of data into the proposed ICM Solutions.
Planned project within a project, included a MS project timeline Department would be responsible for extraction and data mapping to the provided templates Would provide transformation services, the Department and Streamline would meet regularly to review any data transformation issues. Loading of data would be done in 2 rounds, there is concern that there would not be appropriate validation prior to end user training

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**EVALUATION OF SECTION IV
Cost Proposal**

Lowest Submitted Cost Proposal	÷	Cost Proposal Being Scored	x	Score Weight	=	Score
\$5,998,421.00	÷	\$7,231,105.00	x	35 points	=	29.03

Budget Narrative

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Budget Narrative	5	3.00

Evaluation Team Comments:

- Cost is based on 275 concurrent users instead of the RFPs 125 and 600 named users vs the requested 675 named users.
- Spreadsheet and narrative provided “included” rather than give the specific cost for an item
- Unknown if QS/1 Pharmacy component is included in the implementation cost

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EVALUATOR DEPARTMENT: Dorothea Dix Psychiatric Center, Nursing

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• P-Appendix C • P- Project 1 • P-Project 2 • P-Project 3 • Projects were detailed and relevant to the hospitals' needs.

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• P- Forty-two years in business with first EHR in 1990's- well known in healthcare. • P-Comprehensive offerings of services. • P-300 organizations using Behavioral Health solutions throughout the US with several in Maine and New England. • P-Integrated rather than interfaced Medication Management. • P-Allows for interoperability and information sharing into the healthcare community. • P-Dashboard for social determinants of health. • P-Available mobile application for providers. • P-Similar health system to DHHS implemented same services.
2. Subcontractors
• No use of subcontractors.
3. Organizational Chart
• Chart provided for Cerner Integrated Behavioral Health Organization lacked project team detail.
4. Litigation

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• P- No pending legal proceedings. • Q- No information for previous legal proceedings.
5. Financial Viability
• P- Publicly traded company. • P- Statement shows continual growth in Revenue and is reported from 1986 to 2020. • P- Cerner Corp. is majority shareholder.
6. Licensure/Certification
• P- Cerner State & Local Government Services, Inc. is licensed to operate in Maine with provided Certificate of Good Standing.
7. Certificate of Insurance
• P- Provided x2

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
<u>FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).</u>
• Proposed Cerner's Integrated Behavioral Health EHR designed to support behavioral health services. • KLAS #1 award for Remote Hosting for 9 consecutive years • Client engagement; Patient Portal, optional embedded video visits. • Fully integrated pharmacy management.
<u>FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.</u>
• Specifically developed Cerner State & Local Government Services, Inc. in 2018 to support working with state and local governments. • Specifically established a dedicated business unit focused on meeting behavioral health community's needs in 2012. • 300 organizations are currently using this solution. • No transfers of ownership in Cerner's history.
<u>FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.</u>

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- Monthly service packages for updates with education if needed.
- Change control process governed by Cerner with contributions from all clients. Requires requests from clients for revision or addition to be evaluated for approval and prioritization based on criteria for patient safety, financial impact, regulatory requirements, and best practices.
- Claim robust reporting tools to extract data for reporting.
- Prior to releasing updates, clients are involved as support partners for testing in the non-PROD environment.
- Effectively communicate upgrades or service pack loading to ensure time for adequate client planning and preparation to ensure continuity of service and system performance.

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

- For new patients, reconciliation is retrieved from an interoperable platform allowing exchange of information across healthcare ecosystems and Health Information Exchanges. External prescription information can be obtained through Sure Scripts.
- Upon admission in CPOE provider chooses medications to either continue or discontinue. When continued it automatically creates an inpatient order; formulary will auto sub if necessary.
- Transfer Med Rec can inclusive of medications, patient care orders, labs, diet orders, isolation orders and diagnostic orders.
- D/C med rec is integrated with continue medication orders, scripts sent to pharmacy and discharge information available to outpatient clinic as well. Med rec notes included on the patient discharge summary; instructions for medication use and about home medications and pharmacy where they may be picked up.

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications,
 - b. Verification of orders, and
 - c. Administration of medications to patients.
- Order entered into CPOE is immediately available to pharmacy review and verification. Then fully available for administration on the eMAR using Barcoding technology for increased safety.

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FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

- Alerts display in CPOE, pharmacy verification and medication administration overrides can be viewed and user interactions with alerting are documented and can be reported.
- Pop-up windows display information on drugs and interaction details. Alerting window is actionable allowing D/C of order, new order or override.
- Also displays interaction type and severity.

b. Describe how warnings will be enforced.

- Closed loop system providing 3 medication order checks.
- Provider receives alerts about interactions, contraindications, or duplicate therapy; pharmacist receives same or more alerts; nurse reviews orders and based on design implementation can also receive the same alerts. Alerts are displayed to the clinician directly within their workflow at the time of medication administration.

c. Describe, were applicable, how warnings will be closed or canceled.

- Alerts present the ability to remove or modify the order or override the alert. Override must include a reason- window closes upon completion of selections- interactions are logged and available for audit reporting.

FNR-7: Medication Formulary Management

a. Describe the process for managing changes to the Medication Formulary.

- Formulary management is Cerner's drug reference database, Multum and is integrated with monthly updates.
- Does allow for manual entry and modifications are supported.
- Multum is not considered a third party and is part of the proposal.

b. Describe how changes will be entered into the proposed ICM Solutions.

- Position-level access to formulary drug list- sets permission to access application or task within.

c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.

- Single source, CPOE utilizes order catalog directly linked to pharmacy's active formulary drug library. Validation of barcodes within pharmacy department ensure successful BCMA- therapeutic substitution rules also available to steer provider order entry to formulary items.

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<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
• Provider can submit non-controlled by selecting med, completing details, selecting the pharmacy and transmitting. • Same as non-controlled but at time of sig provider presented with Electronic Prescription for Controlled Substances workflow. This utilizes dual authentication methods, EHR prompts provider to authenticate controlled script with two factors using biometrics or smart tokens to meet DEAs EPCS requirements.
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
• 180 behavioral health scales and assessments currently included. • Team of regulatory and behavioral health experts automatically push out documentation tools to support regulatory changes. • Cerner previously described how forms are created and modified in: FNR3
c. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
• Initial evaluation as part of implementation and provide guidance on how best to use the system to meet our needs. • Changes managed through change governance process discussed previously.
d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
• Existing information will not be impacted. All forms in same unified database. • Documentation is visible across department in real-time to view up-to-date and accurate med lists, chronic conditions, active problems, clinical notes, diagnostics, lab results, medical history and other clinical information.
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

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- Can interface with multiple external labs.
- Cerner's standard reference lab interface provide ability to accept orders and results, with ability to send orders outbound to lab.
- Lab returns results back through RLI as inbound information. Results, result flags, reference ranges and comments are posted as verified and immediately available. Clinical reports are available as soon as they are posted.
- RLI supports sending orders that contain the patient's insurance information.
- Uses HL7 order and result messages.

b. Describe the process for ordering lab tests and reviewing lab results.

- Order submitted, RLI interface submits order to lab and receives results which are displayed in the patient's EHR for review.
- If lab is unable to directly interface lab imaging solution can scan documents and import into EHR.

FNR-11: Functional Documentation

a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

- Reviewed. It is extensive and includes assessments that we currently use and others that we will consider.

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

- Single-tenant domain isolated from any other Cerner consumer.
- Disaster Recovery services within proposal.
- Cerner Millennium includes integrated clinical, financial, and management information systems.
- Cerner ensures scalability and communication across all care settings by building applications on a single consolidated database and integrated data model.

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements. Reviewed.

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TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

- Defer to expertise.

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

- State of Maine will have its own single-tenant Cerner Millennium domain- no co-mingling of data.
- Cerner maintains compliance with and meets criteria for HIPAA. Passwords, role and user-based access controls, auditing capabilities to review activities, and encryption.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications—Defer to expertise

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

Implementation – Narrative Response (INR)

INR-1: Job Descriptions – Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

- Job descriptions concise yet comprehensive in understanding

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INR-2: Staffing Plan – Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

- Staffing plan provided- unsure of meaning of how time is reported.

INR-3: Roadmap and Schedule – Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

- The consulting framework methodology of four stages: Align, Engage, Activate and Measure appear well designed to complete the project.
- Measure stage allows for data collection and analysis to measure value against identified key performance indicators; also completed at 6 months post-activation.
- Timeline is clear with about 18 months to go live.
- Schedule is clear with support throughout and post-implementation with project check-in calls for 90 days' post go-live, health check visit 30 days post go-live and transition to the support team.

INR-4: Training Documentation – Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.

- Cerner provides modifiable training materials for ongoing training needs.
- Training documentation example is clear and understandable.

INR-5: Training Overview – Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

- Training overview methodology uses Train-the-Trainer approach in which Cerner trains the Super Users and the Super Users complete end-user training.

INR-6: Service Level Agreement – Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).

- Percentage of monthly service fee credited back based on percentage of downtime.
- Performance warranty for performance issues.

INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.

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- Disaster Recovery plan is well-established and exercised and documented as Business Continuity Plan to restore service quickly and efficiently
- Proposed solution includes an enhances Disaster Recovery service to leverage infrastructure in an alternate facility configured with data and code replication tools.
- This proposed service includes the ability to test the system during initial implementation phase as well as annually at a mutually agreed upon time.
- Data centers may be subject to possible ice storms, high winds, and tornadic activity with each of the Technology Centers being designed to address the risks directly.

INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.

Deliverable 1.1 Solution Licensing

- Cerner Millennium is a concurrent user license; each user will have full access to each of the provided tools.
- Solutions offered on a per-user basis.

Deliverable 1.2 Solution Configuration

- Data collection workbooks for local build requirements used in configuration and localization of the Department's To-Be system.

Deliverable 1.3 ICM Acceptance Testing Environment

- Will have two non-production environments to accommodate a testing environment and a training environment.
- Implementation methodology includes many types of acceptance testing at various project stages inclusive of Unit testing, System testing and Integration testing
- Cerner will deploy acceptance testing for the State upon written request and in alignment with the agreed-upon project plan.

Deliverable 1.4 ICM Training Environment

- Training environment and Testing environments.
- The Department will designate and authorize users prior to scheduling training for staff.

Deliverable 1.5 ICM Production Environment

- Production Environment provided.
- Cerner will provision users designated by the Department and following User Management training, the Department will be responsible for provisioning additional users going forward.

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For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.

Deliverable 2.1 Hospitals As-Is Assessment

- Cerner will use its methodology to work with the department to evaluate the state of its people and processes during project kickoff.
- Current State Review and the People and Discovery Review identify pain points in our current workflows and any resource or governance gaps.
- Collaboratively determine how synergy between standard project tools and Requirements Workbook can be achieved.
- Project goals will be tracked for achievement.

Deliverable 2.2 Hospitals To-Be Migration Plan

- Begins implementation with Organizational Change Management workshop to understand readiness for change laying the foundation for implementation and solution adoption.
- Use Model Experience workflows to implement DHHS' ICM solutions.
- Cerner will provide basic workflow training materials- if we deviate from the Model Experience workflows we will need to localize these materials

Deliverable 2.3 Solution Implementation

- Cerner uses its Consulting Framework for implementing all Cerner solutions; has been used successfully globally.
- Data migration standard component.
- Variety to standard methods and templates have been developed and used in projects ranging from stand alone hospitals to regional and national healthcare systems.
- Data from multiple fields can be migrated from all health records.

Deliverable 2.4 Electronic Form Migration

- Cerner will collaborate to review current forms and assessments- revisions can be made if content does not meet our needs.
- We will have the ability to scan paper documents into the EHR.

Deliverable 3.1 Support

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- Cerner will host system and take responsibility for system maintenance, backups, upgrades and client support.
- Data center team manages patches and fixes to infrastructure components as well as continuous system monitoring to identify potential issues before they arise.
- Technical and Application Support provides advanced troubleshooting capabilities for licensed software. Provides Incident Management, Request Fulfillment, Problem Management, and Cerner Service Management. Also handle service records that are non-critical in nature and are classified in several categories.
- Priority of an incident is derived from a matrix of Impact and Urgency and indicates relative importance.
- Immediate Impact severity and issues related to patient safety or significant financial loss are investigated first.
- Cerner requires either written or verbal permission to change production environment.
- Technical & Application Support works following service-level objectives designed to meet client needs.
- Support fees include Immediate Response Center 24/7, Immediate Answer Center, Client Care Team, IntelliNet, New Releases, Knowledge transfer during service events (education), Service Escalation Process, Complete Service Record, Online Demographic Profile (solution/technical attributes) and Catalog of Services via online access, also Telephone, e-mail and Internet communication, access to Cerner.com, Proactive Solution and Service Flashes and Access to Cerner Direct.

Deliverable 3.2 Maintenance

- Host clinical and financial information in state-of-the-art technology centers.
- 24/7/365 data support to protect patient information.
- HITECH-enabled HIPAA compliant and aligned with International Standard for Best IT Service Delivery Practices.
- Continuous system monitoring identifies potential issues before they arise.
- Customized monitoring tools with application specific knowledge modules to monitor system around the clock.
- System availability monitoring provided monthly via online self-service tool with designated access.
- Access to Cerner's Lights On Network tool with KPIs such as average transaction response time, average login time, overall system compliance and general end-user experience areas.

Deliverable 3.3 Enhancements

**STATE OF MAINE
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RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerner State & Local Government Services, Inc.

DATE: 9/15/21

EVALUATOR NAME: Christine Bellatty, MSN-PSQ, RN

EVALUATOR DEPARTMENT: Dorothea Dix Psychiatric Center, Nursing

- Integrated Behavioral Health EHR is a full feature EHR; enhancements and services are generally made available to all clients without additional cost as part of your maintenance fee for those services you have contracted for.

INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	N/A Cerner does not intend to use

Requirements Workbook
Functional

**STATE OF MAINE
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EVALUATOR DEPARTMENT: Dorothea Dix Psychiatric Center, Nursing

- 104.01 & 104.02 are essential and Cerner notes 4-Not Met-- Does not include separate restricted area to store court documents, incidental documentation etc. they suggest keeping current process or interfacing with a technology solution of our own.
- 108.00 Clinical Risk Management is essential and Cerner notes 4-Not Met with recommendation to continue current process- they welcome further discussion.
- 112.00 Clinical Assessments are essential and Cerner notes 4- Not Met. The departments request hospital staff to be able to create and modify clinical assessments, although Cerner has a process for change management and maintains control.
- 113.02- fails to meet request to use Wiley Online Libraries for treatment planning, but does utilize Elsevier, Wolter's Kluwer and Xynx alternately. The treatment plan is customizable.
- 119.03 unable to send outpatient's-controlled substance information to PDMP with this system, but it is available in outpatient and retail pharmacy solutions.
- Will address change control process for patient financial information that is currently paper based and dietary forms.
- 132.02 & 132.03 Currently unable to access offline (desired components) as this is a web-based system
- **200.1 Reports are comprehensive and appear to support Data Driven Decision Making.**
- 308.00 Essential component to connect to HealthInfoNet- Cerner is unclear as to their ability to connect but assures that it could functionally happen.
- 312.00 request to calculate mark up for medications not supported in this version, but Cerner does have other means in this solution to complete this.

Technical

- Defer to expertise. * Does not meet some core requirements.

Implementation

- 801.07 Essential Not Met-4 request for no access to system beyond US- Cerner is global
- Additional fees for MD PHD and PharmD for this project.
- 803.04 Technical- defer to expertise.
- Additional cost for desired programs to be added to the system.
- Cerner partially meets the CMS certification requirement in 810.03.
- In 812 defer to expertise.
- 813.07 core- 4 Not Met requiring 2-hour recovery time for Disaster Response, Cerner allows 6 upon disaster declaration

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BIDDER NAME: Cerner

DATE: 9/14/21

EVALUATOR NAME: Bethany Drolet

EVALUATOR DEPARTMENT: OIT/MaineIT

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• All 3 projects identified as inpatient psychiatric facilities • 1 of 3 projects identified meets the 3 out of 6-year requirement • 2 of 3 projects include the 4 required components, the other one includes 3. • Meets requirements

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• Founded in 1979 • Provide a broad range of services • Leading U.S. supplier of healthcare IT solutions • New President/CEO effective 10/1/21 • Millennium architecture first released in 1997 • Attributes of Cerner: architecture, innovation, remote hosting, fixed-fee implementations • More than 300 organizations use Bidder's Behavioral Health solutions • Project 1 just recently went live with full solution • Project 3 did not include billing component • 3 Years of experience with this solution • Market shareholder held company
2. Subcontractors
• List none
3. Organizational Chart
• Very high level, but appears to include pertinent positions for this project

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4. Litigation
• None listed
5. Financial Viability
• Audited • Shows increased net gain and sufficient company growth • Appears adequate
6. Licensure/Certification
• Certified to operate in Maine
7. Certificate of Insurance
• Includes cyber liability at limit of \$10 million

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).

- Proposing Cerner Millennium in a single-tenant environment.
- Individualized plan of care for each patient
- Automated and integrated pharmacy management solution
- Interoperability connection to CommonWell and Cerner Direct HISP

FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.

- 1980s - Delivered first fully automated paperless clinical laboratory
- 1990s – Developed first enterprise-wide EHR to automate the entire care process.
- 2000s – Began introducing device integration
- Today – Leading U.S. supplier of health care IT solutions
- No transfers of ownership in history of company.
- Cerner State & Local Government Services subsidiary was established in 2018

FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

- Monthly service packs are released
- Major upgrades and packages will be responsibility of Cerner
- Claim highly effective change control process.
- Cerner provides documentation and reporting tools.
- Will be able to test packages in non-PROD prior to deployment to PROD

**STATE OF MAINE
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EVALUATOR DEPARTMENT: OIT/MaineIT

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

- Home medication history utilizes many pathways to attempt to gain information including HIEs, CommonWell Health Alliance, and SureScripts.
- On admission reconciliation, if an order is continued, system automatically creates corresponding inpatient order. If order not continued, system retains record, but no inpatient order is created, allowing for use in future reconciliations.
- During discharge reconciliation, inpatient orders can be turned into prescriptions, home meds can be continued or discontinued. Reconciliation notes are included in patient discharge summary.

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

- P – Closed loop medication process allowing ordering, verification and administration in less time.

FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

- a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

- A popup window indicating severity, interaction and drug information is used, allowing discontinue, new order or to override. Done at order entry, verification, and medication administration. User actions on warnings are retained in logs and can be reported on.

- b. Describe how warnings will be enforced.

- Warnings can be presented at three different level of clinician based upon setup.

- c. Describe, were applicable, how warnings will be closed or canceled.

- Overriding reason must be selected to continue.

FNR-7: Medication Formulary Management

- a. Describe the process for managing changes to the Medication Formulary.

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• Cerner product Multum, drug reference database proposed. Updated monthly and also allows for manual entry and modifications.
b. Describe how changes will be entered into the proposed ICM Solutions.
• Controlled by position-level permissions for administrative access.
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
• Single source for medication process, the order catalog directly links to the pharmacy's active formulary drug library. Therapeutic substitution steers providers to formulary drugs.
<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
• Non-controlled are ordered and transmitted to preferred pharmacy. • Controlled require two-factor authentication (either biometrics or smart token) to meet DEA requirements.
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
• Offers over 180 behavioral health specific scales and assessments. Cerner authors new clinical forms or assessments. • N – Department would not be able to create custom scales or assessments
b. Identify the skills required and the steps to be taken to:
i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
• Cerner will work with Department to best fit the built forms/assessments to DHHS requirements. Bidders change governance process would be used to implement additions.
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
• P - Modifications to existing forms/assessments will not impact patient information already captured.
<u>FNR-10:</u> Integration with Laboratory Systems

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a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
Capable of connecting to multiple external labs.
b. Describe the process for ordering lab tests and reviewing lab results.
- Uses HL7 messages for direct interfaces. - Can also scan/import documents for laboratories without direct interfaces.
<u>FNR-11:</u> Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
List included 4 pages of existing tools.

Technical - Narrative Response (TNR)
<u>TNR-1:</u> Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).
P – Single-tenant solution proposed to isolate environment from other environments.
<u>TNR-2:</u> Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.
<u>TNR-3:</u> Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.
- Client/Server proposed solution - Q – Is Citrix considered a legacy system? - See <i>SME Feedback Documents</i> - N – Diagram and description suggest use of Citrix, Citrix technology is a legacy product though still in use, would not be considered newer technology and creates concern that product is a legacy Windows client/server application.
<u>TNR-4:</u> Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.
- Single tenant model keeps data separate* - I – Multi-facility functionality allows dispersed facilities to use same database, but maintain separate information.

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TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		N - Does not address tablets or phones
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		N - Does not address tablets or phones
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

- Project manager and implementation team job descriptions identified, cover appropriate aspects of implementation and appear adequate.

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

- Meets requirement

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

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• Q – Request SME review for major components and feasibility. - See <i>SME Feedback Documents</i> • a.) N - Roadmap does not follow requirements. Missing components and does not provide a feasible schedule of 18-month implementation. • b.) N – Workplan does not follow requirements. Measurement in months not used, responsibility is not outlined, activity status not captured. Workplan does not clearly align with roadmap. Gateway phases identified as Cerner’s procedure are not identified in the workplan.
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
• Meets requirement. Appears to be instructor-led training documentation so users have to fill in steps on their own.
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
• Train-the-trainer model • Documentation provided • DHHS staff would conduct end user training with provided basis materials
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
• Meets requirement
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder’s ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
• P – Has a documented BCP and tailors DR for each client
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
• Concurrent user license
Deliverable 1.2 Solution Configuration
• Data collection used to collect build requirements for To-Be system
Deliverable 1.3 ICM Acceptance Testing Environment
• Will meet requirement • N – Unclear if each time this is needed, written documentation required to Cerner

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Deliverable 1.4 ICM Training Environment
- Will meet requirement - N – Unclear if each time this is needed, written documentation required to Cerner
Deliverable 1.5 ICM Production Environment
Will meet requirement
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
Cerner to work with DHHS to evaluate current workflows, pain points and gaps.
Deliverable 2.2 Hospitals To-Be Migration Plan
- Cerner will conduct change management workshop to determine readiness for change. - DHHS responsible for any documentation that differs from base workflow training materials.
Deliverable 2.3 Solution Implementation
Cerner will use their framework for implementation. Proven to work with previous customers.
Deliverable 2.4 Electronic Form Migration
- Can scan documents into system - N – Unclear if all forms/assessments will be addressed, will need to work with consulting team to determine if additions/modifications can be made. May be lead time to development.
Deliverable 3.1 Support
- Will provide multiple tiers of support based on the request type. - Clients can determine urgency and report appropriately based on business criticality. - If support fees are paid, 24/7 support available for mission-critical issues
Deliverable 3.2 Maintenance
- Cerner responsible for maintenance, backups, upgrades, and support. - System availability reporting will be available to designated users.

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Deliverable 3.3 Enhancements
• Usually without additional cost as part of maintenance fees • Change control process will allow requests from Department for changes. • 93% of requests are reviewed within 14 days • N – Could be several weeks for changes to be made if needed by the Department
INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	N/A

Requirements Workbook
Functional

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103.01 – P – Robust search functionality allows for multiple criteria and filters
104.01 – N - Not Met – Bidder misinterpreted requirement
104.02 – N - Not Met – Bidder misinterpreted requirement
108.00 – N - Not Met – No Clinical Risk Management solution offered; no alternative solution proposed
109.08 – Q – Medical Necessity, CPT4 and ICD10 require additional licenses. Is that captured in the cost form?
111.02 – Q – References subscription to Cerner Controlled Medical Terminology (Cerner CMT), is that captured in cost form?
112.01 – N - Not Met – Hospital staff will not be able to create or modify assessments/forms
112.04 – P – Assessments flex depending on patients age, gender, dx, reason for visit + more.
112.05 – N – Not Met – Hospital will not be able to determine required fields
112.06 – P – Assessments with needs identified, system suggests other care documents.
112.13 – Cerner does offer read-only access during downtimes and some printable documentation to be filled out and entered when the system returns.
113.02 – N – Not Met – Wiley Libraries not included. Department would need to partner with separately.
115.01 – Q – Nuance Dragon Medical Dictation is enabled for speech recognition. Additional fees apply. Are those fees captured in cost form?
119.03 – N – Not Met – Outpatient PDMP from inpatient side functionality not available in proposed solution – is available in other Bidder products
122.02 – Q - Bidder references wristband scanning for eTAR identity verification. Wristbands are not used at the Hospitals. Is there other verification methods?
123.01 – N – Bidder selected Meets but does not provide a dietary solution and instead recommends Department update Gerimenu or contract with one of the other vendors listed. This does not meet the requirement.
124.03 – N – Not Met – Finance forms are not included. Bidder will work with Department to determine if these can be built.
126.04 – N – Bidder selected meets but does not have custom criteria for searching and can only sort by date, type and author.
126.05 – N – Bidder selected meets but proposes to pull all documentation into Cerner instead of using an external archive instead of allowing traffic to external with patient identifiers.
131.01 – I – Bidder can connect with some external Patient Records Archive systems and can recommend an appropriate system for the Department (but does not do so in this proposal)
132.02 – Enhancement – Offline assessment functionality is in development.
135.02 – Q – Did not answer the transcription text requirement and instead described feature

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to quote previous authors text from previous documentation.

302.02 – N – Outpatient functionality to submit to PDMP not available in this proposal

304.00 – Unclear if an interface is being offered, or the Department must submit directly.

305.00 – Unclear if an interface is being offered, or the Department must submit directly.

308.01 – Enhancement – to create interface to HIE, more information is requested.

312.01 – N – Not Met – Cerner Multum drug database provides AWP, but not acquisition costs from wholesaler in proposed solution.

Technical

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500.00 –Q – Need clarification regarding exceptions and additions noted in this section, referring to file 0.

- *See SME Feedback Documents*

500.02 – N – Exceptions requested for vulnerability remediation

500.03 – Bidder will provide annual SOC II Type II

500.04 – N -

500.05 – N - Not Met – Bidder does not agree to comply with Remote Hosting Policy as written and requests exceptions.

500.07 – N - Not Met – Bidder does not agree to comply with Information Security Policy and requests exceptions

500.11 – N – Exception requested for vulnerability scanning policy

500.13 – N – Exception requested for validation of security scanning

502.01 – Q – Can an existing NDA be used, or would a new NDA be required?

- *See SME Feedback Documents*

502.03 – N – Bidder states meets but believes that this does not apply to SaaS and agrees to provide an annual penetration attestation, but not one prior to deployment as this requirement states.

503.01 – N – Not Met - Cerner data centers are only approximately 22 miles apart.

505.02 – Q – Unclear if this is a separate local AD domain or if a replica of the State domain would be sent via LDAP?

- *See SME Feedback Documents*

507.04 – Enhancement to make disconnected read/write is in development.

507.05 – N – Not Met – does not integrate with O365

508.07 – P – Help pages are available from different sources, including within the solution.

509.02 – N – Bidder suggests meeting the requirement with multiple user credentials instead of a single account as required.

510.00 – N – Not met – Cerner will make all configuration enhancements, including assessment changes.

511.00 & 512.00 – N – Only one non-production environment will be created for UAT and Training.

514.03 – N – Does not address the infrastructure of the servers, only the software is noted as being updated.

Implementation

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801.04 – N – Not met – Bidder has staff outside of the continental US that may access the environment for support purposes.

801.07 – N – Not Met – Offshore staff will be utilized.

802.02 – Enhancement – if MD, PhD, or PharmD required for project, additional fees will apply.

803.01 – N – Not Met – Bidder will not extract data from legacy systems or transform it. They will only load data into Cerner.

803.02 – N – Not Met – Order, Treatment data unlikely to be able to be mapped. Claims data is not migrated.

803.04 – N – Not Met - Bidder will not extract data from legacy systems or transform it. They will only load data into Cerner.

804.06 – Bills that are not finalized in legacy system after go-live will need to have any updating done in legacy system.

809.02 – Cerner will work with Department for mitigation or documentation strategy for forms identified by Departments gap analysis.

810.03 – Not Met – Bidder considers this partially met and has received CMS certifications, but does not have plans to certify under FFP or MITA.

812.01 – Q – Need SME review of SLA.

- *See SME Feedback Documents*

812.07 – N – Not Met – Bidder claims partially met, as some notification will be provided at least 14 days prior to maintenance.

812.09 – N – Not Met – Bidder refers to the sample SLA and states that requirement is partially met. Uptime threshold of 99.98% and that uptime shall include interfaces is not covered.

812.14 – N – Not Met – Bidder considers partially met for response time for a complete outage but does not meet the partial or intermittent outage resolutions times required.

813.07 – N – Not Met – RTO offered at 6 hours instead of 2 required

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BIDDER NAME: Cerner

DATE: 09/15/21

EVALUATOR NAME: Jennifer Gagnon

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

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Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• Bidder submitted Appendix C filled out • Project one was only go live Oct 2020- All components part of the project • Project two had over three years since go live- 3 components met with some billing • Project three go live Aug 2020- only covered three of four components • Project three upgrade happening 16 months after go live

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• Founded in 1979 • Delivered first fully automated paperless clinical laboratory • Developed first enterprise wide EHR to automate the entire care process • Hold more patents (600) 4 times larger than competitors • Category leader in behavioral capabilities health in KLAS 2020 and 2021 • 300 organizations utilizing behavioral health solutions • 3 examples are all in patient psych facilities- 1 in Maine and 2- state facilities • 2 projects had go live dates in 2020
2. Subcontractors
• Does not intend to us
3. Organizational Chart
• Org chart included no personnel job descriptions
4. Litigation
• No material pending legal proceedings

**STATE OF MAINE
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DATE: 09/15/21

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

5. Financial Viability
• Very large company- able to handle project of our size • Annual report for 2020 including auditor's report • Balance sheet two years, statement of operations, Cash flows- 3 years • Dun and Bradstreet included but very vague and lacking any important details
6. Licensure/Certification
• Submitted and in good standing as of 12/28/2020
7. Certificate of Insurance
• Both Professional and general liability included on Acord forms and sufficient funding

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
• Single tenant domain • Interactive dashboards to enable proactive monitoring of roles, venues, and conditions within an organization • Care management components include workflows, tasks, forms, alerts • includes pharmacy order entry, compounding, clinical documentation management (interventions), clinical review, physician order verification, dispensing, barcode-enabled charge and credit processing, dose range management, medication clinical decision support, and formulary management. • Interoperability solutions providing tools such as sharing of information, messaging, connection to CommonWell, Cerner Direct HISP, and our Reference Lab Network
FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
• There have been no transfers of ownership in Cerner's history. • Cerner established Cerner State & Local Government Services, Inc. (CSLGS) in 2018 as a wholly-owned subsidiary to support the unique needs of working with our state and local government clients
FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: Cerner

DATE: 09/15/21

EVALUATOR NAME: Jennifer Gagnon

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

- Workflow change requests are evaluated regularly for approval and prioritization
- Monthly service packs
- The Department will be able to test in your non-PROD environment before your PROD environment is upgraded.
- allows exchange and access information from across healthcare ecosystems securely

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

- allows exchange and access information from across healthcare ecosystems securely
- external prescription information can be obtained through our connection with SureScripts

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

- Orders entered by a provider transmit in real-time to the pharmacy for clinical review and verification.
- Once the order is verified in the pharmacy, the order becomes available for medication administration charting on the electronic Medication Administration Record (eMAR).

FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

- a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

- Previous override information can be viewed, and user interactions with the alerting window are documented and can be reported.

- b. Describe how warnings will be enforced.

- Three different warnings- doctor, pharmacist and nurse review

- c. Describe, were applicable, how warnings will be closed or canceled.

- Override reason has to be submitted
- Interactions with the alert window are logged and available for future audit reporting.

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EVALUATOR NAME: Jennifer Gagnon

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

<u>FNR-7:</u> Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
• Multum is Cerner's integrated drug database, and updates are provided monthly.
b. Describe how changes will be entered into the proposed ICM Solutions.
• Administrative access to the formulary drug list is determined by Cerner's position-level security logic.
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
• computerized physician order entry utilizes an order catalog that directly links to the pharmacy's active formulary drug library.
<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
• prompts the provider to authenticate a controlled substance prescription with two factors, using biometrics or smart tokens, that meet the DEA's (Drug Enforcement Administration's) EPCS requirements.
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
• Cerner's behavioral health content currently includes over 180 behavioral health-specific standard scales and assessments
b. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
• Will guide on which forms to use • Change process
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
• The forms and assessments all write to the same single, unified relational database, ensuring that all clinicians have access to the same information at any point.

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EVALUATOR NAME: Jennifer Gagnon

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
• Cerner's standard reference lab interface (RLI) provides the ability to accept orders and results, such as reflex tests initiated by the reference lab
b. Describe the process for ordering lab tests and reviewing lab results.
• Cerner can receive test results from any system that is compliant with the industry-standard HL7 • For laboratories not capable of direct interfaces, our laboratory imaging solution can scan documents and import the scanned reference laboratory report into the patient's EHR.
<u>FNR-11:</u> Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
• List provided

Technical - Narrative Response (TNR)
<u>TNR-1:</u> Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).
• single-tenant domain
<u>TNR-2:</u> Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.
• <u>included</u>
<u>TNR-3:</u> Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

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EVALUATOR NAME: Jennifer Gagnon

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

- rather than the Windows Client application directly accessing the database, it communicates with a Millennium application server, which in turn communicates with the database.
- Multi-tiered, client/server systems can support thousands of concurrent users and is therefore scalable to a full-enterprise or nationwide rollout.

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

- No co mingling of data due to the single tenant structure
- position-level security logic (or role-based access control) sets permission to access an application or a task within a system or a task group based on a user's position.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	Included	Included
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)	Included	Included
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	No pros or cons of laptops or desktops as it uses citrix and internet browser	No pros or cons of mobile devices as it uses citrix and internet browser

Implementation – Narrative Response (INR)

INR-1: Job Descriptions – Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

- Provided list of project team with description of function
- No prerequisite info included

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BIDDER NAME: Cerner

DATE: 09/15/21

EVALUATOR NAME: Jennifer Gagnon

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.
• Included and detailed
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
• Included easy to follow- only 1.5 years instead of 2
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
• Detailed with pictures to help
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
• Train-the-Trainer approach for end-user training • Cerner trains the Super Users, and those Super Users are responsible for the end-user training
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
• Two files included service level agreement and sample response time performance warranty
<u>INR-7:</u> Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
• BCDR plans for each level of service are tested on an annual basis in addition to tabletop exercises that ensure processes and procedures are reviewed and updated as needed. • The locations selected for each of Cerner's Technology Centers were selected to shorten the pathway for data transmission, maximize efficiencies in support staffing, ensure a tight alignment with Cerner's development and managed services teams, and minimize the risk of natural disaster impact.
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
• Solutions are offered on a per-user basis
Deliverable 1.2 Solution Configuration

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Cerner will use data collection workbooks to collect the client's local build requirements.
Deliverable 1.3 ICM Acceptance Testing Environment
DHHS will be provided with two non-production environments to accommodate a Testing Environment and a Training Environment.
Deliverable 1.4 ICM Training Environment
DHHS will have a separate Training environment from the Testing environment.
Deliverable 1.5 ICM Production Environment
Cerner will provision the users designated by the Department, and, following User Management training, the Department will be responsible for provisioning additional users going forward
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
will work with the Department to determine how the synergy between our standard project tools and the Department's Requirements Workbook can be achieved to ensure that the Department has full documentation of both its current workflows and processes and its desired future state capabilities
Deliverable 2.2 Hospitals To-Be Migration Plan
Model Experience workflows to implement DHHS' ICM solutions. These recommendations help our clients know what successful clients have proven to work best.
Deliverable 2.3 Solution Implementation
a variety of standard methods and templates have been developed and used in projects of different sizes and complexities, from single organizations with a few hundred beds to regional and national healthcare systems
Deliverable 2.4 Electronic Form Migration
In the event that the model content for forms and assessments does not meet needs, the consulting team will work to scope new forms and/or changes to existing documentation.
Deliverable 3.1 Support

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

• Cerner's Technical & Application Support is staffed with a combination of healthcare and information systems professionals with domain expertise in various disciplines ready to assist • Technical & Application Support handles service records that are non-critical in nature • The eService tool on Cerner.com provides the ability to search the knowledge base, initiate a new service record, track the status of a specific service record by service record number, and view all service activity. • Incident reports can be escalated
Deliverable 3.2 Maintenance
• Continuous system monitoring identifies potential issues before they arise and ensures optimum system performance.
Deliverable 3.3 Enhancements
• Enhancements to Cerner solutions and services are generally made available to all clients without additional cost as part of your maintenance fee • In 2020 alone, 80 percent (80%) of change requests received across all of Cerner's Cerner Integrated Behavioral Health EHR clients were approved.
INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	NA

Requirements Workbook
Functional
• 104.01 doesn't seem accurate- not met • 108.00- not met • 112.05 not met • 124.03- not met -not included but might be built • 126.04- not met can't do custom searches
Technical

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- | |
|--|
| <ul style="list-style-type: none">• 500.05 not met and is core• 500.07 not met and is core• 503.02 not met• 505.02 not met• 507.05 not met- does not integrate• 510 not met |
|--|

Implementation

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RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerner

DATE: 09/16/21

EVALUATOR NAME: Stephanie George-Roy

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility

Part IV. Section I. Preliminary Information

3. Eligibility Requirements

- Met and had Appendix C Eligibility Certification and Appendix D

Stage Two - Qualifications and Experience

Part IV. Section II. Organization Qualifications and Experience

1. Overview of the Organization

- P-experience with vendors in Maine and included a Maine company as a project example. 2012 Behavioral Health business unit.

2. Subcontractors

- Does not intend to use subcontractors

3. Organizational Chart

- P-there with details/Behavioral Health section of agency only

4. Litigation

- P-no litigation

5. Financial Viability

- P-included annual report and Dun and Bradstreet report, high level of viability, very expansive company

6. Licensure/Certification

- P-included license certificate

7. Certificate of Insurance

- P-Acord certificate is present

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

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BIDDER NAME: Cerner

DATE: 09/16/21

EVALUATOR NAME: Stephanie George-Roy

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
Single-tenant services Behavioral Health EHR Cerner Millenniums Domain. KLAS Awards 2020 and 2021 Unified platform, scheduling and registration program, integrated pharmacy, patient portal, Interactive dashboard, predictable hosting service 1 for /9 years Inoperability solutions. Care management and case management for seamless workflow. Multi-disciplinary care plans.
FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
Founded in 1979, extensive history of service, no transfer of ownership and developed a behavioral health 2012 business unit, contracts with state and local governments, over 300 organizations are using the behavioral health component
FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
Released monthly, automatic upgrades and tools, implement 50 solution workflow test are done during pre release to ensure updates will not impact existing productivity in true work product environment
FNR-4: Medication Reconciliation
Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
Section reports all areas can be met from admission med reconciliation, through entire stay with transfers etc and a discharge reconciliation can be done.
FNR-5: Medication Orders, Verification, and Administration
Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the: a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
Orders transmit in real time, barcode system and fully integrated.
FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
Alerts are in real time, overrides can be viewed and all alerts will be in immediate pop up messages. Interaction type and severity are also there and the pop ups are actionable in the moment
b. Describe how warnings will be enforced.
The provider at the time of order entry receives alerts about any potential interactions, contraindications, or duplications in therapy; the pharmacist, at the time of order verification/dispensing, receives the same alerts or more based on design implementation; the nurse reviews new orders and based on design implementation can also receive the same alerts as seen by the previous clinicians.
c. Describe, where applicable, how warnings will be closed or canceled.
Over rides with reason must be documented by the doctor and they are logged for future audits
<u>FNR-7:</u> Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
Cerner utilizes our own drug reference database, Multum, to provide drug formulary. Consistently updated and integrated and not considered a third party
b. Describe how changes will be entered into the proposed ICM Solutions.
Security Logic sets permissions and constantly updating
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
Barcodes through pharmacy library formulary. Barcode enabled medication administration
<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
Can send med orders to external pharmacy prior to discharges, CPO controlled substance transmission will meet DEA requirements
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

Catalog of standard pre-defined clinical forms and assessments, flowsheets, and note templates. Cerner's behavioral health content currently includes over 180 behavioral health-specific standard scales and assessments, and we are always working on expanding our robust library with multiple psychiatric scales and assessments currently in the planning or development phase. The assessments display different questions and flex according to the patient's age, gender, diagnosis, the reason for visit, specialty, and location. Maintains a team of regulatory and behavioral health experts that automatically push out documentation tools necessary to support regulatory changes.

c. Identify the skills required and the steps to be taken to:
i. Develop new customized forms and assessments; and
ii. Deploy changes to test and production environments.

Evaluate forms needs request and create as needed, change governance process to implement

d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.

Reports will not be impacted

FNR-10: Integration with Laboratory Systems

a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

Lab interface that can accept orders, send orders outbound and send information back

b. Describe the process for ordering lab tests and reviewing lab results.

Can receive test results from any system that is compliant with the industry-standard HL7. For laboratories capable of direct interfaces, our reference laboratory interface capabilities submit orders and receive results from those laboratories. For laboratories not capable of direct interfaces, laboratory imaging solution can scan documents and import the scanned reference laboratory report into the patient's EHR. These scanned documents can be entitled and saved with other electronic documents.

FNR-11: Functional Documentation

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

- a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

single-tenant domain so that all State of Maine information will be isolated from any other Cerner consumer of this remote hosting service.

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

Section is comprehensive

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

no 'co-mingling' of data in this Cerner offering because the State of Maine will be getting its own, single-tenant Cerner Millennium domain.
Cerner maintains compliance with and meets criteria identified by the HIPAA Security and Privacy Encryption and passwords

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

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DATE: 09/16/21

EVALUATOR NAME: Stephanie George-Roy

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	All information included	All information included
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)	All information included	All information included
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	All information included	All information included

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
Train the trainer/Super User Model. They give use electronic training material. Department expected to create a training plan with on going web learning
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).

included

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INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerner

DATE: 09/16/21

EVALUATOR NAME: Stephanie George-Roy

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder’s ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
Full recovery plan
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Concurrent user license
Deliverable 1.2 Solution Configuration
Data collection workbooks
Deliverable 1.3 ICM Acceptance Testing Environment
Two no production testing environments/training environments for designated users
Deliverable 1.4 ICM Training Environment
See above
Deliverable 1.5 ICM Production Environment
Will provide
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
Thorough and in collaboration with DHHS
Deliverable 2.2 Hospitals To-Be Migration Plan
Organizational Change Management Workshop to support facility readiness for change.
Deliverable 2.3 Solution Implementation
Have completed multiple migrations, comprehensive

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BIDDER NAME: Cerner

DATE: 09/16/21

EVALUATOR NAME: Stephanie George-Roy

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Deliverable 2.4 Electronic Form Migration
Go live will create new patient records
Deliverable 3.1 Support
Full team support, comprehensive
Deliverable 3.2 Maintenance
Comprehensive
Deliverable 3.3 Enhancements
Included
INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	N/A no usage

Requirements Workbook
Functional
Numerous areas of partial and negotiated sections. Areas that are met as well.
Technical
500.05 and 500.07 not met/ core, several others narrative doesn't explain fully
Implementation
801.4, 801.07 off shore, not met 803.02 conversion data in real time not met/they claim partial, 809.03 unclear about existing document migration, copy writing etc 810.03 CMS certification they have applied but not received and not continually pursuing 812.06/.14 outages/ a not met but others negotiated 813.07 restoration claim partial met

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INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerna

DATE: 09/15/21

EVALUATOR NAME: Jamie Meader

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• Met all eligibility requirements • 2 Projects met all 4 requirements • Project 3 missing billing requirement

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• In business for 42 years • 300 organizations using them • International
2. Subcontractors
• No subcontractors listed
3. Organizational Chart
• Provided specific to behavioral health
4. Litigation
• No litigation listed (no pending)
5. Financial Viability
• Provided
6. Licensure/Certification
• Provided
7. Certificate of Insurance
• Provided

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerna

DATE: 09/15/21

EVALUATOR NAME: Jamie Meader

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
Single tenet Registration and scheduling Fully automated and integrated pharmacy (eliminates risks around interfaces) Revenue cycle and reporting engine Patient Portal Inoperability Solutions
FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
No transfers in ownership. In business for 41 years.
FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
Monthly service packages released. Test scripts available to test prior to releasing updates into the system.
FNR-4: Medication Reconciliation
Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
Through the patient portal or through open inoperable platform. Use data made available through the CommonWell Health Alliance. Also through connection with SureScripts Automatic generated orders All viewable within physician workflow.
FNR-5: Medication Orders, Verification, and Administration
Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the: - Ordering of medications; - Verification of orders; and - Administration of medications to patients.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

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BIDDER NAME: Cerna

DATE: 09/15/21

EVALUATOR NAME: Jamie Meader

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Completely integrated medication order entry. Provider to Pharmacy to eMAR. Barcode technology available for patient identification
FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
Alerts can display at any place in the order process (physician, pharmacy or eMAR) Alerting window is actionable.
b. Describe how warnings will be enforced.
In all 3 areas, responses will be recorded from the pop up window alert.
c. Describe, where applicable, how warnings will be closed or canceled.
Remove order, modify order or override alert, overrides require reason for documentation.
FNR-7: Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
Own drug formulary Multum
b. Describe how changes will be entered into the proposed ICM Solutions.
Position level security logic determines who can make changes
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
CPO directly links with formulary, validation barcodes ensure successful administration. Therapeutic substitution rules are also available.
FNR-8: Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
Select medication, completed details, select pharmacy and transmit order. Controlled has an added layer EPCS with biometrics.
FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments
b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

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INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Provide a catalog of pre-designed forms and assessments. Includes 180 behavioral health specific scales and assessments in the library.
c. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
Cerna will work with the department on integrating our forms through the change governance process
d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
Information existing on forms will not be impacted. As documentation is completed it is visible in real time across platforms.
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
Cerna can interface with multiple external laboratories using the Lab Reference Interface. Communicate using HL7 order and result messages.
b. Describe the process for ordering lab tests and reviewing lab results.
If lab isn't capable of interfacing with HL7 then results can be scanned into the data base.
<u>FNR-11:</u> Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
Provided in attachment Didn't see OARS, Kennedy Scale, Fall assessment

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

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DATE: 09/15/21

EVALUATOR NAME: Jamie Meader

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Single-tenet domain
Disaster Recovery Services

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

Distributed transaction client/server architect provides higher level of security, data integrity, greater reliability, load balancing, scalability and better performance.
64-bit Oracle Enterprise Linux operating systems.
Allows distribution across multiple servers
Supports thousands of concurrent users.
Hardware supported through partnerships with HP.

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

No co-mingling of data.
Maintains compliance with all HIPPA security and privacy
Passwords, user based access controls, audit capabilities to report on access to information and encryption abilities.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

Appendix G provided

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

Attachment 11 Provided

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

Attachment 12 and Appendix G provided

INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.

Attachment 15 provided

INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Train the trainer approach, includes walk throughs, exercises, teach-back sessions and assessments. Trains super-users who then train end-users. Electronic copies of trainings provided
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
Provided
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder’s ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
Taylor disaster recovery plans to meet the needs of the facility Enhanced DR service that leverages infrastructure located at an alternate site. This includes the ability to test the DR site Cernas Corporate Business Resilience Program Examples: Flood, tornado, ice storm, electrical outages.
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Concurrent user licensee
Deliverable 1.2 Solution Configuration
Data collection workbooks
Deliverable 1.3 ICM Acceptance Testing Environment
Testing environment and training environment separate
Deliverable 1.4 ICM Training Environment
Provided separately
Deliverable 1.5 ICM Production Environment
Yes will be provided

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.

Deliverable 2.1 Hospitals As-Is Assessment

Current State Review and People and Discovery Review to identify pain points in current work flows as well as identifying and resource gaps.

Deliverable 2.2 Hospitals To-Be Migration Plan

Begins with an organization change management workshop to assess for readiness for change.

Model Experience workflows to implement solutions

Basic workflow materials provided.

Deliverable 2.3 Solution Implementation

Cernas consulting framework is recommended

Data migration is standard

Deliverable 2.4 Electronic Form Migration

Electronic records will be created any support documents can be scanned in as needed.

Deliverable 3.1 Support

SaaS model which takes responsibility for service, maintenance and upgrades.

Cernas technical and Applicational support provides troubleshooting.

Incident Management

Request fulfillment

Problem Management

Service Management

14 categories of support systems listed.

Deliverable 3.2 Maintenance

24/7 265 support

Deliverable 3.3 Enhancements

Generally made available without additional costs as part of the maintenance fee.

80% of change requests received were approved in 2020

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	N/A

Requirements Workbook
Functional
Missing some key assessments needed Wiley Library not included
Technical
Implementation

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerner

DATE: September 10, 2021

EVALUATOR NAME: Michael Migliore

EVALUATOR DEPARTMENT: DHHS/DRPC Pharmacy

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility

Part IV. Section I. Preliminary Information

3. Eligibility Requirements

- P

Stage Two - Qualifications and Experience

Part IV. Section II. Organization Qualifications and Experience

1. Overview of the Organization

- P

2. Subcontractors

- Q

3. Organizational Chart

- I

4. Litigation

- Q

5. Financial Viability

- I

6. Licensure/Certification

- P

7. Certificate of Insurance

- P

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerner

DATE: September 10, 2021

EVALUATOR NAME: Michael Migliore

EVALUATOR DEPARTMENT: DHHS/DRPC Pharmacy

<u>FNR-1:</u> Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
P
<u>FNR-2:</u> Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
P
<u>FNR-3:</u> For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
P
<u>FNR-4:</u> Medication Reconciliation
Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
P
<u>FNR-5:</u> Medication Orders, Verification, and Administration
Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:
a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
P
<u>FNR-6:</u> Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
b. Describe how warnings will be enforced.
P
c. Describe, were applicable, how warnings will be closed or canceled.
P
<u>FNR-7:</u> Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
P

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: September 10, 2021

EVALUATOR NAME: Michael Migliore

EVALUATOR DEPARTMENT: DHHS/DRPC Pharmacy

b. Describe how changes will be entered into the proposed ICM Solutions.
P
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
P
<u>FNR-8:</u> Outpatient Medications
a. Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
P
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
P
b. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
N
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
N
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
Q
b. Describe the process for ordering lab tests and reviewing lab results.
Q
<u>FNR-11:</u> Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
Q

Technical - Narrative Response (TNR)

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerner

DATE: September 10, 2021

EVALUATOR NAME: Michael Migliore

EVALUATOR DEPARTMENT: DHHS/DRPC Pharmacy

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

Q

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

Q

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

Q

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

N

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: CERNER

DATE: 9/16/2021

EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility

Part IV. Section I. Preliminary Information

3. Eligibility Requirements

I. Increase **Patient Care Coordination secure information sharing**

- *Have worked with inpatient psychiatric hospitals, including state hospitals and with Northern Light facilities in Main for at least a year. Would be beneficial to consult with them re: ease of transition and satisfaction with the product..*
- *New leadership coming onboard with psychiatric qualifications and experience*

II. Improve Patient Medication Management safety

- *Have Pharmacy programs that integrate physicians' orders*
- *Does this program also incorporate a real-time medication administration record into the EHR?*

III. Gain efficiency and increase accuracy of Patient Billing and Financial Services

- *Can be used with Medicare, Medicaid and private insurances.*
- *Need Mike's input here as he is no doubt already familiar with the product*

IV. 3 years experience with inpatient psychiatric facilities located within the United States within the last 6 years

- *Are working with psychiatric hospitals across the country, making them a source for consultation and advice on what works best.*
- *Appear to be developing behaviorally-based programs*
- *Claim to have ongoing support built into the contract budget*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: CERNER

DATE: 9/16/2021

EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

Stage Two - Qualifications and Experience

Part IV. Section II. Organization Qualifications and Experience

1. Overview of the Organization
• <i>Meets requirement</i>
2. Subcontractors
• <i>States they do not intend to use subcontractors</i>
3. Organizational Chart
• <i>Meets requirement minimally</i>
4. Litigation
• <i>Met</i>
5. Financial Viability
• <i>Met</i>
6. Licensure/Certification
• <i>Met</i>
7. Certificate of Insurance
• <i>Met</i>

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).

- KLAS: #1 in remote hosting x9 yrs; Leader Award for behavioral health capabilities in 2020 and 2021
- Enhanced registration/scheduling system
- Pharmacy mgmt. adequate
- Revenue cycles adequate
- Patient portal and virtual visits
- Interoperability: CommonWell, Cerner Direct HISP, reference lab network, SureScripts
- Outcome activity review also captures variances and progression in treatment
- Established Cerner State and Local Government services in 2018 specifically to support those entities

FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.

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INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

- No transfers in ownership in 41 year history of company
- Since 2012, have had a dedicated unit for behavioral health, including addiction and IDD; have also worked with corrections, but it is not noted if they have worked with inpatient forensics
- Supports health care data analysis
- Provides remote hosting
- Provides implementation, training, monthly updates, tech support, review of requests for changes/modifications
- Offers HER that will streamline and integrate clinical processes

FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

- Will meet with RPC and DDPC leadership and clinical staff to determine which of solutions will fit
- Will consider modifications
- Will offer recommendations from successful clients

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

- External medications can be verified thru Sure Script upon admission for reconciliation
- Alerts are given to provider, pharmacist, nurse re: allergies, drug interactions, dosage issues, etc; may be overridden but reason documented

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

- Provider enters order & it is sent to pharmacy.
- Unclear at what point the meds are entered into the EHR: upon pharmacy verification?
- Is the nurse alerted to first time order? Procedure to verify provider order?
- eMAR compatible with Pyxis?

FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

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EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
Alerts come as pop-ups to provider, pharmacist, nurse
b. Describe how warnings will be enforced.
Action regarding alert must be chosen (cancel order, override, etc)
c. Describe, were applicable, how warnings will be closed or canceled.
Alert boxes must have an action in order to close
<u>FNR-7:</u> Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
- utilizes own drug-reference data base, Multum - Updated monthly - Therapeutic substitutions offered
b. Describe how changes will be entered into the proposed ICM Solutions.
- Provider alerts during ordering - Pharmacist alerts - Nurse alerts at time of administration
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
- Alerts must be addressed before proceeding - Responses to alerts are saved within the system - Barcode verification during administration
<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
- Orders can be sent directly to the community pharmacy; does not specify how this will be done if the community pharmacy does not have Surescripts capability - controlled sub require DEA#. Submitted via EPCS - No written scripts
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

- Forms are provided (many that we already use, such as the Columbia Suicide Scale, AIMS, etc.)
- No mention of adapting or creating new forms that we may require

- c. Identify the skills required and the steps to be taken to:
- i. Develop new customized forms and assessments; and
 - ii. Deploy changes to test and production environments.

- Collaboration between Cerner and clinical staff
- Integration into the EHR to allow test period
- Modification or full deployment following test

- d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.

It is not clear whether information currently captured by our current forms will be translatable to the Cerner forms without some adaptation of the forms Cerner offers. This may be problematic.

FNR-10: Integration with Laboratory Systems

- a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

- Reference lab interface uses HL7 messages to capture lab results and enters these in the HER; do not need to be scanned
- Does NorDx have capability of direct HL7 interface?

- b. Describe the process for ordering lab tests and reviewing lab results.

- Provider enters order, RLI sends to lab, and the results are captured and entered to HER, with appropriate flags for abnormal results

FNR-11: Functional Documentation

- a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

- Fairly extensive list includes many of the assessment tools now used by RPC in paper form

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: CERNER

DATE: 9/16/2021

EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

Not web-based

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

Uses Citrix: three decades old; newer systems are available and will likely have to update.

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

- Adheres to HIPAA standards
- User must have individual access approved by State
- More confidential than paper-based forms used now

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	As we already use Citrix, current computers may be adequate	Provided
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)	Provided	Provided
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	Provided	Provided

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

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DATE: 9/16/2021

EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
Cerner will train Super Users, who will in turn train everyone else in a Train the Trainor format. Cerner suggests the Dept develop a program to train new employees as they come into the Dept. There is no mention of the possibility of ongoing support from Cerner post go-live.
INR-6: Service Level Agreement – Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
• Availability 99.5% does not meet Dept's required threshold of 99.9% (= 9 min/month) • Technical and administrative contacts are not named, nor is the assigned manager • Does not address many Core requirements requested by the Dept concerning downtimes, support, etc.
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
Cerner's secure data centers are separated by only 22 miles, which jeopardizes data stored in the case of a disaster.
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Concurrent user licensing based on per user basis for solutions
Deliverable 1.2 Solution Configuration
Data collection workbooks delineate build requirements needed
Deliverable 1.3 ICM Acceptance Testing Environment

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

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DATE: 9/16/2021

EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

Provides 2 non-prod environments: Testing, Training. Provides acceptance testing via Unit, Systems, and Integration testing at various points. Will launch full acceptance testing at request of Dept. when ready to proceed
Deliverable 1.4 ICM Training Environment
Initial training to be done by Cerner to those persons in the hospitals who have been identified and approved by the Dept.
Deliverable 1.5 ICM Production Environment
Cerner will provide User Management training during this phase to persons identified by the Dept. Going forward, Dept will be responsible for continued training.
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
Cerner will initiate Current State Review, then People and Discovery Review, which will identify 'pain points' in workflow and gaps in resources. Will determine Dept's desired outcome and how may be achieved
Deliverable 2.2 Hospitals To-Be Migration Plan
Cerner will present an Organizational Change Mgmt workshop for leadership. Cerner will implement Model Experience workflows, to which the Dept will be expected to adapt.
Deliverable 2.3 Solution Implementation
Cerner's Consulting Framework will implement data migration from the patient record, using Cerner templates.
Deliverable 2.4 Electronic Form Migration
Cerner will create the new HER. Forms that are not supported by the current Cerner forms may have to be sourced or modified. It does not sound as if Cerner will assist in making new custom forms.
Deliverable 3.1 Support

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EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

- SaaS model
- Cerner will be responsible for maintenance, updates, patches, constant monitoring of system operations
- Provides Technical and Applications team to deal with advanced troubleshooting for issues beyond the scope of everyday customer support, particularly those impacting patient care and financial processes
- T&A also provides: incident management, request fulfillment, problem mgmt., and service mgmt., which conducts periodic customer reviews
- Cerner has provided the rubric by which it prioritizes requests for service based on Urgency (low to critical) X Impact (minor to extensive). The higher severity problems will be referred to the Immediate Response Team (IRC), which is available 24/7/365.
- All service records are retained and available to the customer
- Cerner will not access the system without customer consent via written, email or telephonic means
- Service Goals: expected closure of service requests currently set by Cerner at 40% in 24 hours, 65% in 7 days, 85% in 30 days
- Cerner outlines 14 items provided through the payment of support fees, including IRC (for mission critical issues), IAC (Immediate Answer, for non-mission-critical issues). Client Care Team (available for training), IntelliNet secured access for problem resolution at the client site, and knowledge transfer to clients for support during service events.

Deliverable 3.2 Maintenance

- HITECH-enabled, ISO 9001:2015 and ISO 27001 compliant, SOC 2 Type 2 Attested, HIPAA compliant, and aligned with ITIL International Standard for Best IT Service Delivery Practices.
- Available 24/7/365 for maintenance, back-ups, upgrades and client support
- Round the clock systems monitoring
- Monthly system availability reports

Deliverable 3.3 Enhancements

- Enhancements are included in maintenance fee for contracted solutions
- Cerner's Solution Strategy Portal can be used by Dept to see the latest roadmap for the Millennium platform and Behavioral Health-specific solutions
- Assures all data needed for local, state, federal reports is captured in workflow
- Maintains change request and change process services for customer-generated modifications

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EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Uses no subcontractors

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	none

Requirements Workbook
Functional
Technical
Implementation

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerner

DATE: 9-15-21

EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• P several Behavioral Health Organizations, billing, Pharmacy components, 300 organizations • P meets all four components, several examples, only one did not • P in several different states • P DHHS experience in different states • P some developmental services experience
P Local hospital experience in Maine, only one year

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• P, large, established, in several state contracts, founded 1979, state wide networks, new behavioral health business unit • P local project, hospital system • I behavioral health solution is relatively new
2. Subcontractors
• I no subcontractors
3. Organizational Chart
• N no listed names, only behavioral health component listed
4. Litigation
• P no current litigation
5. Financial Viability
• P financially stable, large market share, very large, stable
6. Licensure/Certification

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• P Certified to operate in Maine
7. Certificate of Insurance
• P Professional cyber liability 10M • P Umbrella Policy 5M

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
• unified EHR platform, the pharmacy solution seems to be more fully integrated into the HER, same platform. no need for interfaces: comprehensive pharmacy solution that sits on the same platform as the EHR, eliminating the risk segmented processes and workflows. Integrated plan of care KLAS award, unified platform, • Enhanced Registration and Scheduling, patient portal • Fully automated and integrated pharmacy management Interoperability solutions, fully integrated pharmacy management solutions, barcode enabled
FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
founded in 1979, is one of the world's most recognized healthcare IT companies 1990s, we developed the first enterprise-wide EHR leading U.S. supplier of health care information technology Cerner has been in business for over 41 years. Cerner established Cerner State & Local Government Services, Inc. (CSLGS) in 2018 as a wholly-owned subsidiary to support the unique needs of working with our state and local government clients like Maine's Department of Health and Human Services. Long history of providing service, has separate (CSLGS) to assist working with state systems
FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

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Regular service packages are released monthly, contain corrections, enhancements, new functionality, and other various technological updates needed to keep applications and system running efficiently. As part of the service provided, major upgrades and package releases will be the responsibility of Cerner. We will schedule, communicate, and educate the Department on any changes to the functionality. To involve our clients in release testing, we utilize 'support partners' before the package becomes generally available

Work flow updates with pretesting, change control process

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

information can be reconciled from the patient portal or with our open and interoperable platform, allowing you to exchange and access information from across healthcare ecosystems securely Sure Scripts, assess to pharmacies, captures home medication history viewable in physician viewer, reconciliation notes in d/c summary
external prescription information can be obtained through SureScripts provides a secure-HIPAA compliant encoded communication link to and from participating pharmacies. (assume that these pharmacies are in Maine since Cerner operates in Maine)

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a.** Ordering of medications;
- b.** Verification of orders; and
- c.** Administration of medications to patients.

When a provider chooses to continue a home medication, it will automatically create a corresponding inpatient order (good feature)

At the end of the patient's stay a discharge medication reconciliation is performed. Home medications can be continued, inpatient orders can be converted to prescriptions, and new orders or modifications to existing orders can be created as new prescriptions all from within the same workflow. Medication reconciliation notes are included on the patient discharge summary, such as instructions to continue or discontinue previous home medications (adds to continuity)

Orders entered by a provider transmit in real-time to the pharmacy for clinical review and verification. Once the order is verified in the pharmacy (1), the order becomes available for medication administration charting on the electronic Medication Administration Record (2)(eMAR). **Barcode technology** is supported for positive identification of the patient, order, and medication product.

Documentation of the administration is automatic using our barcode medication administration workflow

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FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

Alerts can display at the time of provider order entry, pharmacy verification, and medication administration. Previous override information can be viewed

b. Describe how warnings will be enforced.

Cerner solutions provide **three very important checks** of the medication order, (closed-loop system). The provider at the time of order entry receives alerts about any potential **interactions, contraindications, or duplications** in therapy; the pharmacist, at the time of order verification/dispensing, receives the **same alerts** or more based on design implementation; the **nurse** reviews new orders and based on design implementation can also receive the **same alerts** as seen by the previous clinicians.

c. Describe, where applicable, how warnings will be closed or canceled.

Alerts present with the ability to remove the order, modify the order, or override the alert. If the decision is made to override the alert, an **overriding reason must be selected**. (must be from a pre-selection ?) The alert window will close upon completion of the clinician's selections. Interactions with the alert window are logged and available for future audit reporting.

FNR-7: Medication Formulary Management

a. Describe the process for managing changes to the Medication Formulary.

Cerner utilizes our own drug reference database, Multum, to provide drug formulary

b. Describe how changes will be entered into the proposed ICM Solutions.

Our computerized physician order entry utilizes an **order catalog that directly links to the pharmacy's active formulary drug library**.

Therapeutic substitution rules are also available to steer provider order entry to formulary items

c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.

Therapeutic substitution rules are also available to **steer provider order entry** to formulary items

FNR-8: Outpatient Medications

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Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy

Within Cerner, prescribing non-controlled substances will allow the user to select the medication, complete the necessary details, select the preferred pharmacy, and transmit. Prescribing controlled substances is an identical workflow until the end. Before signature, the provider will be presented with our EPCS (Electronic Prescriptions for Controlled Substances) workflow. Utilizing dual authentication methods, Cerner's EHR prompts the provider to authenticate a controlled substance prescription with two factors, **using biometrics or smart tokens**, that meet the DEA's (Drug Enforcement Administration's) EPCS requirements.

FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments

b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

robust **catalog of standard pre-defined clinical forms and assessments**, flowsheets, and note templates. Cerner's behavioral health content currently includes over 180 behavioral health-specific standard scales and assessments, and we are always working on expanding our robust library with multiple psychiatric scales and assessments currently in the planning or development phase. The assessments display different questions and flex according to the patient's age, gender, diagnosis, **the reason for visit**, specialty, and location.

Cerner has years of experience with our community behavioral health providers across the nation and maintains a team of regulatory and behavioral health experts that automatically push out documentation tools necessary to support regulatory changes.

- c. Identify the skills required and the steps to be taken to:
- i. Develop new customized forms and assessments; and
 - ii. Deploy changes to test and production environments.

Cerner will work with DHHS to evaluate its forms and assessment requirements or organization-specific requests and provide guidance on how to utilize the technology

d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.

Any patient information captured on existing forms or assessments will not be impacted by configuration changes to the assessments or forms used to initially document the information. The forms and assessments all write to the **same single, unified relational database**, ensuring that all clinicians have access to the same information at any point. As documentation is completed, it is visible across the Department in real-time and ensures providers are viewing up-to-date and accurate medication lists, chronic conditions, active problems, clinical notes, diagnostics, lab results, medical history, and other pertinent clinical information.

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FNR-10: Integration with Laboratory Systems

- a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

Cerner can interface with multiple external laboratories as necessary to support the Department's needs. Cerner's standard reference lab interface (**RLI**) **provides the ability to accept orders and results**, such as reflex tests initiated by the reference lab. In addition to accepting orders, the reference lab interface (RLI) provides the ability to send orders outbound to the reference laboratory. The reference laboratory performs the testing and **sends results back through the RLI as inbound information**. The results, result flags, reference ranges, and result comments are posted as verified and are immediately available for inquiry, and clinical reports are available as soon as they are posted. Additionally, the RLI supports sending orders that contain the patient's insurance information.

Uses HL7

- b. Describe the process for ordering lab tests and reviewing lab results.

Cerner can receive test results from any system that is compliant with the **industry-standard HL7**
Sending orders above description

FNR-11: Functional Documentation

- a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

Variety of forms, span uses and seem to address many documentation needs, if used these only, would need to adapt some processes

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

single-tenant domain

By building applications on a single, consolidated database and an integrated data model, Cerner ensures scalability and communication across all care settings. Few suppliers in the industry today offer such truly integrated capabilities.

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

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TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

With Cerner's system design, rather than the Windows Client application directly accessing the database, it communicates with a Millennium application server, which in turn communicates with the database. The most effective and common end user device deployment is a thin client implementation that supports the use of a browser.

Desktop → Server → Database (support use of a browser)
Not web based, it is an app.

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

There will be no 'co-mingling' of data in this Cerner offering because the State of Maine will be getting its own, single-tenant Cerner Millennium domain. Single system
Cerner maintains compliance with and meets criteria identified by the HIPAA Security and Privacy in the following: Security – Cerner solutions include abilities to support the definition of individual users all required to be authenticated uniquely minimally by strong passwords; to support role and user-based access controls for application task access and privileges; audit capabilities to log and report on accesses to electronic personal health information and abilities to support related security requirements including session management, emergency mode of access, enable encryption and integrity abilities for transmitted ePHI, enable encryption for enterprise storage systems and for any end-user device storage under the control of the system and other abilities.

Access based on position and credentials within the system.

Access depends on credentialing within the system. (I assume we would be able to credential (including prescribing) depending on

DDPC/RPC overall credentialing)

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

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EVALUATOR DEPARTMENT: DDPC

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones	
The following lists the minimum system requirements for a clinical workstation running a local installation of Cerner Millennium:			
Memory/Storage, Connectivity)	• Intel-based or equivalent, mid-range workstation • Processor: 1 gigahertz (GHz) or faster with support for PAE, NX, and SSE2 • RAM: 2 GB with 1 GB of memory just for Millennium. This is above what the OS and other apps use. • Hard disk space: 30 GB with 10 GB disk space minimum for local Cerner application code installation. • Graphics card: Microsoft DirectX 9 graphics device with WDDM driver. • Graphics resolution: 1024 x 768 and 32-bit color	Intel based,	
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)	Intel based (or equivalent) 1 GHz Processor 2 GB Ram (with 1 GB devoted to Cerner) Hard Disk Space 10 GB for Cerner		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	I believe most of our laptops would be able to support		

Implementation - Narrative Response (INR)

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EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

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: Job **Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).**

Extensive job descriptions, personnel outlined, seem quite experienced

: **Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.**

Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

_____ Hospital “as is” working toward Hospital “to be” engages stakeholders to assist with interfacing includes solution and form migration, focused first on your staff, then on the process, and finally on the technology.

4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.

_____ Very detailed, systematic (hopefully flexible)

-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

Our implementation methodology follows a Train-the-Trainer approach for end-user training. The covers the general functionality of the applications being implemented and includes walkthroughs sessions, and assessments to ensure delegate understanding. Cerner trains the Super Users, an responsible for the end-user training, which will take place at the two DHHS facilities (being cogni any remote training if needed for COVID protocols). **Trainers will be provided with an electron lessons** and supporting trainer collateral. These are designed to form the basis of their localized reduces the total cost of ownership to the Department both by reducing the initial outlay and by ex super users can develop and deliver effective training for any later changes to the staff or system Department create a training plan for new associates moving forward and develop a web-based s

Bb

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BIDDER NAME: Cerner

DATE: 9-15-21

EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
Credits depending on if system is not available (depending on percentage) Audits must take place within 30 days of the previous month
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
In the event of a significant disaster that requires the use of the DR system, the DR system would be “activated,” per the scope of the service, for end-user access and continued operations. This enhanced level of service includes the ability to test the DR system during the initial implementation phase as well as annually, at a mutually agreed upon time (typically post a major system change).
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Cerner Millennium is sold as a concurrent user license. Each user will have full access to each of the provided tools. Solutions are offered on a per-user basis → based on user counts provided within the RFP.
Deliverable 1.2 Solution Configuration
Cerner will use data collection workbooks to collect the client's local build requirements. This will be used in the configuration and localization of the Department's To-Be (Future state) system.
Deliverable 1.3 ICM Acceptance Testing Environment
two non-production environments to accommodate a Testing Environment and a Training Environment. Cerner's
Deliverable 1.4 ICM Training Environment
the Cerner shall provision and deploy the training environment for the Hospitals and make that environment available only to users designated and authorized by the Department.
Deliverable 1.5 ICM Production Environment
will be provided with a Production Environment. Cerner will provision the users designated by the Department, and, following User Management training, the Department will be responsible for provisioning additional users for the future
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>

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Deliverable 2.1 Hospitals As-Is Assessment
Cerner will jointly work with the Department to evaluate the current state of its people and processes through key events that occur during project kickoff
Deliverable 2.2 Hospitals To-Be Migration Plan
Organizational Change Management workshop. This helps the Cerner and client leadership teams understand the organization's readiness for change.
Deliverable 2.3 Solution Implementation
Data migration is a standard component of every Cerner project. In the last few decades that Cerner has been implementing its solutions, a variety of standard methods and templates have been developed and used in projects of different sizes and complexities, from single organizations with a few hundred beds to regional and national healthcare systems.
Deliverable 2.4 Electronic Form Migration
Cerner will work with the Department to review the current forms and assessments. In the event that the model content for forms and assessments does not meet your needs, the consulting team will work to scope new forms and/or changes to existing documentation
Deliverable 3.1 Support
Cerner will host system and take responsibility for system maintenance, backups, upgrades, and client support . Patches and fixes to any infrastructure component are managed by the data center team, as well as continuous system monitoring to identify potential issues before they arise and ensures optimum system performance.
Urgency Scale
Many benefits through on going support fees
Deliverable 3.2 Maintenance
We offer 24/7/365 data support and use the latest techniques to protect patient information.
We take responsibility for system maintenance, backups, upgrades, and client support. Continuous system monitoring identifies potential issues before they arise and ensures optimum system performance. We also utilize customized monitoring tools with application-specific knowledge modules to proactively monitor the system around the clock .
System availability reporting will be provided on a monthly basis, for the previous calendar month
Deliverable 3.3 Enhancements

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Enhancements to Cerner solutions and services are generally made available to all clients without additional cost as part of your maintenance fee for those services you have contracted for.

Employ a change control process

INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1

Subcontractor Business Name:

[Note: Name must match Appendix E]

No subcontractors

Requirements Workbook

Functional

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerner

DATE: 9-15-21

EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

Integrated Behavioral Health Services functionality → Specific behavioral health integration, 180 behavioral health-specific standard scales and assessments and we are always working on expanding our robust library with multiple psychiatric scales and assessments currently in the planning or development phase. The assessments display different questions and flex according to the client's age, gender, diagnosis, reason for visit, specialty, and location. Our behavioral health content includes intake assessments, multiple validated evaluation tools, suicide risk screening, assault and homicide risk assessment, pain and fall risk assessment, cognitive testing, depression screening, alcohol and drug screening and assessment, crisis evaluation, and a vast library of validated psychometric tools.

Integrated Medical Services functionality.--> displaying discrete clinical information in a chronologic format, unifying care across all facilities within Maine's Department of Health and Human Services. Access to all information is enabled in a longitudinal presentation, regardless of facility, episode, or date the information was entered or interfaced into the system.

Integrated Pharmacy Medication Management Services functionality → pharmacy order entry, compounding, clinical documentation management, clinical review, physician order processing, dispensing, barcode-enabled charge and credit processing and dispensing, dose range management, medication clinical decision support, and formulary management are included. Cerner offers a completely integrated closed-loop medication management process with our medication order entry, pharmacy,

Billing and Reimbursement Services functionality. → A single accounts receivable solution supports inpatient and outpatient billing. The cornerstone of Cerner's information systems strategy is Cerner Millennium, Clinically driven charging

- Online claim viewing and editing capabilities
- Flexible claim rules logic to meet payer specific requirements
- Online accounts receivable follow-up tools
- Ability to customize patient accounting screens per user preferences
- Ability to capture technical and professional charges on single encounter
- 72 hours combine logic
- Productivity monitoring
- Patient statement services
- Client billing
- Client to patient AR transfers
- Charge master maintenance/design
- Standard reporting capabilities

We support posting of electronic remittance advices as well as the actual contractual received on the ANSI x.12 835. **Payments, denials, and adjustments** are all entered in the same posting conversation –whether manual or electronic—

Meets for user accounts and patient populations, restricted documents, user dashboard, user

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INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: Cerner

DATE: 9-15-21

EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

messaging, UM, including medical necessity, risk management, patient registration, Medication Reconciliation → Cerner EHR provides streamlined workflows for both admissions and discharge **medication reconciliation processes**. For admissions medication reconciliation, Cerner's partnership with Surescripts allows for capture of an accurate medication history list. Providers can opt to continue or discontinue home medications as appropriate. If a continued medication is not on the hospital formulary, the solution creates an automatic therapeutic substitution. New medications can be ordered from the same window. **For discharge medication reconciliation, both home and hospital medications are displayed in a single view.** Providers can opt to review each medication individually. They also can discontinue all hospital medications and continue all home medications with a single selection. Clinicians can also edit existing prescriptions or order new prescriptions as appropriate.

Cerner supports embedding Maine's Prescription Monitoring Program report directly into the provider's and pharmacist's workflow within our EHR. Other authorized staff can still access the information by logging into **Maine's site directly**. In addition, **Cerner supports external prescription history so prescriptions that are dispensed to the patient from retail pharmacies** can be viewed and reconciled in the patient's chart with our SureScripts integration. Additionally, with our open and interoperable platform, you can securely exchange and access information from across healthcare ecosystems. This includes data from point-to-point connections you have with organizations in your area, local/state/regional HIE's, and data made available from the CommonWell Health Alliance.

support flexible data entry capabilities, such as radio buttons, drop downs, checkboxes, and free text fields.

Has clinical flexibility, to do lists, supervisor notification, big catalog of available user forms,

Does not support Wiley online libraries (but does have Elsevier, Wolter's Kluwer and Xynx for content partnerships)

Treatment planning → built to include individualized long and short-term goals and patient-specific objectives, multi-disciplinary interventions, behavioral health care provider and patient care orders and tasks, prescriptions, referrals to specialists, and care team communication

Supports treatment planning groups, scheduling

Speech recognition and dictation supports

Electronic signature and order entry

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerner

DATE: 9-15-21

EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

Internal pharmacy
Supports formulary and reminders to providers
Medication alerts
Electronic MAR
Electronic TAR
Dietary management, with a no cost modification
Supports forms and assessments for major disciplines
?? Finance Office Forms
Supports MHW, Psychology, EMTALA, seclusion and restraint
Medical documentation
Scanning of documents
Finances
Electronic billing submission
Release of information
Requires an enhancement for remote connectivity disconnected mode
Functional reporting, custom reporting, PDMP, MaineCare

Healthinfonet needs enhancement

Also not support (necessarily) medication wholesaler

External imaging supporting

Technical

Vulnerability remediation exception

Enhancement for policy (not accessibility policy)

Remote policy exception

Only one non-production environment (?training/testing)

Information security
Not Office 365 compatible

Implementation

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Cerner

DATE: 9-15-21

EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

Ambitious implementation plan and timeline

Supports issues, risks and communication management

Will have remote as well as in persons meetings to support implementation

Off shore data ?

Does promote key personnel staffing

If the Department desires to have a MD, PHD, and PharmD on this project, additional fees would apply.

The client or vendor, Meditech, would be responsible for:

- 1) Extraction of data from legacy system(s)
- 2) Transformation and formatting of data

Cerner would be responsible for:

- 3) Loading of data into Cerner

Cerner would be happy to discuss any **additional costs** that would come with the extraction and transformation of legacy system data.

The scope of data conversion from legacy systems include demographics data, insurance data, and diagnosis data for active patients in the **last 2 years**. Due to the complexities of **order data and treatment data**, it is unlikely that the Department will be able to provide extracts for this data so it can be mapped to Cerner Millennium fields.

Claims data is not migrated to Cerner

Cannot accommodate conversion of unit dose, menu, treatment or group scheduler

Accommodates 600 users

Can add DPH nurses

Will work with all the departments to meet “as is” assessments, forms etc

Does not meet (partially met) down time notification requirements

Does not meet downtime requirements (9 minutes of downtime per month)

Meets (a) below, but (b) and (c) are negotiable

Include in the SLA, maximum response and resolutions times as outlined below.

(a) The maximum response time for a complete outage (system down or unreachable) is

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EVALUATOR DEPARTMENT: DDPC

thirty (30) minutes with a maximum resolution time of "as soon as possible".

(b) The maximum response time for a partial outage (impacting parts of system) is one

(1) hour with an maximum resolution time of twenty-four (24) hours.

(c) The maximum response time for intermittent issues is four (4) hours with a maximum resolution time of four (4) days.

6 hour recovery time (as opposed to 2 hours in RFP)

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Meditech

DATE: 9/15/21

EVALUATOR NAME: Christine Bellatty, MSN-PSQ, RN

EVALUATOR DEPARTMENT: Dorothea Dix Psychiatric Center, Nursing

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• P- Appendix C • P-Project 1 • P-Project 2 • P-Project 3 • Project descriptions lack individuality in description in relation to the hospital's needs; they do appear to meet requirements.

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• P- Company founded in 1969; now serve 2250 healthcare organizations globally • P- 2018 launched fully integrated web-based EHR. • Private corporation; not publicly traded. • I- 375 out of 1472 organizations use Expanse in the US. • I-Behavioral Health Services is a collaboration with Meditech and other companies. • P- Meditech developed Medical Services, Pharmacy Medication Management Services and Billing and Reimbursement Services. • P- Regularly provide system updates.
2. Subcontractors
• Did not supply the subcontractors utilized but did state that they do use select certified subcontractors to fill positions that can't be met by Meditech.
3. Organizational Chart

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Meditech

DATE: 9/15/21

EVALUATOR NAME: Christine Bellatty, MSN-PSQ, RN

EVALUATOR DEPARTMENT: Dorothea Dix Psychiatric Center, Nursing

• N- Provided Org chart from Chairman Board of Directors through the Director level-missing project team.
4. Litigation
• N- Not provided
5. Financial Viability
• N- Not provided
6. Licensure/Certification
• License provided for Massachusetts locations
7. Certificate of Insurance
• N- Not provided

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: MEDITECH

DATE: 9/13/2021

EVALUATOR NAME: Bethany Drolet

EVALUATOR DEPARTMENT: OIT/MaineIT

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• 2 of 3 projects identified as inpatient psychiatric facilities • 2 of 3 projects identified have 3 years or more in the last 6, longer in their legacy solutions. • All 3 projects included the 4 required components • Meets requirements

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• Company founded in 1968, opened in 1969 • Used in 2250 healthcare organizations in 23 countries • Expanse – fully web-based EHR, launched in 2018 • Privately held corporation • 375 customers using Expanse in US • 24% market share in US • Projects 2 and 3 include a legacy customer who has upgraded to Expanse.
2. Subcontractors
• Notes that subcontractors may be used on a project basis, but does not name any subcontractors
3. Organizational Chart
• Detailed at the director or above level • Does not suggest the resources for this project
4. Litigation
• None listed

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: MEDITECH

DATE: 9/13/2021

EVALUATOR NAME: Bethany Drolet

EVALUATOR DEPARTMENT: OIT/MaineIT

5. Financial Viability
• N – No financial information provided • DUNS number provided, data limited
6. Licensure/Certification
• ISO 9001:2015 Certified for quality management
7. Certificate of Insurance
• N – not included, but stated would provide on request

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Meditech

DATE: 09/15/21

EVALUATOR NAME: Jennifer Gagnon

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility	
Part IV. Section I. Preliminary Information	
3. Eligibility Requirements	
	• Bidder submitted Appendix C filled out • No contact information provider for vendors • Project one was only go live Nov 2019 but had previous versions before. - All components part of the project listed but needs more info on legal relationship meaning • Project two had over three years since go live previous version before. • Project two not marked as in/out patient facility- all components met • Project three go live Jan 2018- all components all vendors using previous version • Project upgrades happen monthly

Stage Two - Qualifications and Experience	
Part IV. Section II. Organization Qualifications and Experience	
1. Overview of the Organization	
	• Company been around since 1969 • 2,250 organizations in 23 countries- 24% market share in US • 2 of 3 examples were legacy customers who upgraded to Expanse
2. Subcontractors	
	• Uses certified subcontractors when necessary
3. Organizational Chart	
	• Included but no job descriptions or relation to project
4. Litigation	

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Meditech

DATE: 09/15/21

EVALUATOR NAME: Jennifer Gagnon

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

• None pending in connection to license of software which would affect Hospitals project
5. Financial Viability
• No Dun and Bradstreet- do not subscribe • No financial statements to review and no mention of why
6. Licensure/Certification
• ISO 9001:2015 certification in good standing until 4-27-2023
7. Certificate of Insurance
• Will provide upon customer's request

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Meditech

DATE: 09/16/21

EVALUATOR NAME: Stephanie George-Roy

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• Met and had Appendix C Eligibility Certification and Appendix D •

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• P -Previous and current with the State/ 7 companies using Meditech/Behavioral Health since 2005/ current EMR for State Hospitals in Maine/Expanse is utilized by 375 one company in Maine (most up to date model).
2. Subcontractors
• Q-they report they use sub contractors but give no examples
3. Organizational Chart
• P- org chart included upper management with limited on potential project staff
4. Litigation
• Q-Meditech reports they have no pending litigation but report they need further discussion
5. Financial Viability
• Q- Meditech did not provide financial viability documents requires further discussion per Meditech
6. Licensure/Certification
• P-included
7. Certificate of Insurance
• N-not included requires further discussion per Meditech

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Meditech

DATE: 09/15/21

EVALUATOR NAME: Jamie Meader

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility

Part IV. Section I. Preliminary Information

3. Eligibility Requirements

- Met all eligibility requirements
- Project 2 didn't identify inpatient/outpatient
- Project 1 and 3 met the requirements

Stage Two - Qualifications and Experience

Part IV. Section II. Organization Qualifications and Experience

1. Overview of the Organization

- International company in 23 countries
- 50 years in business
- 1 company using Expanse in Maine
- Claim to be at the forefront of Interoperability
- We are currently using Meditech at RPC and DDPC

2. Subcontractors

- No subcontractors listed, said they may use them based on the projects

3. Organizational Chart

- Provided in detail with names but not specific to this project

4. Litigation

- No litigation listed

5. Financial Viability

- Not provided, sent a sample contract

6. Licensure/Certification

- Provided from Massachusetts

7. Certificate of Insurance

- Not provided

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: MEDITECH

DATE: September 16, 2021

EVALUATOR NAME: Michael Migliore

EVALUATOR DEPARTMENT: DHHS/DRPC Pharmacy

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• q

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• q
2. Subcontractors
• q
3. Organizational Chart
• n
4. Litigation
• n
5. Financial Viability
• p
6. Licensure/Certification
• p
7. Certificate of Insurance
• p

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: MEDITECH

DATE: 9/16/2021

EVALUATOR NAME: Beverly Perkins:

EVALUATOR DEPARTMENT: Quality Improvement

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
I. Increase Patient Care Coordination secure information sharing - Has developed mobile access for providers - Meditech is currently in use in multiple hospitals in most states - Has at least three subcontractors
II. Improve Patient Medication Management safety - Has a pharmacy program and an eMAR - Pharmacy program has billing capability
III. Gain efficiency and increase accuracy of Patient Billing and Financial Services Formation regarding their program is vague, but they do have these services
IV. 3 years experience with inpatient psychiatric facilities located within the United States within the last 6 years - Meets the requirement - Does not appear to have specific programming for psychiatry or behavioral health

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
- Meets the requirement - Has mobile apps for providers - Current EHR: apparently we are not utilizing newest products; - No new product for 2020? - Used by 7/39 hospitals in Maine (includes RPC, DDPC & Togus, which are not listed by the Maine Hospital Association); only one facility uses Expanse (newest product) - Nationwide, 25% of hospitals have opted for Expanse; all others have the older versions

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: MEDITECH

DATE: 9/16/2021

EVALUATOR NAME: Beverly Perkins:

EVALUATOR DEPARTMENT: Quality Improvement

2. Subcontractors
• <i>Does not meet requirements: states only that qualified subcontractors are utilized</i> • <i>Not forthcoming about legal relationships</i> • <i>Does not note if Projects 2 & 3 are inpatient psychiatric</i>
3. Organizational Chart
• <i>Meets qualifications</i>
4. Litigation
• <i>"Take my word..": is this sufficient?</i>
5. Financial Viability
• <i>Not met</i>
6. Licensure/Certification
• <i>Meets (?)</i>
7. Certificate of Insurance
• <i>Not met</i>

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Meditech

DATE: 9-15-21

EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility	
Part IV. Section I. Preliminary Information	
3. Eligibility Requirements	
• P all four components • P several different states with inpatient facilities • P several times augmented an existing system • N repetitive narrations on project explanations (a little "boiler plate") • Q project two not identified as inpatient	

Stage Two - Qualifications and Experience	
Part IV. Section II. Organization Qualifications and Experience	
1. Overview of the Organization	
• P 50 years old • P 24% market share in US • Privately held corp • Web based HER • Forefront of inte	
2. Subcontractors	
• N identifies potential use of subcontractors but does not list them	
3. Organizational Chart	
• P all identified and diversified	
4. Litigation	
• N requires further discussion	
5. Financial Viability	
• N requires further discussion	
6. Licensure/Certification	
• I certificate, not coordinated with Maine SOS	

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Meditech

DATE: 9-15-21

EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

7. Certificate of Insurance
• N requires further discussion

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/15/21

EVALUATOR NAME: Christine Bellatty, MSN-PSQ, RN

EVALUATOR DEPARTMENT: Dorothea Dix Psychiatric Center, Nursing

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility

Part IV. Section I. Preliminary Information

3. Eligibility Requirements

- P- Appendix C
- P- Project 1
- P- Project 2
- P- Project 3
- Projects are relevant to the hospitals' needs.

Stage Two - Qualifications and Experience

Part IV. Section II. Organization Qualifications and Experience

1. Overview of the Organization

- P- Fifty years of experience on providing solutions and one of longest standing Healthcare Information Technology companies in the US.
- P- Deliver full medical, clinical, medication management, building interoperability and healthcare analytics platform.
- I- Number one provider to state hospitals and behavioral health communities per National Research Institute. Serve half of the country's state hospital systems.
- I- Political action to advocate for legislation to extend meaningful use incentives for psychiatric hospitals, clinical psychologists and addition services.
- P- Involved in health information exchange; HealthInfoNet is connected.
- P- Claim extensive experience replacing legacy systems and paper-based workflows.
- P- Fully integrated care management solution for single entry for both clinical and financial solutions and inpatient pharmacy and outpatient prescribing medication management.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/15/21

EVALUATOR NAME: Christine Bellatty, MSN-PSQ, RN

EVALUATOR DEPARTMENT: Dorothea Dix Psychiatric Center, Nursing

• P- Billing is connected, claims generated and filed automatically via clinical activities. Good Percentages for clean claims and reduction in accounts receivable and increased collection rates. • P- Automated measures calculation to drive real-time decision making. • P- Dedicated Client Alignment Executive. • I- Two state hospitals in New England use Netsmart in NH and CT only. • I- Install 1 update per quarter. • P- Show continuous progression with additions listed as highlights such as 2020 Covid-19 screener and 2021 Flowsheets and Treatment Plan enhancements. • P- Have transitioned similar and larger systems to this system.
2. Subcontractors
• P- No use of subcontractors required.
3. Organizational Chart
• P- Provided chart of project team through implementation and support team.
4. Litigation
• I- One case ongoing, all cases related to breach of contract- two cases settled and dismissed, one case settled. No amounts are noted.
5. Financial Viability
• P – Provided • Dun & Bradstreet report provided.
6. Licensure/Certification
• P- Provided for Maine in good standing.
7. Certificate of Insurance
• Liability Certificate provided.

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/15/21

EVALUATOR NAME: Christine Bellatty, MSN-PSQ, RN

EVALUATOR DEPARTMENT: Dorothea Dix Psychiatric Center, Nursing

- Fully integrated cloud-based subscription based called my Avatar.
- Includes census billing clinical medical and pharmacy.
- Platform is used by ‘...most State hospitals that have implemented a modern integrated electronic health record...’
- Certified through all stages of Meaningful Use and currently working on alignment with Cures Act.
- Streamlined workflows with dashboards geared towards specific user roles.
- Realtime analytics to track KPIs.
- Pharmacy is integrated rather than interfaced.
- Document capture is fully integrated to allow for addition to patient record paper-based processes.
- Integration and interoperability allows connections with other providers and is connected to most HIE/RHIOs.
- Supports all federal and state policies and standards for health information exchange including HIPAA, technology standards and message types.
- Solutions supports additional standard integrations/interfacing such as labs, HIEs, external pharmacies, PDMPs, and payors. Additionally for DHHS’s transcription service, GeriMenu, Dentrax and MHDO.

FNR-2: Briefly describe the proposed ICM Solutions’ software, its history and any transfers in ownership that have occurred.

- Netsmart’s my Avatar is their flagship inpatient psychiatric hospital technology solution. It is fully functional and deployed in over half of the States who use an EHR as well as numerous county agencies and private and non-profit providers.
- Netsmart is one of the longest standing healthcare information technology companies in the US-founded in 1968.
- Proposed solution is developed by and completely owned by Netsmart. They contract directly with clients and maintain all contracts in house.

FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

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- Product development and enhancements are driven by governmental changes and mandates, industry trends and market demand, client input and technology changes.
- Hosts net CONNECT a quarterly live webinar to provide information announce significant enhancements and provide opportunity for Q&A.
- Patches released monthly comprised of enhancements and product fixes. These are introduced to allow you to choose whether to enable the new functionality to ensure production systems and business processes are not disrupted.
- Quarterly minor release for each system component complied of individual enhancements and solution fixes form previous quarter.
- Updates installed by Netsmart as part of hosting.
- Updates required downtime; generally, no more than one hour per system.
- Updates are tested previous to adding to LIVE- will collaborate for scheduling updates.

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

- Medication hx is typically queried and is then available for the prescriber to determine which medication will be continued.
- Reconciled medications become the current inpatient medication orders. Same process if followed in reverse for dc medication and for inpatient medication orders converted to prescription and sent to patient's external pharmacy.
- Provider has access to comprehensive medication list within the system to perform all necessary actions such as new order, dc order, modify existing order, etc.
- Medication hx collection includes medication name dose route frequent and patient's compliance for existing medications.

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

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- Order is created, interaction and patient specific dosing recommendations are applied, provider alerted to issues prior to finalization.
- Order prescriber is validated, when placed order sent to pharmacy for verification and dispensing- this auto updates in Pyxis after pharmacy verification.
- After order is placed the details are available on the eMAR; order can be restricted to administration until pharmacy verification or it can be allowed such as a stat order based on department's policy.

FNR-6: Medication Warnings – For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

- Icons indication warning and alerts during ordering process; these are accessible but non interruptive during ordering process.
- Provider must take action prior to signing order and after review of the narrative warnings and alerts.
- These occur throughout the ordering process.
- Numerous types of warnings will occur: Examples of types of alerts/warnings upon order entry are drug/drug, drug allergy, non-formulary, therapeutic substitution, and patient specific dosing. The pharmacy has allergy, drug interactions, alcohol, food interactions, lab, tobacco, drug/disease, general precautions, duplication and antagonism of therapy warnings (visually displayed as “lights”) as well as Black Box Warnings. The patient specific dosing also does a mini-pharmacokinetic analysis of each order to indicate if the dose is too high or low per day or per dose or too frequent or not frequent enough based on the patient's gender, age, height, weight, renal status or hepatic status and visually displays any issues on each coded order.
- Hospitals decide what requires a response so warning cannot be ignored.
- Pharmacy may add or edit rules and monitor on ongoing basis.
- Risk engine displays patients at highest risk based on hospital-specific parameters.
- Many monitoring reports.

b. Describe how warnings will be enforced.

- Both the ordering and administering staff can override the alert but must input a reason for the override. That reason and associated staff are maintained in the database and available for reporting.
- The orders cannot be signed until the provider takes action on any alerts or warnings.

c. Describe, were applicable, how warnings will be closed or canceled.

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- The warning is closed using an acknowledgement button on the warning screen.
- If the administering staff is still going to administer the medication, they must enter a reason to continue.
- These warnings are audited in the system.

FNR-7: Medication Formulary Management

a. Describe the process for managing changes to the Medication Formulary.

- When a medication is added to the formulary by pharmacy staff, it is added to the medication display and then available for the ordering prescriber in order entry.
- As the pharmacy system is fully integrated in the solution, updates to the formulary by the pharmacy are applied to all areas such as order entry, eMAR and ADM functionality.
- Since the medication display is controlled by the pharmacy, all of the information needed for ordering is defaulted into order entry for any medication that was added to the formulary.
- If a medication is removed from the formulary, the medication will be marked as non-formulary and this information is also available to order entry, eMAR and the ADM.

b. Describe how changes will be entered into the proposed ICM Solutions.

- The system leverages Micromedex/IBM and Redbook as the clinical data provider to keep the formulary up to date.
- Once a month the pharmacy, at the enterprise level, updates the CKO server (drug interactions data) and the Redbook (all the new medications available and dropping the ones that are no longer available) to ensure the most recent changes are available throughout the ordering process.
- This process only needs to be done once for all the facilities.

c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.

- Formulary checking is performed in real time and occurs at various points during the prescribing event.
- When a medication is removed from formulary, the facility has the option of removing it from the display to the practitioner or simply dropping it to the bottom of the search returned list and marked in bold as Non-Formulary.

FNR-8: Outpatient Medications

Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy

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- The system provides fully integrated ePrescribing functionality for electronic prescribing to external retail pharmacies. ePrescribing is supported by IBM/Watson Health's Micromedex and is Surescripts and DEA certified.
- The ePrescribing solution has also undergone an in-depth DEA security audit and Surescripts EPCS certification for electronic prescribing of controlled substances and adheres to submission requirements for Maine's PDMP.
- The solution leverages two-factor authentication via both hard and soft tokens as required. The solution enables single sign-on for the provider directly from our ePrescribing solution to Maine's PDMP for querying for existing or historical controlled substances prescriptions.

FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments

ADescribe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

- The system comes with a robust library of forms, templates and assessments. Many of these can be leveraged "out of the box" as they are designed to support inpatient psychiatric workflows.
- The department may freely create and/or revise any document.
- The embedded toolset includes the form bundler. Bundles are the equivalent of stacking data entry forms together to guide the end user through specific tasks or processes such as admission and/or discharge.
- Bundles can be configured to simultaneously or sequentially open the designated input screens. These bundles are defined as needed, added to menus as a single screen name for single click access, and assigned to users or user roles.
- Data bundles are an effective means for creating workflows.

- b. Identify the skills required and the steps to be taken to:
- i. Develop new customized forms and assessments; and
 - ii. Deploy changes to test and production environments.

- There is no pre-requisite technical knowledge required to utilize the toolset.
- Individuals identified by the Department who will be given security privileges to create or modify forms and assessments will be trained on utilizing the toolset during implementation.
- Generally, system administrators deploy changes to the test and production environments.
- Form or assessment modification or creation will take place in the BUILD environment. These changes will then be promoted to TEST for testing. Once successful testing has been completed, the changes are promoted to the PROD environment according to the production deployment schedule.

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c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.

- The existing patients' information will not change unless the modified assessment is resubmitted for them with the new field(s).

FNR-10: Integration with Laboratory Systems

a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

- Netsmart's solution offers bi-directional interfaces for lab orders and lab results with diagnostic labs such as Quest, LabCorp, or through lab aggregators such as Change Healthcare.
- If the Department's specific laboratories are not available through the lab aggregator, Netsmart can connect with them directly, assuming the listed labs leverage common industry standards.
- The solution supports integration with any number of external labs.

b. Describe the process for ordering lab tests and reviewing lab results.

- Lab orders are entered via order entry and can be done at the same time as other order types, such as pharmacy orders, or as part of a standard orders protocol.
- The orders are automatically transmitted to the Department's chosen lab as well as to a worklist for collection by either the hospital staff or the laboratory staff.
- Once the results are available from the laboratory, an alert will display on a task list within the electronic health record that the results are available for review.
- Alerts for abnormal or critical results will be sent as well. Clicking the task automatically displays the associated results.

FNR-11: Functional Documentation

a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

- Reviewed.
- Comprehensive list of assessments and screenings for numerous settings.
- N-Lacking evidence-based nursing assessments currently in use at DDPC.
- N-Unknown what some assessments are and their evidence-base as they may be labeled simply 'Fall Assessment' or 'Suicide Assessment Tool'.

Technical – Narrative Response (TNR)

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TNR-1: Technology Overview – Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

- Netsmart is proposing a Plexus Cloud Hosted SaaS solution. The regularly maintained systems have redundant components installed to ensure continuous operation and resiliency in the event of system or component failure.
- Netsmart Plexus Cloud hosted environments are SSAE 18 certified, following an ISO 27001/27002 compliance and governance model, SOC 2 attested. In addition, a third-party provider conducts annual HIPAA and HITECH compliance audits to ensure the safety and security of the hosted data.
- The third-party provider also completes penetration testing to identify any security risks.
- Netsmart maintains a business continuity and disaster recovery program.
- Netsmart implements Security as a Design Principle. Controls such as cloud product development, application development training, application / code review, source code scans, vulnerability scans, penetration tests, and responsible disclosure programs are routinely reviewed to reduce the probability and/or impact of application vulnerabilities. In addition, the platform must stand on its own as a secure system.
- This is accomplished using secure development frameworks such as Spring, OWASP AntiSamy, Hibernate, and others to prevent the most common vulnerabilities from entering the product.
- These protect against vulnerabilities such as cross-site scripting, request forgery, SQL injection, and other common attacks. All PHI stored by the system is also encrypted using licensed AES encryption.
- Defer to expertise.

TNR-2: Technical Architecture Diagram – Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

TNR-3: Technical Architecture Diagram Description – Describe the technical architecture diagram of the proposed ICM Solutions.

- Defer to expertise.

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

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- Netsmart uses proven methods designed to protect Client Data from unauthorized access including physical, technical, and administrative safeguards. These methods include data encryption, firewall & monitoring software, and perimeter & internal system security.
- Methods: User role security, added alerts indicating confidentiality, system code-username- & password combination, two-factor authentication for additional security, ability to set strict password rules, background checks performed for Netsmart personnel to gain access and auditing logs, limited physical access to Netsmart locations with 24-hour physical security inclusive of fingerprint scanning, video surveillance, and photo identification and verification.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	Reviewed- Defer to expertise	Reviewed- Defer to expertise

Implementation – Narrative Response (INR)

INR-1: Job Descriptions – Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

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- Provided and reviewed
- Netsmart Executive Steering Team is included- not involved in project's details- they create the project charter and strategy and approve budgets.
- Netsmart Hospital Subject Matter Experts is included- advise Netsmart on solution improvements- work with implementation teams to provide guidance on solution- bridge client clinical/business needs and EHR functionality. Inclusive of MD, Psychologist, Nursing, Medical Records, Pharmacist.
- Netsmart Project Team Roles and Responsibilities is included- job outlines are included- will identify precise project team after execution of contract dependent on timing. Includes Practice Director, Client Alignment Executive, Project Manager, Solution Architect, Deliver Consultant, Data Conversion Lead/Specialist, Data Management and Integration Lead, Testing Lead & Training Lead.
- Also inclusive of Additional Team Roles.
- Well organized information with overview of each role's responsibilities and tasks.

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

- Included and reviewed.
- Netsmart's project team is driven by Project Management Institute (PMI) standards, and training and team members are certified up to and including the Project Management Professional (PMP) level.
- Netsmart staff are typically shared across two to three active projects depending on size.

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

- Provided and reviewed.
- Proposed 16 month go-live.
- Detailed & comprehensive workplan included with real-time dates.
- Post Go-live meeting with Project team @ 2 months out.

INR-4: Training Documentation – Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.

- Included and reviewed.
- System is customizable to user.
- Designed for separate trainings for separate roles.
- I/N- In review of the information submitted there is much extraneous content that is not related to adult inpatient behavioral health.

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INR-5: Training Overview – Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

- Collaborative training plan on all aspect of the system.
- Use train-the-trainer methodology.
- Covers full complement of training curriculum, staff roles and modes and media used in the training.
- Just-in-time training during initiation and configuration phases to put into practice what is learned for greater retention.
- In addition to Train-the-Trainer Training (for super users), Netsmart will also conduct End-User Training for the State Staff of 600 users as required by the Department in Appendix G.
- Netsmart advises an ongoing training plan and provide several options for post implantation training.
- Q- Unclear as to how ongoing training post implementation is created and delivered (is the hospital able to create and deliver or...)- Netsmart offers options that require additional fees.

INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).

- Provided and reviewed.
- N- technical support personnel available from 9a to 6p only Monday through Friday with Federal Holidays exempt as well.
- Priority matrix included with timelines given for each ie: Priority 1/Critical problems (system inoperable, direct patient safety issue or HIPAA violation as a result of server incident or Netsmart application defect) be made to correct or provide a plan for correction within 2 business days, High is 5 days, medium is 10 days, Low is 15 days.
- Will credit clients for downtime percentages.
- N- Unsure of availability for technical support for 24/7/365 hospitals in combination with the priority matrix that gives two days for significant issues that will endanger patients and staff with downtime processes.

INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.

- Netsmart's data centers are geographically located within the continental United States and physically separated more than 600 miles apart.
- N-Vague description and high overview of what might happen in a disaster is declared. Unsure where the data centers are located and what hazards they may sustain.

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INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.

Deliverable 1.1 Solution Licensing

- Netsmart is proposing a Software as a Service (SaaS) model. SaaS is all inclusive for usage of the solution to support the various staff roles and requirements as provided by the Department and identified in Appendix G.
- Defer to expertise.

Deliverable 1.2 Solution Configuration

- Use structure and disciplined implementation methodology based on PMI's standards.
- Netsmart's branded methodology is called Plexus Foundation implementation methodology to provide structure and framework to execute tasks.
- Methodology is organized by Events grouped into 4 phases: Initiation, Configuration, Validation, and Adoption. Project is verified at each of these checkpoints for required task completion and acceptance factors successfully met.
- Included visual representation of implementation methodology.

Deliverable 1.3 ICM Acceptance Testing Environment

- As part of the implementation, Acceptance Testing will be completed during the Validation Phase.
- The Validation Phase also includes Go Live Preparation and Maintenance Training.
- Post Go-Live, a testing environment will be provided for DHHS to conduct on-going User Acceptance Testing.
- DHHS will have the option to create their own test data or have data copied from production and scrambled for de-identification purposes. Only authorized users as managed by DHHS will have access to the testing environment.
- As part of the hosted solution, Netsmart also provides a build environment. The build environment is used to perform file build and modeling of forms, assessments, treatment plans, etc.

Deliverable 1.4 ICM Training Environment

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- As part of the implementation, Netsmart will create a Training Plan deliverable to define the training strategy for all staff by role, including techniques and media to be utilized as well as site and facility needs. The plan will contain the overall strategy and approach for different groups of users (trainers and trainees), the training curriculum, and the modes and media to be used in the training.
- Pre Go-Live, data will be made available in a pre-production environment for DHHS to conduct training.
- Post Go-Live, a training environment will be made available to DHHS for on-going training needs.
- DHHS will have the option to create their own data or have data copied from production and scrambled for de-identification purposes.

Deliverable 1.5 ICM Production Environment

- Defer to expertise.
- The Production environment will be redundant, dedicated virtualization including IIS web and application servers and database servers. The data will be stored on fully redundant Storage Area Networks (SAN) using RAID disks and multiple data paths. Backups will be performed on a nightly basis, and data replications will occur throughout the day. Nightly backup will be encrypted and stored at a secondary datacenter.
- The environment will be sized to support the expected number of DHHS users accessing the system which is backed by a guaranteed uptime. Netsmart maintains an established technology refresh cycle for equipment to ensure reliability, speed and capacity.
- To monitor the health of the system, Netsmart uses a combination of tools for real-time performance and availability monitoring.
- Guardian, which will be made available to DHHS, is a solution for monitoring the health of the application which provides detailed, automated information about solution performance.

For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.

Deliverable 2.1 Hospitals As-Is Assessment

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- Review and document current workflows and business processes. Followed by and in-depth planning session.
- As-is informs the goal of ensuring the structure and design of the new system accommodates all needs.
- Upon completion of the As Is assessment, the documentation that will be provided will be leveraged for the process mapping to the new system.

Deliverable 2.2 Hospitals To-Be Migration Plan

- Will partner with stakeholders to create new workflows and implementation integration workplan.
- Architect will provide demo of new workflows, and these will continually be refined and honed.

Deliverable 2.3 Solution Implementation

- Netsmart will manage the completion of all detailed implementation migration workplan tasks to transition your organization to the myAvatar solutions.
- Netsmart's Project
- Manager and project team will collaborate with the DHHS Project Manager throughout the project lifecycle via jointly scheduled and ad hoc meetings to coordinate execution of project tasks.

Deliverable 2.4 Electronic Form Migration

- Netsmart's proposed solution will allow your organization to operate without paper-based patient records for new and current patients.
- Forms will be built within the solution to accommodate any site-specific data capture needs.
- When paper forms are necessitated, these may be scanned in to be viewed electronically.
- Netsmart will review the form documentation with you and develop a technical strategy and schedule for migrating electronic and paper forms to Netsmart solutions.

Deliverable 3.1 Support

- You can use the web-based system to report issues or monitor the status of your support requests at any time (24x7x365).
- N- As noted previously tech support is not available 24/7/365.
- Netsmart's problem resolution process is focused on ensuring total client satisfaction with our software solutions. Escalation throughout this process is determined by the priority of the issue reported and time of the outage.

Deliverable 3.2 Maintenance

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- Defer to expertise.
- Netsmart is proposing a solution that will be hosted in our Tier 3 Plexus Cloud data centers. As a part of Netsmart hosting services, the computer, network, storage, and third-party software required within the Netsmart data center are provided, as are the services to operate and maintain this infrastructure within the Netsmart data centers. This maintenance includes keeping all software within Netsmart's data center current.

Deliverable 3.3 Enhancements

- Netsmart product development and enhancements are driven by governmental changes and mandates, industry trends, market demand, clients' input, and technology changes.
- Netsmart constantly adjusts its product development plan based on new information.
- Netsmart also provides regular communication on enhancements via user group calls and meetings.
- Additionally, online webinars are held for clients to review all system enhancements included in the upgrades.

INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1

Subcontractor Business Name:

[Note: Name must match Appendix E]

N/A not in proposal

Requirements Workbook

Functional

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- 108.02 Risk Management will require enhancement to control access appears to be free upgrade.
- 108.05 Enhancement for scanning records to incidents unclear as to fee.
- 123.00 Dietary Management- will interface with current system rather than replace
- 200.1- Multiple reports; more in the realm of financial or clinical, appears to lack Data Driven Decision-making capabilities or QAPI.
- 300.01 provides a solution to external transcription- M*Modal
- 309.00 Requires enhancement to submit to MHDO
- 310.00 NRI reporting requires Enhancement
- 311.00 Unable to auto transmit MIPS via Interface- files and data are collected however
- Enhancement required to migrate d/c patient files to Archive Solution

Technical

- Defer to expertise.

Implementation

- 803.02 Patient record migration will not include Claims data, Orders or Treatment- they will be provided for historical reference. All orders for all active patients will require new entry.
- 803.05 – Not Met, Conversion from other legacy systems will be discussed as part of implementation along with additional costs. (Medi-dose, Client discharge planning database, Tx mail scheduler, Gerimenu, Incident reporting, QAPI... etc.)
- 805.04 additional cost to train all staff (600) rather than Train the Trainer method.
- 812.09 Not met, unsure as to information regarding support agreement- possibly related to inability to support uptime metrics for third parties.
- 812.14 Not met- does not meet response times for complete outage or intermittent issues.
- 813.07 Requires enhancement to meet recovery time objective of 2 hours.

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

N- this demonstration was challenging to follow to note the ability to meet the points in the topics.

N-Technologically it appeared remarkably similar to the Department's last failed attempt to replace the legacy system.

N- It was challenging to see and caused eye strain.

N-The amount of clicking required to complete documentation appears overwhelming.

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- A. Multifactor Authentication, sms, voice, email. Can use authenticators as well. Will use active directory. Can also use regular login. You will identify which environment you want to go into. Can have numerous user roles.
- B. We control a default for the role for logins. Can screen lock instead of relogging in. defaults location rather than making you choose.
- C. Will have to use authenticator along with username and password- email, text etc. – this is an added step for unit staff
- D. Yes
- E. They choose it when logging in

Topic 2 Use Case – Patient Registration and Bed Assignment

Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

- A. Pre admit with essential information. Reserve bed- does not show all available beds, did not have search feature. Admission form. Sections and forms can be customized. Able to auto assign to clinical teams. Has message

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- feature. Electronic referrals can be completed with this. Pulls in social determinants of health.
- B. Infonet pulls information in for patient. Can do eligibility to add for billing
- C. Completed in A
- D. Master census report type in to find it. Can sort and filter with several options, bed, program etc.
- E. Bedboard contains clinical info such as new orders or alerts.

Topic 3 Use Case - Medication Reconciliation at Admission

Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

- F. Set up for nurse to reconcile in the problem list, allergies and home medications then physician goes through to approve. Pulls past records forward when doc is ready to verify the med rec. can free text, add templates, or MModal dictation tool. Docs can add or remove. Does compile added info during admission and add to docs note.
- G. Med Rec process that started with RN, cumbersome clicking and mousing from medication to bottom with each med for hold or ad. Can create favorite orders.

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Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

A. Yes, demonstrated

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.

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d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

A. New order, can use order set. Can auto set the orders to titrate. Shows drug reactions and alerts, must sign off and add a note. Uses TALL man lettering. On med order screen you can see VS and labs. Docs have to do list to click on then can navigate through to complete in one spot.

N-screens are busy and require a lot of clicking.

Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

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- A. Orders entered are available real time. Customizable dashboard for pharmacy. Numerous reports ready to go for pharmacy. Pharmacist cannot change times for titrations, stat, etc.
- B. Pharmacist has form for that. Send to pyxis and EMAR
- C. Can reject orders with a note and that goes to to do list for practitioner.
- D. Warnings come up and are viewable.
- E. Can create interventions to go to to do lists.
- F. Can put medication orders on hold until clarifying information is received, such as allergy alerts.
- G. Can have separate formularies.
- H. Pharmacist can make formulary changes.

Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

- A. TALL man lettering is auto. Can look meds up by brand or generic. Shows doc what is on formulary and gives all default info. Can use favorites and auto subs.
- B. Pharmacist navigates and makes changes to formulary themselves.

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C. Auto sends to pyxis.

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

- A. Nurse has organizer or plan on a task list.
- B. N- the MAR is not user friendly in understanding what time to give the medication and the Admin record.
- C. Must give override reason for late med from pop up. Brings up pain scale automatically with pain med. Has alert for

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- medication timing-will not allow an early medication.
- D. Same as warning
- E. Same as alert or warning

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

- A. Clinical consult view to create plan. Can view the assessments that feed the tx plan. Drag and drop options for goals from the side to the pyramid of goals interventions and objectives. They use Wiley library.
- B. Highlight what you want to change and type what you want to add. Can assign services. Requires sign off for all participants. Digital sign off. Assign groups in tx plan area.

N-You have to search for documents or applications rather than a menu to choose.

- C. Progress notes can drop information into progress notes.

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Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

- A. Task list you can add your own patients. Or look by unit.
- B. Can complete documentation/assessments from task list. Ties in tx plan as well.
- C. Open and complete documentation form task list. Can document from flow sheet for each patient. Built in clinical decision report. Documenting is all drop down tabs to click. Separate flowsheet for MHWs. There are shift notes to be completed.

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

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Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

- A. Showed data flow from admission to claim. Show in to do list. Will need to verify census daily so it will auto bill overnight. Has dashboard to view all cases and issues. Set up rules for various payers.
- B. Auto generates claims and billing is automated as well, can view claims sent.
- C. Reports come back that need to be reviewed for what is missing for the claim not being approved. AR console, one place for billing. Many reports available. Took a long time to do the processing report for aging.

Topic 11 Use Case - Data Conversion (MEDITECH C/S 5.66): Refer to the full text in the Requirements Workbook (RFP Appendix G) for:

Combined effort with them and us, data set is already planned to cover, Netsmart provides a workbook for data conversion. Data extract and cleanup process- remove redundancy. Uses conversion rules engine. Data clean up in live as well. Then go live.

- 803.01 Convert data from the Department's "Core" Legacy System MEDITECH C/S 5.66
 - 803.02 Conversion source data
- A. How will Netsmart's proposed solution meet all three components of 803.01.
- 1. Extraction of data
 - 2. Transformation and formatting of data
 - 3. Loading of data into the proposed ICM Solutions.

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Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• All 3 projects identified as inpatient psychiatric facilities • 2 of 3 projects identified have 3 years' experience in the last 6 years. • All 3 projects include the 4 required components • Meets requirements

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• Over 50 years of experience in health and human services IT • #1 EHR to state hospitals according to NRI • 25 states & DC use Netsmart for their state hospital EHR needs • Has advocacy in Washington DC regarding bringing behavioral health in line with other healthcare • Project examples illustrate 4 years of experience
2. Subcontractors
• None listed
3. Organizational Chart
• P – Both high level and project implementation resources identified in the org chart
4. Litigation
• 3 litigations listed, 2 settled, 1 ongoing • All listed breach of contract • Counter suits were filed
5. Financial Viability
• Privately owned corporation

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• Audit by third party appears adequate • Net loss shown in 2 years of records provided • D&B shows moderate financial risk but bidder states that entity information is incorrect, so this is not an accurate snapshot
6. Licensure/Certification
• Certificate to operate in Maine
7. Certificate of Insurance
• Listed Technology E&O at \$10 million aggregate, does not specifically state cyber liability

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
<u>FNR-1:</u> Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
• Subscription-based SaaS solution • Product called myAvatar is core of proposed solution. • Benefit from episodic billing as opposed to encounter-based billing is a distinguishing functionality.
<u>FNR-2:</u> Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
• Deployed in over half of States who use an EHR • Completely owned by Netsmart
<u>FNR-3:</u> For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
• Netsmart adjusts product development and enhancements based on several factors including customer input • Enhancements are communicated via user group calls and meetings offering opportunity for questions and answers. • Monthly patching, Minor quarterly system releases • P – Customer can choose when to enable enhancements after delivery • Updates generally require no more than one-hour downtime
<u>FNR-4:</u> Medication Reconciliation

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Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
Meets requirement
FNR-5: Medication Orders, Verification, and Administration
Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:
- Ordering of medications; - Verification of orders; and - Administration of medications to patients.
- Meets requirement - P – prescribing agents/nursing staff still require prescriber validation prior to order transferring to pharmacist.
FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
- Non-interruptive during order process. - Depicted as “lights” with some color coding.
b. Describe how warnings will be enforced.
- Override reasons at both ordering and administering - Orders cannot be signed until provider acts on alerts or warnings.
c. Describe, were applicable, how warnings will be closed or canceled.
- Warnings are closed with acknowledgment button. - If still administering, a reason must be entered. - Warnings are audited.
FNR-7: Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
- One master formulary then individualized for each facility - Changes flow through to order entry, eMAR and dispensing.
b. Describe how changes will be entered into the proposed ICM Solutions.

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• Uses Micromedex/IBM and Redbook as formulary data provider. • Once per month updates are added to server and flow through system, so only needs to be loaded one time.
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
• Option to remove from practitioner display or move to bottom and mark Non-formulary.
<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
• Fully integrated ePrescribing • Uses IBM/Micromedex and is SureScripts and DEA certified. • Uses two-factor authentication
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
• Robust library of pre-built inpatient psychiatric forms, templates and assessments. • Modifiable by Department • Great features for logic, bundling forms together, visual modeling of forms
b. Identify the skills required and the steps to be taken to: - Develop new customized forms and assessments; and - Deploy changes to test and production environments.
• No pre-requisite skills required, training will be provided • System administrators deploy changes
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
• Existing data will not change unless resubmitted with new fields.
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

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Meets requirement
b. Describe the process for ordering lab tests and reviewing lab results.
- Meets requirement - P – Alerts sent for abnormal/critical results
FNR-11: Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
Meets requirement

Technical - Narrative Response (TNR)
TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).
- Plexus Cloud Hosted SaaS solution is being offered - Q – What is Plexus Cloud? Are they a known hosting solution or owned by bidder? - See <i>SME Feedback Documentation</i> - Hosted environments are SSAE 18 certified and SOC 2 attested - Uses secure development frameworks Spring, OWASP, AntiSamy, and Hibernate. - Security plan follows ISO 27001/27002 and NIST Cybersecurity Framework
TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.
Meets requirement
TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.
Provided 3 diagrams – appear adequate for a web-based solution

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TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

- N – Does not state encryption level or if data is encrypted in flight.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	Adequate	Phones not supported except for certain disconnected solutions.
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

- Meets requirement

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

- Meets requirement

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

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- Q - SME review of Roadmap and Implementation requested. Please review major components and feasibility. - See <i>SME Feedback Documents</i> - Meets requirements for structure and is feasible.
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
- Meets requirement - P – Training material seems thorough and well defined.
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
- Train the trainer methodology - Netsmart will also conduct end-user training of 600 users - Maintenance training provided to system administrative staff
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
- SLA includes information about uptime, disaster recovery and incident response also notes third Sunday of the month maintenance downtime between 2:00am and 5:30am EST. - Q – SME review of SLA requested. - See <i>SME Feedback Documentation</i> - Meets requirement
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
P - Data centers are more than 600 miles apart.
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
SaaS inclusive of licensing costs
Deliverable 1.2 Solution Configuration
Well defined process with check points and workflow validation.
Deliverable 1.3 ICM Acceptance Testing Environment

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- Acceptance testing environment will be created after go-live and can be filled with test data or production data that is de-identified.
- A Build environment will be made for file building and form/assessment modeling.

Deliverable 1.4 ICM Training Environment

- A pre-production environment will be created for pre go-live training and then a training environment will be created for ongoing training.
- Can be filled with test data or de-identified production data.

Deliverable 1.5 ICM Production Environment

- Redundant, dedicated virtualization with IIS web, app servers and database servers.
- Utilizing SAN and RAID
- Backups nightly and data replications throughout the day.

For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.

Deliverable 2.1 Hospitals As-Is Assessment

- Meets requirement
- Includes documentation

Deliverable 2.2 Hospitals To-Be Migration Plan

- Meets requirement
- Includes documentation

Deliverable 2.3 Solution Implementation

- Meets requirement

Deliverable 2.4 Electronic Form Migration

- Meets requirement

Deliverable 3.1 Support

- Tier based support model with 3 levels
- Web-based support portal allows reporting/viewing status of all issues 24x7x365

Deliverable 3.2 Maintenance

- Meets requirement

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Deliverable 3.3 Enhancements
• Netsmart performs appropriate amount of testing before releases • Provides documentation about release contents • Meets requirement
INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	N/A

Requirements Workbook
Functional
103.01 – P – Patient lookup has the capability to show a photo for positive identification. 105.02 – P – Supervisor can view staff's dashboards. 108.02 – Essential – Enhancement – controlling access to incidents by type will be added in a future release. 108.05 – Essential – Enhancement – adding scanned documents to specific incident reports. 113.01 – Solution integrates with Wiley Libraries 115.01 – P – has integrated voice recognition M*Modal 117.04 – Notes, labs and assessments are available to view during order process, but not attached to the order. 117.10 – Core – No Cost Mod – UpToDate functionality available in solution by 7/1/22. 123.01 – Core - N – Bidder states meets but proposes continued use of Gerimenu. 125.01 – Desired - P – Includes analytics 132.02 – Desired – P – Supports fully offline access and syncing upon connection. 300.02 – 300.03 – Core – May incur additional costs if more data elements are required than proposal states. 309.01 – Core – Enhancement – Netsmart will create functionality to submit to MHDO. 310.02 – Core – Enhancement – Will create enhancement to automate NRI submission. 311.01 – Desired – P – MIPS capable 314.01 – Essential – Enhancement – P – Netsmart has included costs to interface with PRA.
Technical

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500.03 – States that they will comply but notes that testing is done without customizations and is not guaranteed to meet accessibility policy.

500.05 – P - Performs annual penetration tests. Uses 128/256-bit SSL certificates and 168-bit Triple DES IPsec

500.05 – Q – Bidder requests exception to security audits, offers to provide annual certification under NDA. Is that an acceptable alternative?

- See *SME Feedback*

- Will need additional vetting with legal if awarded

500.12 – Not Met – Bidder has not undergone FEDRAMP or CJIS certification.

501.00 – NIST 800-53 Revision 5 compliance by end of 2021, will demonstrate when new documentation is prepared.

505.02 – P – Supports for ADFS and SAML 2.0.

506.03 – P – Data is encrypted in flight and at rest.

507.04 – P – Solution has disconnected mode

507.05 – I – Appointments sent to Outlook do not contain PHI or PII.

508.04 – I – Copy and paste functions use native right-clicking.

508.07 – P – Contextual help is available from within the solution.

509.01 – Solution allows system administrators ability to perform some system modification to customize forms, assessments, care plans, billing rules and more.

511.04 – Enhancement – Bidder will provide this functionality to scramble PHI in the test environment.

511.05 – N – Test data created in the Live environment and then copied back to test for use. Test data should not be present in a production environment.

511.08 – I – Netsmart performs automated testing, but not on specific client databases

515.01 – Q – Is a one-year retention after decommissioning acceptable?

- See *SME Feedback*

Implementation

803.01 – Core – N – Netsmart states that requirement is met however the proposed strategy for Department responsibility is not feasible due to complexities of the legacy environment.

803.02 – Essential – Enhancement – Unclear if the modeled form is the suggested enhancement.

803.05 – Desired – Not Met – Additional costs for conversion of other legacy systems can be discussed as part of implementation, but not included in proposal.

805.04 – Essential – Enhancement – Netsmart has included costs for end-user training.

812.09 – Essential – Not Met – N – Uptime is 99.9 as opposed to 99.98%

812.14 – Essential - Not Met – does not meet partial outage and intermittent outage timeframes, willing to negotiate.

813.07 – Enhancement – agrees to meet but lists as enhancement.

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

- a. MFA will be utilized (SMS, Voice, Email, also current methods FIDO2, Okta Verify Push, Google Authenticator) SAML can be used. Uses federated model.
- b. User timeout default set in role (in seconds), customizable, can also do a screen lock without logging user out completely
- c. Username, Password, and two-factor
- d. Yes, SAML

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e. Identify the environment you want to connect to at login and then verify.

Topic 2 Use Case – Patient Registration and Bed Assignment

Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

- a. Required fields are shown in red, can pull data from HIE as well.
- b. Data is entered and can then be setup in waterfall billing if desired.
- c. Can be reserved at pre-admission and then populated on admission.
- d. Census shows on dashboard upon login, can view master census report (can be re-sorted by many categories with a filter)
- e. Bed board can be used to drag and drop to new rooms without needing to contact admission staff.

Topic 3 Use Case - Medication Reconciliation at Admission

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Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

- a. Uses CCD and ability to review and confirm what items will be added to the permanent record (can determine to continue or hold at later step)
- b. Reconciliation is queued up for provider so that provider can hold or add to orders, as desired.
- c. If a substitution is built, the system will alert that a substitution can be made.

Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

- a. Can pull in from previous documentation or visit.

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- b. Diagnoses can be activated or inactivated or deleted and signed off.
- c. Field on diagnosis to capture Present on Admission.

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

- a. Can use order sets or individual items. Can set favorites as well.
- b. i. Red triangles show on screen. ii. Require override reasons iii. Drop downs with available overrides and comments fields.
- c. Demonstrated
- d. Shows on To Do list for provider to sign off on.

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Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

- a. i. Demonstrated screens ii.
- b. Can deny and send back to provider's to do list.
- c. Can review warnings in top left corner with some color coding and table list
- d. i. Can view providers notes ii. Can add note and sign lii. Can add comments for nursing

Topic 6.2 Use Case - Medication Formulary Management

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Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

- a. Can modify formulary, choose if on formulary
- b. Enforced in real time
- c. Sent immediately

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

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Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

- a. Shows on Task list and also shows on MAR
- b. Shows TALLman lettering and shows colors for Stat
- c. Click on it and administer it
- d. Warnings are shown with triangles
- e. Late admin will need an override reason.
- f. Can note refusal

Topic 8 Use Case – Clinical Treatment Planning

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Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

- a. Can be done from the dashboard. Problem lists are compiled throughout the initial reconciliation and assessments.
- b. Library of available standard text and can be modified to be patient specific. Uses Wiley practice library.
- c. Drag and drop into treatment plan and customize. If clinician tries to schedule something that was not on the care plan, will get a message stating that this item is not on the care plan. Multi-disciplinary plans and signatures can be completed.

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

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- a. Shows in the Task List area including times and what is needed, overdue.
- b. Can click on item and it will take user to the assessment. Problem list can be updated based upon what is selected in the assessment and does not force that information to be entered again manually.
- c. Can enter shift note and include comments

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

- a. Can do insurance verification on their dashboard.
- b. Claims can be created automatically on a schedule. Errors can be viewed and corrected.
- c. 835 posting, get file, load it and compile it and then run report. Denials go into Accounts Receivables Console.

Topic 11 Use Case - Data Conversion (MEDITECH C/S 5.66):

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Refer to the full text in the Requirements Workbook (RFP Appendix G) for:

- 803.01 Convert data from the Department's "Core" Legacy System MEDITECH C/S 5.66
- 803.02 Conversion source data

A. How will Bidder's proposed solution meet all three components of 803.01.

1. Extraction of data
2. Transformation and formatting of data
3. Loading of data into the proposed ICM Solutions.

Provides a workbook for data remediation and mapping. Goes through data extract and cleanup. Looks for duplicate data, missing data and clean it up. Goes through cycles of cleanup until a standard clean set of data, will continue. Then execute into live environment. Does validation to make sure data is clean in live.

Collaborates with State and what/why data is needed. Will help with mapping and cleanup process.

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Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• Bidder submitted Appendix C filled out • Project one was only go live April 2019 - All components part of the project listed • Project two go live Jan- Sept 2018 with all components included. Automated dispensing mentioned. • Project three go live Feb 2017- all components • Project upgrades happen quarterly- summary of yearly updates

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• 50 years experience • #1 EHR provider to State hospitals and behavioral health communities, per National Research Institute (NRI) report for the National Association of State Mental Health Program • The HIMSS Davies award for Excellence in an Electronic Health Record • The first behavioral health EHR certified for CCHIT • 25 state facilities & DC use Netsmart • Provided three projects all include in patient state facilities
2. Subcontractors
• Does not feel that subcontractors will be necessary
3. Organizational Chart
• Included with support team (implementation)
4. Litigation

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- No current cases in process - Listed three previous cases in 2017-2020 - All breach of contract
5. Financial Viability
- Two years of financial statements - Audited - D&B submitted but admittedly not accurate
6. Licensure/Certification
State of Maine certification signed in August 2021
7. Certificate of Insurance
Technology errors and omission submitted

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
- Cloud-based hosted SaaS solution - Robust interoperability engine to support communication with internal and external systems, including the State's HIE - first human services electronic health record (EHR) to be certified through all stages of Meaningful Use - interoperability engine supports all federal and state policies and standards for health information exchange including privacy and security standards (such as HIPAA and state laws), technology interoperability standards (such as Direct) and message types (including HL7 and CCDA). - supports additional standard integrations/interfacing such as labs, radiology, HIEs, external pharmacies, PDMPs, and payors. - supports interfacing to those entities that are more unique to the Department such as DHHS's transcription service, GeriMenu, Dentrix and MHDO.
FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.

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- one of the longest standing healthcare information technology (HCIT) companies in the U.S., having been founded in 1968.
- began as a billing solution for health and human services organizations but grown into a complete billing, clinical and administrative solution that supports inpatient and outpatient organizations.
- completely owned by Netsmart.
- Netsmart contracts directly with clients and maintains all contracts in house.

FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

- Netsmart senior management hosts netCONNECT, a quarterly broadcasted live webinar for clients, to provide important industry information, announce significant enhancements, and provide opportunity for questions and answers.
- Releases patches monthly
- Upgrades will require system downtime, but generally require no more than an hour per system.

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

- Reconciled medications become the current inpatient medication orders, providing higher accuracy and reducing medication errors
- same process is followed in reverse for discharge medications where the inpatient medication orders can be converted to prescriptions to be sent to the patient's external pharmacy
- During medication history collection, the medication name, dosage, route, frequency and patient's compliance for existing medications is documented electronically via CCDA or through direct entry.

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

- only authorized staff and their agents will have the ability to place orders
- Upon placement, the orders are automatically sent to the inpatient pharmacy for verification and dispensing

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FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

- patient specific dosing also does a mini-pharmacokinetic analysis
- The provider must take action before signing the orders and after review of the narrative warnings and alerts
- The pharmacy can add or edit rules in the rules engine or risk engine to help monitor incoming orders and monitor on an ongoing basis if weights are stale or labs are needed

b. Describe how warnings will be enforced.

- reason for override and associated staff are maintained in the database and available for reporting

c. Describe, were applicable, how warnings will be closed or canceled.

- If the administering staff is still going to administer the medication, they must enter a reason to continue.

FNR-7: Medication Formulary Management

a. Describe the process for managing changes to the Medication Formulary.

- When a medication is added to the formulary by pharmacy staff, it is added to the medication display and then available for the ordering prescriber in order entry.

b. Describe how changes will be entered into the proposed ICM Solutions.

- The system leverages Micromedex/IBM and Redbook as the clinical data provider to keep the formulary up to date.
- Updated once a month

c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.

- When a medication is removed from formulary, the facility has the option of removing it from the display to the practitioner or simply dropping it to the bottom of the search returned list and marked in bold as Non-Formulary.

FNR-8: Outpatient Medications

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Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
• ePrescribing is supported by IBM/Watson Health's Micromedex and is Surescripts and DEA certified. • The solution leverages two-factor authentication via both hard and soft tokens as required.
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
• Comes with library of forms but they can be modified • Forms or assessments can also be created • No limit to the number of fields that can be added • Form bundling can be done
b. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
• Individuals identified by the Department who will be given security privileges to create or modify forms and assessments will be trained on utilizing the toolset during implementation.
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
• The existing patients' information will not change unless the modified assessment is resubmitted for them with the new field(s).
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
• supports integration with any number of external labs. • offers bi-directional interfaces for lab orders and lab results with diagnostic labs
b. Describe the process for ordering lab tests and reviewing lab results.
• Can be done at the same time as other orders • Automatically sent to chosen lab • Alert displays when results are in

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FNR-11: Functional Documentation

- a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

List included

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

- Nightly backups are encrypted and stored at a secondary datacenter.
- No data is stored outside of the mainland United States.
- The service level agreement guarantees 99.9% uptime accessibility to your data.
- Netsmart Plexus Cloud hosted environments are SSAE 18 certified, following an ISO 27001/27002 compliance and governance model, SOC 2 attested.
- a third-party provider conducts annual HIPAA and HITECH compliance audits to ensure the safety and security of the hosted data.
- The third-party provider also completes penetration testing to identify any security risks.

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

Included

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

- InterSystems Cache' is the database embedded in myAvatar.
- It provides a unique Unified Data Architecture that unites the power of objects with high performance relational access to data stored within the database
- Solution is fully web based so usable on many devices
- systems accessible to the Internet are protected with application firewalls in a DMZ architecture, with back-end systems such as databases further protected by a second set of application firewalls.

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TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

- User role security enables the Client to restrict access to client data on a need-to-know basis
- Access to Netsmart’s application requires a valid system code, username, and password combination with strict password rules
- Limit access to Netsmart locations with camera access

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	Included	Included
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)	Included	Included
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	Chrome and edge are officially supported	Not fully supported

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

Provided but missing the prerequisite

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

Put count of people by position but not FTE %

Staff are typically shared across two to three active projects

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INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
Included- timeline shows less than 18 months for implementation
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
Included- detailed with screenshots
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
• train-the-trainer methodology • Maintenance Training to your core administrative staff. • All types of training include both hands-on and classroom training • post implementation training uses webinars and recorded demonstrations
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
Included
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder’s ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
• 600 miles apart
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
• SaaS model for the Department assumes 125 concurrent users. • SaaS fees include all license, hosting, maintenance and support of the solution and are recurring fees.
Deliverable 1.2 Solution Configuration
• Implementation Methodology is organized by Events which are grouped into four phases: Initiation, Configuration, Validation, and Adoption. • During Solution Review, the Netsmart Solution Architect will provide a demonstration of basic departmental workflow, providing context for additional design decisions to be made.

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

RFP #: 202105068

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Deliverable 1.3 ICM Acceptance Testing Environment
- Acceptance Testing will be completed during the Validation Phase - will have the option to create their own test data or have data copied from production and scrambled for de-identification purposes.
Deliverable 1.4 ICM Training Environment
- Pre Go Live, data will be made available in a pre-production environment to conduct training. - Post Go-Live, a training environment will be made available for on-going training needs
Deliverable 1.5 ICM Production Environment
will be redundant, dedicated virtualization including IIS web and application servers and database servers.
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
- In-depth planning session will be held during the Project Initiation Phase - the documentation that will be provided will be leveraged for the process mapping to the new system.
Deliverable 2.2 Hospitals To-Be Migration Plan
will include the development of a transition strategy to identify training materials and documentation to enable the successful transition to the future state workflows.
Deliverable 2.3 Solution Implementation
Meets requirement
Deliverable 2.4 Electronic Form Migration
- Paper forms if necessary, can be scanned - Built to accommodate any site need
Deliverable 3.1 Support
Has different levels of support-3
Deliverable 3.2 Maintenance

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Meets requirement
Deliverable 3.3 Enhancements
- Driven by governmental changes - Most enhancements are client driven
INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	Not planning to use them

Requirements Workbook
Functional
300.02 & 300.03 could add additional costs 311.05- Does not meet- Desired
Technical
500.05 perform testing using 128/256 – bit SSL certificates and 168-bit TripleDES IPsec 500.12 Core- not met 501.01-501.18 currently cannot meet but in the process and will provide documentation
Implementation
803.05- desired not met 812.09- essential not met 812-14 essential- not met

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

We would set the timeframes for log out- could just lock screen as well
System code is how you know what environment and shows on screen always

Topic 2 Use Case – Patient Registration and Bed Assignment

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Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

Intake screen- pe admit can be reached from favorites
Does have the ability to connect with HIN

Topic 3 Use Case - Medication Reconciliation at Admission

Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

Known medications section

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Admission reconciliation tab

Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

Met

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?

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- ii. How will warnings be enforced?
- iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

met

Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

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Rules engine, have 100 to start

Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

met

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

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Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

met

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.

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c. Demonstrate how goals and interventions are populated for documentation.

Consults is where treatment plan is available
Can capture signatures right in forms

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

met

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Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

Have area for patients with no financial eligibility; insurance verification; expired eligibility
Reports can be run for missing information
Account receivable console- can search information assigned to another user
Can be exported to excel and other options

Topic 11- Use Case Data Conversion

Mapping to conversion test with validation and clean up

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EVALUATOR NAME: Stephanie George-Roy

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
Met and had Appendix C Eligibility Certification and Appendix D

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
P-present and serve multiple vendors, 50 years of experience, fully integrated, extensive work with State systems
2. Subcontractors
Netsmart indicated no use of sub-contractors
3. Organizational Chart
P-comprehensive and included all aspects of the organization
4. Litigation
Q-two lawsuits, breach of contract and in settlement
5. Financial Viability
Q-Included but Netsmart states they are not in agreement with document
6. Licensure/Certification
P-complete
7. Certificate of Insurance
P-Acord is included

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Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).

First EHR certified in Human services Meaningful Use

Real-time analytics allow for tracking KPIs, an essential step to becoming a truly data-driven organization. At-a-glance metrics are available to clinical, financial, and operational decision-makers to determine if your organization is moving in the right direction to achieve your organizational goals.

Behavioral Health and Medical Services functionality • Fully integrated pharmacy solution • Powerful billing and collections including MMIS integration for Medicaid claims processing • Collection and coordination of critical information related to substance use disorder, behavioral health services and supports treatment in both inpatient and outpatient settings
PAGE 4 Appendix F (continued) • Integrated electronic clinician/physician order entry (CPOE) for both inpatient orders and outpatient prescribing • Closed loop medication management to promote medication safety, reconciliation, and dispensing • Integration with the State's PDMP • Single comprehensive view to drive better outcomes and leverage data for real-time clinical decision support • Mobile applications • Data analytics and reporting (quality measures) • Digital dictation • Cloud-based hosted SaaS solution • Discharge and transitions of care • Electronic referrals for ease of admission, transitions of care and clinical reconciliation • Robust interoperability engine to support communication with internal and external systems, including the State's HIE

FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.

Netsmart's myAvatar is our flagship inpatient psychiatric hospital technology solution. The solution is fully functional and deployed in over half of the States who currently leverage an electronic health record, as well as numerous county agencies and private and non-profit providers. Netsmart is one of the longest standing healthcare information technology (HCIT) companies in the U.S., having been founded in 1968. No change of ownership.

FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

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Monthly release patches in testing environment first. Scheduled upgrade minimize disruptions. Development drivers and advancements. Work with the client to set an update schedule with 1 hour downtime.

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

During medication history collection, the medication name, dosage, route, frequency and patient's compliance for existing medications is documented electronically via CCDA or through direct entry. This is important for Joint Commission and other regulatory certification.

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

All areas addressed

FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

- a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

Icons will indicate warning and alerts during the ordering process. The alerts are accessible but noninterruptive during the order process. The provider must take action before signing the orders and after review of the narrative warnings and alerts. The user is presented with these types of alerts throughout the ordering process. Examples of types of alerts/warnings upon order entry are drug/drug, drug allergy, non-formulary, therapeutic substitution, and patient specific dosing. Lights with color coded warnings

- b. Describe how warnings will be enforced.

Over-ride w/reasons

Provider must sign take action before order is signed

- c. Describe, were applicable, how warnings will be closed or canceled.

Acknowledge button, with justifications to close or cancel

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<u>FNR-7:</u> Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
One streamlined formulary to be maintained.
b. Describe how changes will be entered into the proposed ICM Solutions.
Micromedex/IBM and Redbook as the clinical data provider to keep the formulary up to date.
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
In real time and meds flagged immediately as non formulary drug
<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
ePrescribing and fully functional with out patient pharmacies The ePrescribing solution has also undergone an in-depth DEA security audit and Surescripts EPCS certification for electronic prescribing of controlled substances and adheres to submission requirements for Maine's PDMP.
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
They can create forms and we can modify existing and create new The solution's embedded toolset allows you to perform modifications to existing clinical forms and assessments or create new ones.
c. Identify the skills required and the steps to be taken to:
i. Develop new customized forms and assessments; and
ii. Deploy changes to test and production environments.
Permissions for modifications given at DHHS level system administrators
d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
Will not change
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

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Has the functionality and can add labs
b. Describe the process for ordering lab tests and reviewing lab results.
Labs can be ordered same as all other orders
FNR-11: Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
Provided and can modify within our system

Technical - Narrative Response (TNR)
TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).
TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.
TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.
TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.
TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

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Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	Met	Partial
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook). Met organized, very clear
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned. Included
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions. Attachment 15
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
Work collaboratively with facility to establish training schedules. Train the Trainer..GoLive module

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INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
Attachment 16
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder’s ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
Netsmart is proposing a fully hosted SaaS solution. Netsmart’s Tier 3 data centers incorporate extensive physical and data security safeguards, including data encryption, perimeter and internal systems security, and backup and disaster recovery services. Netsmart’s Plexus Cloud hosted environments are SSAE 18 certified, following an ISO27001/27002 compliance and governance model, and SOC 2 certified. In addition, we conduct annual HIPAA and HITECH compliance audits to ensure the safety and security of our clients’ hosted data. Plexus Cloud is built and designed with both local high availability and remote disaster recovery
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Netsmart is proposing a Software as a Service (SaaS) model.
Deliverable 1.2 Solution Configuration
Deliverable 1.3 ICM Acceptance Testing Environment
Deliverable 1.4 ICM Training Environment
Deliverable 1.5 ICM Production Environment
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>

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Deliverable 2.1 Hospitals As-Is Assessment
Deliverable 2.2 Hospitals To-Be Migration Plan
Vague but may work with us to design it
Deliverable 2.3 Solution Implementation
Deliverable 2.4 Electronic Form Migration
Deliverable 3.1 Support
Web based 24/7/365
Deliverable 3.2 Maintenance
Routine and scheduled
Deliverable 3.3 Enhancements
available
INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	N/A

Requirements Workbook
Functional
MIPS issue in the 100.0

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Technical
500.12-500.18 not met
Implementation
803.5,812.09,812.14 not met

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

Yes, two step authentication

Topic 2 Use Case – Patient Registration and Bed Assignment

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Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

yes

Topic 3 Use Case - Medication Reconciliation at Admission

Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

yes

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Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient’s medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

yes

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.

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d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

yes

Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

yes

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Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

yes

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

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Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

yes

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.

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c. Demonstrate how goals and interventions are populated for documentation.

Yes,customizable

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

Yes and other disciplines

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

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Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

Yes but not central focus

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Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• Met all eligibility requirements • Project 1 didn't meet the timeframe requirement • Project 2 and 3 met the requirements

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• 50 years experience • #1 Provider to State Hospitals and behavioral health agencies • All 2 projects were state agencies
2. Subcontractors
• No subcontractors
3. Organizational Chart
• Provided with names and project team
4. Litigation
• 2 suits listed both for billing and breach of contract. 1 ongoing for breach of contract
5. Financial Viability
• Provided and a billion-dollar company and financially viable. Admitted the Dunn and Bradstreet report wasn't going to be accurate.
6. Licensure/Certification
• Provided
7. Certificate of Insurance
• Provided

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Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
<u>FNR-1:</u> Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
Fully integrated Cloud based- myAvatar Certified through all stages of meaningful use Aligned with the 21 st Centaury Cures Act Ability to track KPI's Utilizes the Recovery Model Fully integrated pharmacy (no interface) Document capture feature linked with patient records archive solutions Integration and Interoperability engine assists with care coordination.
<u>FNR-2:</u> Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
Founded in 1968- one of longest standing health care records in US. Developed and completely owned by Netsmart.
<u>FNR-3:</u> For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
Utilizes Netconnect for quarterly broadcasts. Monthly patch releases completed Also provide minor releases quarterly for previous updates All updates are placed in the UAT for testing prior to go live
<u>FNR-4:</u> Medication Reconciliation
Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
Medication histories are pulled from other sources to the physician for the reconciliation. Meds can then be ordered directly from this tool.
<u>FNR-5:</u> Medication Orders, Verification, and Administration

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Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:
a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
Order placed, verified by Provider, sent to Pharmacy, then to automated dispensing cabinet. All orders would then be available on the eMAR.
FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
Provider must take action with alerts before order can be finalized. The pharmacy can add or edit rules to assist with monitoring Both rules engine and risk engines are modifiable by the organization
b. Describe how warnings will be enforced.
Both ordering and administering can override an alert, but a reason must be entered into the system.
c. Describe, were applicable, how warnings will be closed or canceled.
Warning must be acknowledged and all responses are audited.
FNR-7: Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
On formulary medications are flagged. Only one formulary needs to be maintained by the Pharmacy. Information entered is defaulted to add efficacy to the process. If a medication is removed, it will be marked as non-formulary.
b. Describe how changes will be entered into the proposed ICM Solutions.
The system leverages MicroMedex/IBM and Redbook. Updates occur monthly through the system
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
Organization can decide if a medication is removed from the Physician ordering selection or dropped to the bottom and labeled as Non-Formulary.

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<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
Fully functional e-prescribing ability to outside pharmacy through IBM/Watson Health's MicroMedex and Surescripts. A library of pharmacies is available. DEA certified Two factor identification is required using both hard or soft tokens
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
A robust library is available and forms are modifiable. Forms and assessments can also be created. Can insert hyper-links Embedded tool sets include the form bundler to assist with workflows.
c. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
Organization will decide who has access to modify forms and will be trained accordingly.
d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
The information will not change unless the information is resubmitted.
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
Bi-directional interface with labs. Ability to connect with the lab directly if not available on the lab aggregators.
b. Describe the process for ordering lab tests and reviewing lab results.
Entered via order entry, automatically transmitted to lab of choice. Once results are available and alert will show on the task bar. Clicking the task shows the results.
<u>FNR-11:</u> Functional Documentation

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- a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

List was provided.

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

Plexus cloud hosted SaaS solution

No data stored outside of US

Maintains business continuity management and disaster recovery planning and testing.

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

Provided

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

Provided 3 diagrams

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

Data encryption not specific,

Firewall and monitoring software and perimeter and internal system security.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Only disconnected solutions are available for smart phones.

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Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).
Job descriptions listed
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.
Lists project team specifically and indicates that others may be working behind the scenes to support the project team members.
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
Comprehensive
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
Provided
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

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Utilize train the trainer method. Training curriculum provided. Initiation and configuration stages-will work directly with Netsmart project team members. Validation phase-events for go-live preparation and maintenance training and integration testing Will also conduct end user training. Post go-live- webinars and recorded demonstrations are available.
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
Draft agreement provided and met
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
Physically separated by more than 600 miles Agreed to RPO and RTO requirements Disaster recovery process outlined.
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Software and service model.
Deliverable 1.2 Solution Configuration
Plexus Foundation Implementation methodology. 4 Phases outlined: Initiation, Configuration, Validation and Adoption
Deliverable 1.3 ICM Acceptance Testing Environment
Completed during the validation phase. DHHS will have access to the testing solution and the building solution.
Deliverable 1.4 ICM Training Environment
Pre and Post media training data will be available Training modules deliverable by role.
Deliverable 1.5 ICM Production Environment
Backups are done nightly

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For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.

Deliverable 2.1 Hospitals As-Is Assessment

Collaborate with organization to assess workflows.
In-depth planning session
Current state documentation- review policies and procedures to interconnect to the workflows

Deliverable 2.2 Hospitals To-Be Migration Plan

Use the as is assessment

Deliverable 2.3 Solution Implementation

Check points in each area to verify that deliverables are being met

Deliverable 2.4 Electronic Form Migration

Review existing paper forms to customize as needed with each discipline.

Deliverable 3.1 Support

Tier based model

Deliverable 3.2 Maintenance

Meets requirement

Deliverable 3.3 Enhancements

Mostly client driven

INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1

Subcontractor Business Name:

[Note: Name must match Appendix E]

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Requirements Workbook
Functional
105.02- Supervisors can view staff dashboards 123.01- Not met-continue use of Gerimenu
Technical
500.12- Not met- Not certified from FEDRAMP or CJIS, discusses other 3 rd party audits that they participate in. 501.01 through 501.18- Will be completed by end of 2021
Implementation
800.00 requires enhancements 803.05- Not met indicates costs can be discussed 805.04- Added cost to train all users 812.09- Not met 812.14- Not met- willing to negotiate

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

Utilize multi-factor authentication such as using state directory, OKTA or Azure.

Ability to read or full access designations.

We decide default for time outs and logins

We decide default for password resets and failed attempt

Can do screen locks instead of logouts as well

Ability to audit logins and use within the system

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Will require an email or text for authentication

Topic 2 Use Case – Patient Registration and Bed Assignment

Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

Able to enter information into Pre-registration without admitting patient for future use.

Topic 3 Use Case - Medication Reconciliation at Admission

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Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

Reviewed, no questions.

Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

Reviewed

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

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Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

No concerns

Topic 6.1 Use Case - Medication Order Verification

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Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

Didn't demonstrate how a variance is generated or errors are caught and monitored

Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

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Demonstrated

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

Able to answer questions around first dose monitoring

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Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

Plan is very canned, missing key sections like discharge criteria, diagnosis, patient recovery goals, stated it can be customized.

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.

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c. Demonstrate how nurses would document notes.

Prompts assist with work flows

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking)

Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

No comment

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INDIVIDUAL EVALUATION NOTES**

RFP #: 202105068

RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart

DATE: October 10, 2021

EVALUATOR NAME: Michael Migliore

EVALUATOR DEPARTMENT: DHHS/DRPC Pharmacy

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• p

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• P
2. Subcontractors
• Q
3. Organizational Chart
• Q
4. Litigation
• Q
5. Financial Viability
• P
6. Licensure/Certification
• P
7. Certificate of Insurance
• P

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)

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<u>FNR-1:</u> Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
P
<u>FNR-2:</u> Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
P
<u>FNR-3:</u> For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
P
<u>FNR-4:</u> Medication Reconciliation
Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
P
<u>FNR-5:</u> Medication Orders, Verification, and Administration
Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the: a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
P
<u>FNR-6:</u> Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
P
b. Describe how warnings will be enforced.
P
c. Describe, were applicable, how warnings will be closed or canceled.
P
<u>FNR-7:</u> Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
P

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b. Describe how changes will be entered into the proposed ICM Solutions.
P
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
P
<u>FNR-8:</u> Outpatient Medications
a. Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
P
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
P
b. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
P
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
P
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
P
b. Describe the process for ordering lab tests and reviewing lab results.
P
<u>FNR-11:</u> Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
P

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Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

Q

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

N

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

N

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

Q

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

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Implementation - Narrative Response (INR)
INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).
P
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.
P
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
P
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
P
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
P
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
P
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder’s ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
N
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
N
Deliverable 1.2 Solution Configuration

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Q
Deliverable 1.3 ICM Acceptance Testing Environment
Q
Deliverable 1.4 ICM Training Environment
Q
Deliverable 1.5 ICM Production Environment
P
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
P
Deliverable 2.2 Hospitals To-Be Migration Plan
P
Deliverable 2.3 Solution Implementation
P
Deliverable 2.4 Electronic Form Migration
P
Deliverable 3.1 Support
P
Deliverable 3.2 Maintenance
Q
Deliverable 3.3 Enhancements

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INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	

Requirements Workbook	
Functional	
P	
Technical	
N	
Implementation	

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

Topic 2 Use Case – Patient Registration and Bed Assignment

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Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

Topic 3 Use Case - Medication Reconciliation at Admission

Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

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Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.

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d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

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Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

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Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.

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c. Demonstrate how goals and interventions are populated for documentation.

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

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Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

Topic 11 Use Case - Data Conversion (MEDITECH C/S 5.66): Refer to the full text in the Requirements Workbook (RFP Appendix G) for:

803.01 Convert data from the Department's "Core" Legacy System MEDITECH C/S 5.66
803.02 Conversion source data

How will Netsmart's proposed solution meet all three components of 803.01.

- 1. Extraction of data
- 2. Transformation and formatting of data
- 3. Loading of data into the proposed ICM Solutions.

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RFP TITLE: Integrated Care Management (ICM) Solutions

BIDDER NAME: Netsmart Technologies

DATE: 9/16/2021

EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

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Individual Evaluator Comments:

Stage One - Eligibility	
Part IV. Section I. Preliminary Information	
3. Eligibility Requirements	
I. Increase Patient Care Coordination secure information sharing	• Meets requirements for integration across disciplines • Does not use subcontractors • Allows integration of inpatient and outpatient services
II. Improve Patient Medication Management safety	• <i>Has a pharmacy program</i>
III. Gain efficiency and increase accuracy of Patient Billing and Financial Services	• Has built in requirements for the billing program that reduce denials by third-party payors
IV. 3 years' experience with inpatient psychiatric facilities located within the United States within the last 6 years	• <i>Has 3 years' experience in psychiatric facilities</i> • <i>Has worked with state hospitals.</i> • <i>Only vendor who mentions working with forensic clients in one facility</i> • <i>Very transparent with their legal and financial histories</i>

Stage Two - Qualifications and Experience	
Part IV. Section II. Organization Qualifications and Experience	
1. Overview of the Organization	• <i>Meets requirement</i>
2. Subcontractors	• <i>No subcontractors</i>
3. Organizational Chart	• <i>Meets requirement</i>
4. Litigation	• <i>Meets requirement</i>

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EVALUATOR DEPARTMENT: Quality Improvement

<i>Provides overview of 2 litigations</i>
5. Financial Viability
<i>Meets requirement</i>
6. Licensure/Certification
<i>Meets requirement</i>
7. Certificate of Insurance
<i>Meets requirement</i>

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).

- Uses myAvatar in a Saas, web-based solution
- Includes clinical, medical, pharmacy, billing & financial, census
- Has mobile apps and digital dictation
- Realtime analytics that support clinical decision-making, streamlining of work flows
- Alerts provider, staff of missing info
- Person-centered, not disease-centered; recovery model
- Fully integrated pharmacy program; closed loop system; CPOE; integrates with PDMP
- User-defined analytic data by provider, service type, etc.
- Supports long-term billing and retroactive billing for those cases that may have required investigation; MMIS integration
- Streamlines eligibility verification
- Supports outpatient services and transition of care; supports scheduling
- Encrypted electronic data exchange ensures HIPAA compliance

FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.

- Founded in 1968 as a billing entity
- Completely owned by Netsmart; no subcontractors
- Currently operates in half the states, including state hospitals
- 5 Black Book awards in 2021, including #1 for best BH record and #1 for Interoperability
- BH oriented
- Experience in replacing paper-based and legacy platforms

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FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

- Product enhancements are driven by governmental regulations, industry changes, market demand
- Provides quarterly webinar via netConnect to update customers on impending changes (includes q&a)
- Upgrades are installed quarterly by Netsmart engineers and are tested before release
- Downtime for updates < 1 hour
- Patches installed between 2 AM and 5:30 AM every third Sunday of the month

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

- The solution queries other sources for medication history and documents same for provider to review upon admission.
- Reconciled medications automatically become admission orders, for the provider to accept or change/discontinue.
- It is noted that the medication name, dosage, route, frequency, and patient's compliance are documented by means of CCDA or direct entry to comply with regulatory standards.

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

- The prescriber enters the order, which is then automatically checked by the system for any problems, such as dosage range, interactions, warnings, etc., which need to be addressed/corrected
- Orders entered by a nurse or other agent of the prescriber are routed to the prescriber queue for verification, then to pharmacy
- All orders are routed to the pharmacy for verification, then to the ADM (Pyxis), and entered in the eMAR
- Orders are immediately visible on the eMAR, but administration is restricted pending verification; in the case of a STAT dose, it may be given and documented before verification if authorized

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FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

- Visual depiction is provided by Netscape as an example; alerts are brightly colored and specific (dosage parameters, renal function, interactions, etc.)
- Warnings are not interruptible but may be addressed during entry of order
- Warnings indicate severity level (Critical to low)

b. Describe how warnings will be enforced.

- Provider may be unable to enter order until response to alerts are documented, depending on severity level of warning. Parameters for response are set by facility
- There are 2 engines: a rules engine, and a risk engine. Both are accessible and modifiable by pharmacy.
- Pharmacy and administering staff must address the alerts before proceeding with dispensing or administering medications.

c. Describe, where applicable, how warnings will be closed or canceled.

- Alerts will close when prescriber completes required response to alert
- Pharmacist may also be required to address alert before verifying the order and authorizing dispense
- Pharmacy has ability to add risk alerts and modify rules governing response to alert
- Responses to alerts by prescriber, pharmacist, and administering staff are documented and may be accessed for review by administrators/supervisors

FNR-7: Medication Formulary Management

a. Describe the process for managing changes to the Medication Formulary.

- Micromedex and Redbook are utilized by the solution to keep medications up to date
- Each hospital may choose from the list which medications they want on formulary, thereby creating a single formulary for each facility
- Pharmacy staff add/delete medications
- At the time of addition, medications are available to all medication functions, including order/entry, eMAR, etc., along with the default information (alerts, TALLman, look-alike/sound-alike, etc)

b. Describe how changes will be entered into the proposed ICM Solutions.

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- Pharmacy will enter new medications into formulary or delete (i.e., make non-formulary) on an as needed basis - Micromedex and Redbook will be used by the pharmacy to update information monthly
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
- Formulary checking is performed in real-time, at various points, by the system during ordering, dispensing, administration - Medication removed from formulary may be removed from view of the prescriber or may be dropped into the Non-Formulary category
<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
- Fully integrated ePrescribing functionality is supported by IBM/Watson Health's Micromedex and is Surescripts and DEA certified to a list of external pharmacies - Is compliant and interactive with the state's PDMP for submission purposes as well as query of past prescriptions
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
- Offers "out-of-the-box" forms that are generally used, such as the AIMS, Columbia Suicide Scale, and others the Dept now uses - Offers the capability to insert hyperlinks to policies - Offers capability to enter minimum data set (i.e., essential items that must be filled) for compliance - Offers capability to add custom items such as drop-downs for locations, unit, racial classification; forms are customizable using 50+ available fields such as radio buttons, free text, etc - Offers capability of data collection - Routes document for sign-off and interdepartmental notification - Enforces clinical pathways by triggering appropriate action; i.e., if patient responds affirmatively to feeling suicidal, the suicide assessment must be completed - Bundles data, such as all items, fields, forms that must be completed for certain tasks, such as admission, assessments, etc.

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c. Identify the skills required and the steps to be taken to:

- i. Develop new customized forms and assessments; and
- ii. Deploy changes to test and production environments.

- No prerequisite knowledge required
- Dept will choose individuals to be trained by NetSmart and who will have permissions to modify or build custom forms
- System administrators will then build forms, send them to TEST, and then on to PROD in the final form for deployment

d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.

Patient information will not be affected unless data is resubmitted to new forms with new fields

FNR-10: Integration with Laboratory Systems

a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

Has bi-directional interface through Quest, LabCorp or Change HealthCare; can also interface directly if none of these are supported by the external lab

b. Describe the process for ordering lab tests and reviewing lab results.

- Entered via order-entry, concurrently with other orders, such as medications
- Order is sent to designated lab
- Orders are also entered into a collection list for hospital staff and lab personnel
- New results are highlighted upon return for review; abnormal results are highlighted

FNR-11: Functional Documentation

a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

Fairly extensive list included, some of which are currently utilized by RPC

Technical – Narrative Response (TNR)

TNR-1: Technology Overview – Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

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- Plexus cloud-hosted SaaS platform
- Security certified by SSAE-18; SOC2 attested
- Nightly back-ups; data reps throughout the day
- SLA guarantees 99.9% up-time accessibility to data
- 3rd party provider performs annual HIPAA and HITECH audits; performs data risk testing
- Guardiant portal shows average and total number of key end user transactions

TNR-2: Technical Architecture Diagram – Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

TNR-3: Technical Architecture Diagram Description – Describe the technical architecture diagram of the proposed ICM Solutions.

- Provides both vertical and horizontal layers of service, with the horizontal layer being expandable through the addition of CPUs to allow for growth and need for additional users.
- Business layer is specifically oriented to support behavioral health Requirements
- Firewalls and router rules are default-deny and are regularly monitored for IP address exposures
- Ports and protocols can be accessed only by those IP addresses permitted by Senior Management
- myAvatar Data Warehouse Middleware provides a point-in-time data extraction process from intake through termination through Oracle or Microsoft SQL
- allows review and comparisons of many types of data over time, which is essential for identifying trends, identifying compliance, etc.
- bidirectional data flow with other agencies is performed using HL7 secure communications

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

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- Senior Management determines which users have access to particular data, based on need to know and assigned role, as well as level of access (may be view only)
- All contacts are documented and stored, allowing review should unauthorized access be suspected
- Users may add 'confidential' flags to the record regarding specific area such as family planning
- Access includes valid system code, username, and password. Two step authentication is also supported.

Physical access to Netsmart facilities is strictly maintained utilizing multiple security screens and biometric identification. These clearances are cancelled immediately upon the employee's separation from the company.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	Appears congruent with current hardware	Appears congruent with current hardware
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)	Appears congruent with current hardware	Appears congruent with current hardware
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	Appears congruent with current hardware; Microsoft and Chrome browsers are currently in use	Appears congruent with current hardware

Implementation – Narrative Response (INR)

INR-1: Job Descriptions – Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

INR-2: Staffing Plan – Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

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INR-3: Roadmap and Schedule – Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
INR-4: Training Documentation – Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
INR-5: Training Overview – Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live). • Netsmart will implement initial training of those persons identified by the Dept assuring they are educated on all aspects of the system. • Train the trainer instruction will be implemented following Netsmart's guidance on modes and methods of instruction, allowing super users to train other staff. • Netsmart will provide just-in-time training during the Implementation and Configuration phases to assure that the instruction is timely and in accordance with current usage through hands-on experience. • Train the Trainer instruction will be completed before Go Live, as well as the final configuration of end-user training. • Netsmart will provide end user training to 600 employees, and will also provide maintenance training for core administrative staff, during which they will learn how to implement modifications and configurations. • Training will be a combination of classroom, hands-on, and return demonstration. • Post Go Live instruction is available through webinars. New release and major release webinars are no cost and available pre-release; others are offered for a fee, as is onsite training.
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
Meets standard; no major issues noted
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
• States that centers are on mainland U.S.A., 600 miles apart, which satisfies requirement.
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing

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- Netsmart is proposing a Software as a Service (SaaS) model. Fees include all license, hosting, maintenance, and support of the solution. These are recurring fees.
- Assumes 125 concurrent users

Deliverable 1.2 Solution Configuration

- Netsmart uses the Plexus Foundation implementation methodology, based on the nationally recognized Project Management Institute's (PMI) standards and the Project Management Body of Knowledge (PMBOK) to minimize project risk and improve timely delivery for projects.
 - organized by Events which are grouped into four phases: Initiation, Configuration, Validation, and Adoption. These checkpoints verify the project is ready to advance to the next phase by ensuring the required tasks have been completed and acceptance factors successfully met.
 - The Netsmart project team will work with DHHS to establish and track deadlines and schedule conference calls to provide guidance and ensure work is on track.

Deliverable 1.3 ICM Acceptance Testing Environment

- Acceptance Testing will be completed during the Validation Phase.
- The Validation Phase also includes Go Live Preparation and Maintenance Training.
- Only authorized users as managed by DHHS will have access to the testing environment.

Deliverable 1.4 ICM Training Environment

Training strategy

- Defines all users by role and need
- Defines techniques and media to be utilized
- contains the overall strategy and approach for different groups of users
- contains the training curriculum, and the modes and media to be used
- Pre Go-Live, data will be made available in a pre-production environment for DHHS to conduct training.
- PostGo-Live, a training environment will be available to DHHS for on-going training, with option to scramble data for security purposes

Deliverable 1.5 ICM Production Environment

- Utilizes Storage Area Network with data on Redundant Array of Independent Discs and multiple data paths
- Data replications occur throughout the day. Data is backed up nightly and stored in a secondary data center
- The production environment will be sized to the number of users expected
- Health (i.e., speed, reliability, # of users) can be monitored through the Guardian system, which is available to the Dept

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For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.

Deliverable 2.1 Hospitals As-Is Assessment

- During the Project Initiation phase, there will be an in-depth planning session between Netsmart and the DHHS subject matter experts to identify needs and workflows.
- Current State policies, documentation, workflows will be documented and prioritized for clinical, pharmacy, revenue and other areas
- The goal is to interconnect and align services to allow for optimal information exchange, documentation and retrieval of meaningful data enhanced workflow, compliance with regulatory standards, and identification of areas/systems that can be improved.

Deliverable 2.2 Hospitals To-Be Migration Plan

- Working with the Dept, Netsmart will explore future workflow modifications with each service (medical, pharmacy, etc) to determine best paths for integration.
- A detailed migration plan will be created, including learning tools essential for smooth transition.
- the Netsmart Solution Architect will provide a demonstration of basic future state departmental workflows during the Solution Review event in the Configuration phase
- Further modifications and accommodations will be developed at this point, and tested for efficacy in the Validation phase

Deliverable 2.3 Solution Implementation

- organized by Events which are grouped into four phases: Initiation, Configuration, Validation, and Adoption. These phases are further broken down into nine discrete milestones, in which Netsmart will be working closely with subject experts to assure best plan for information capture and workflow before an event is executed, as well as trouble-shooting post-event

Deliverable 2.4 Electronic Form Migration

- Netsmart will meet with Dept's subject matter experts to review current paper-based documentation to determine best format for moving this information to the web-based solution
- All current and new patient information will be available in the HER, either by use of solution forms and formats, or by scanning old forms into the new HER

Deliverable 3.1 Support

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- Support available 24/7/365 via web-based solution, as well as monitoring the progress of request

Deliverable 3.2 Maintenance

- Hosted in Tier 3 Plexus Cloud data system

Deliverable 3.3 Enhancements

- Constantly adjusts product based on industry changes, regulatory requirements, customer feedback, tech changes, market demand.
- Clients are notified via email and the Online Client Support Tracking System when new releases are available
- will apply the upgrades as part of your hosting services contract
- All changes, patches, custom development, and releases go through the same testing cycle.
- monthly window is generally scheduled on the third Sunday of the month, from 2:00 a.m. to 5:30 a.m. Eastern time

INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

- Uses no subcontractors

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	Micromedex and Redbook are not considered subcontractors but as products utilized as part of the solution
Deliverable	Roles and Responsibilities
1.1 Solution Licensing	
1.2 Solution Configuration	
1.3 ICM Acceptance Testing Environment	
1.4 ICM Training Environment	
1.5 ICM Production Environment	
2.1 Hospitals As-Is Assessment	
2.2 Hospitals To-Be Migration Plan	
2.3 Solution Implementation	

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2.4 Electronic Form Migration	
3.1 Support	
3.2 Maintenance	
3.3 Enhancements	

Requirements Workbook	
Functional	
Technical	
Implementation	

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

- Will use multifactor authorization
- Can be configured to facility/Dept requirements
- Each environment has a System Code that indicates if it is test, training, etc.
- In the case of users with multiple roles, administrative permission from the facility /Dept can allow them to have access to different environments without having to log in and out for each one

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Topic 2 Use Case – Patient Registration and Bed Assignment

Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

- Referred patients are assigned a 'P' number to indicate pre-admission status; they are not assigned to a bed at that point and additional information may be added as needed
- Eligibility information and Continuing Care Documents (CCD) can be queried
- Insurance can be verified
- Bed reservations can be made prior to admission on the Bed Board app, which displays available beds
- Upon admission, all information from the pre-admission referral is automatically pulled to the inpatient HER
- Patient is added to the provider's caseload
- Privileges and restrictions are set (for example, level of observation)
- Bed Board displays patient's name, age sex, provider, plus icons that contain info, such as new lab values

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Topic 3 Use Case - Medication Reconciliation at Admission

Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

- Meds are queued up and ready for review by provider upon admission
- Provider may 'undo' to discontinue a medication, or may make changes
- Suggested substitutions are provided as pop-ups

Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

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- Historical diagnoses are shown on admission as result of CCD query
- Provider may retain those diagnoses or add new ones, as found appropriate from initial eval and assessment of patient condition
- Provider can document findings in real time while meeting with patient by using M*Mobile dictation app
- Can see all meds (not yet reconciled) and query patient about them as an aid to med reconciliation

Topic 5 Use Case – Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

1. It is possible to write multiple orders on one screen, such as meds, fingersticks, monitor for falls, etc.
2. Supports STAT orders

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3. Warnings displayed as icons can be opened and addressed immediately
4. Providers 'TO DO' list displays orders to be signed, assessments to be completed, or any other tasks

Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

- Orders are received in real time for verification by the pharmacist
- Pharmacy reports are readily available and are configurable
- SSRS and Crystal are also available if pharmacist wishes to write own reports

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- Days and times are auto-entered and are convenient for drug titration
- orders can be rejected at once if drug not available or order questionable; provider can be messaged securely
- once the order is verified by pharmacy, it goes directly to the eMAR for administration
- can infer some diagnoses; for example, diabetes if insulin is ordered
- There is no current warning for drug amount dispensed vs drug amount administered. It may be possible to do this by configuring it through the risk engine app
- There is also a rules app that can be configured
- Pharmacist can send messages through the eMAR, as well

Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

- TALLman lettering is default
- May also do default orders, such as 'acetaminophen 325mg tabs 2 po q 6 hours PRN' for routine standing orders

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Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

- STAT doses appear at the top of the eMAR in red
- Next come scheduled doses, then PRNs at the bottom in green
- Supports first dose monitoring
- Supports a pain scale
- Late administration or missed doses require a reason

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- Flags PRN frequency: when administered, will note 'do not give again until 1600'

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

- Much information can be migrated to the treatment plan in advance of the actual meeting
- Has a dictionary on the sidebar that can be utilized
- Uses Wiley treatment planning guides
- Captures signatures electronically
- Can route the treatment plan to anyone, including guardians via the portal, for approval
- Groups can be assigned
- Medical treatment plans are available can provide customized schedule for the patient

Topic 9 Use Case – Nursing Assessments/Interventions

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Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

- 'MY TASKS' list is available for individual caseload, or for unit
- List includes med administration times, CIWAs, groups at treatment mall, patients who are fall risks, etc.
- Flowsheet updates documentation: VS, I&O, pain rating, observation, restraint, etc.
- Configurable to MHW tasks, as well
- Level of care assessment ongoing for ADLs, self-harm, etc.
- Documentation of patient's wish to harm self will trigger Columbia Suicide Scale to be completed. Others are available or can be configured
- Automatically adds problems to problem list
- Facilitates quick documentation of shift notes as many items are continuously captured

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking)

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Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

- Claims scrubber looks at what payor requires (Dx, etc) and is based on services rendered and documentation
- Linked throughout the process in case of audit
- To do items are trackable and traceable
- Clients with no financial eligibility can be updated as situation changes
- Insurance verification drops off to do list as soon as done
- Performs billing data review for missing items
- Claims processing is automated; can set up rules to perform function weekly for a particular payor at the same time
- 835 posting: load, compile , run and see denials at once
- Can add tickler file for follow-up on denials
- Aged reports has many parameters: payors with a credit balance, charges to Medicaid, etc.

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EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• P all four components in projects 2 and 3 • P several different states, many inpatient psychiatric facilities • P some forensic experience • P DHHS statewide experience

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• P 50 years of experience • P "# 1 Provider to state hospitals" • P several awards • P In NH and Conn
2. Subcontractors
• P None identified
3. Organizational Chart
• I upper management listed, executive team • Implementation team listed, no assigned positions • P dedicated person
4. Litigation
• N Several litigations, with settlements, dollar amounts not listed
5. Financial Viability
• No stability concerns, large company
6. Licensure/Certification
• P Certified to operate in Maine, SOS

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7. Certificate of Insurance
• 10 M liability

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).

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Behavioral Health and Medical Services functionality

Certified through all meanings of use

Cloud based

☐ Fully integrated pharmacy solution

☐ Powerful billing and collections including MMIS integration for Medicaid claims processing

☐ Collection and coordination of critical information related to substance use disorder, behavioral health services and supports treatment in both inpatient and outpatient settings

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☐ Integrated electronic clinician/physician order entry (CPOE) for both inpatient orders and outpatient prescribing

☐ Closed loop medication management to promote medication safety, reconciliation, and dispensing

☐ Integration with the State's PDMP

☐ Single comprehensive view to drive better outcomes and leverage data for real-time clinical decision support

☐ Mobile applications

☐ Data analytics and reporting (quality measures)

☐ Digital dictation

☐ Cloud-based hosted SaaS solution

☐ Discharge and transitions of care

☐ Electronic referrals for ease of admission, transitions of care and clinical reconciliation

☐ Robust interoperability engine to support communication with internal and external systems, including the State's HIE

Netsmart was the first human services electronic health record (EHR) to be certified through all stages of Meaningful Use. Netsmart is working on the current certification in alignment with the 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program.

Documentation thread and recovery model documentation

Highly integrated

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Easy to understand graphics in proposal

FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.

Netsmart's myAvatar is our flagship inpatient psychiatric hospital technology solution. The solution is fully functional and deployed in over half of the States who currently leverage an electronic health record, as well as numerous county agencies and private and non-profit providers. Netsmart is one of the longest standing healthcare information technology (HCIT) companies in the U.S., having been founded in 1968. We have an extensive history of providing solutions in the health and human services industry. What began as a billing solution for health and human services organizations has grown into a complete billing, clinical and administrative solution that supports inpatient and outpatient organizations.

FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

Netsmart's product development and enhancements are driven by governmental changes and mandates, industry trends and market demand, clients' input, and technology changes. Netsmart constantly adjusts its product development plan based on new information. Netsmart also provides regular communication on enhancements via user group calls and meetings. Netsmart senior management hosts netCONNECT, a quarterly broadcasted live webinar for clients, to provide important industry information, announce significant enhancements, and provide opportunity for questions and answers.

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

The solution supports the collection of medication history typically by querying other sources. The medication history is then available for the prescriber or their designee to determine which of the medications will be continued for the client's inpatient stay. Reconciled medications become the current inpatient medication orders, providing higher accuracy and reducing medication errors. The same process is followed in reverse for discharge medications where the inpatient medication orders can be converted to prescriptions to be sent to the patient's external pharmacy. The provider will have access to a comprehensive medication list within the system to efficiently perform all necessary actions to be taken on an order: new order, discontinue order, modify existing order, etc. During medication history collection, the medication name, dosage, route, frequency and patient's compliance for existing medications is documented electronically via CCDA or through direct entry. This is important for Joint Commission and other regulatory certification.

FNR-5: Medication Orders, Verification, and Administration

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Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

The provider or their prescribing agent/nursing staff create the order. As part of this process, interaction checking and patient specific dosing recommendations are applied, and the provider or their prescribing agent/nursing staff will be alerted to any issues prior to the orders being finalized and allowed to be acted upon. It's important to note that only authorized staff and their agents will have the ability to place orders. If an order has been placed by a prescribing agent/nursing staff, the order will be sent to a queue for prescriber validation. Upon placement, the orders are automatically sent to the inpatient pharmacy for verification and dispensing. If there is an automated dispensing machine, the order and fill details will automatically be updated in the ADM after pharmacy verification.

After placement, the order and the fill details are also available on the electronic medication administration record (eMAR). The order can be restricted to administration until pharmacy verification or it can be allowed to be administered prior to pharmacy verification, such as a stat order, based on the Department's policy.

FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

- a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

will indicate warning and alerts during the ordering process. The alerts are accessible but noninterruptive during the order process. The provider must take action before signing the orders and after review of the narrative warnings and alerts. The user is presented with these types of alerts throughout the ordering process. Examples of types of alerts/warnings upon order entry are drug/drug, drug allergy, non-formulary, therapeutic substitution, and patient specific dosing. The pharmacy has allergy, drug interactions, alcohol, food interactions, lab, tobacco, drug/disease, general precautions, duplication and antagonism of therapy warnings (visually displayed as "lights") as well as Black Box Warnings. The patient specific dosing also does a mini-pharmacokinetic analysis of each order to indicate if the dose is too high or low per day or per dose or too frequent or not frequent enough based on the patient's gender, age, height, weight, renal status or hepatic status and visually displays any issues on each coded order.

- b. Describe how warnings will be enforced.

Both the ordering and administering staff can override the alert but must input a reason for the override. That reason and associated staff are maintained in the database and available for reporting. The orders cannot be signed until the provider takes action on any alerts or warnings.

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c. Describe, were applicable, how warnings will be closed or canceled.

The warning is closed using an acknowledgement button on the warning screen. If the administering staff is still going to administer the medication, they must enter a reason to continue. These warnings are audited in the system.

FNR-7: Medication Formulary Management

a. Describe the process for managing changes to the Medication Formulary.

When a medication is added to the formulary by pharmacy staff, it is added to the medication display and then available for the ordering prescriber in order entry. As the pharmacy system is fully integrated in the solution, updates to the formulary by the pharmacy are applied to all areas such as order entry, eMAR and ADM functionality. Since the medication display is controlled by the pharmacy, all of the information needed for ordering is defaulted into order entry for any medication that was added to the formulary.

b. Describe how changes will be entered into the proposed ICM Solutions.

The system leverages Micromedex/IBM and Redbook as the clinical data provider to keep the formulary up to date. Once a month the pharmacy, at the enterprise level, updates the CKO server (drug interactions data) and the Redbook (all the new medications available and dropping the ones that are no longer available) to ensure the most recent changes are available throughout the ordering process. This process only needs to be done once for all the facilities

c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.

Formulary checking is performed in real time and occurs at various points during the prescribing event. When a medication is removed from formulary, the facility has the option of removing it from the display to the practitioner or simply dropping it to the bottom of the search returned list and marked in bold as Non-Formulary.

FNR-8: Outpatient Medications

Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy

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The system provides fully integrated ePrescribing functionality for electronic prescribing to external retail pharmacies. ePrescribing is supported by IBM/Watson Health's Micromedex and is Surescripts and DEA certified. Interaction alerts such as drug/drug, drug/food, drug/lab, drug/disease, allergy, etc. are provided. The solution provides a library of pharmacies from which organizations can preselect a list of frequently used pharmacies.

The ePrescribing solution has also undergone an in-depth DEA security audit and Surescripts EPCS certification for electronic prescribing of controlled substances and adheres to submission requirements for Maine's PDMP. The solution leverages two-factor authentication via both hard and soft tokens as required. The solution enables single sign-on for the provider directly from our ePrescribing solution to Maine's PDMP for querying for existing or historical controlled substances prescriptions.

FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments

- b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

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The system comes with a robust library of forms, templates and assessments. Many of these can be leveraged “out of the box” as they are designed to support inpatient psychiatric workflows. The great part is that they are modifiable to meet the Department’s specific needs such as:

- ☐ Insert links to Department policy
- ☐ Add additional variables in a drop-down list, such as locations, units or racial classifications
- ☐ Establish a minimum data set that has to be completed through making fields required
- ☐ Route documents for sign-off
- ☐ Interdepartmental auto-notifications
- ☐ Collect data such as Social Determinants of Health (SDoH) in alignment with departmental strategies

In the event that forms and assessments need to be created, this is also supported. Creation of clinical forms and assessments starts with table definition and dynamic table generation. There are over 50 types of fields that are available such as: drop downs, multi-select, radio buttons, free text, look up, scrolling free text, etc. There is no limit to the number of fields that can be added to the system. When creating new tables, you have the ability to table alias, allowing you to bring in data from other tables or store data in other tables, such as the patient’s address or other demographics. You also have the ability to field alias, allowing you to bring in a single data element, such as primary diagnosis. This eliminates the need for data redundancy within the solution. Additionally, logic can be placed within the form or assessment to ensure tight data integrity and create workflows through the assessment. For example, in a drop-down list of symptoms, you can enforce that if you select “other” a text box appears for you to describe what other means in this instance.

Can create hyper links, “to do” lists within the system

Can drag and drop data elements within a form

- c. Identify the skills required and the steps to be taken to:
 - i. Develop new customized forms and assessments; and
 - ii. Deploy changes to test and production environments.

There is no pre-requisite technical knowledge required to utilize the toolset. Individuals identified by the Department who will be given security privileges to create or modify forms and assessments will be trained on utilizing the toolset during implementation.

Form or assessment modification or creation will take place in the BUILD environment. These changes will then be promoted to TEST for testing. Once successful testing has been completed, the changes are promoted to the PROD environment according to the production deployment schedule.

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- d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.

The existing patients' information will not change

FNR-10: Integration with Laboratory Systems

- a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

Netsmart's solution offers bi-directional interfaces for lab orders and lab results with diagnostic labs such as Quest, LabCorp, or through lab aggregators such as Change Healthcare. If the Department's specific laboratories are not available through the lab aggregator, Netsmart can connect with them directly, assuming the listed labs leverage common industry standards. The solution supports integration with any number of external labs.

- b. Describe the process for ordering lab tests and reviewing lab results.

Lab orders are entered via order entry and can be done at the same time as other order types, such as pharmacy orders, or as part of a standard orders protocol. The orders are automatically transmitted to the Department's chosen lab as well as to a worklist for collection by either the hospital staff or the laboratory staff. Once the results are available from the laboratory, an alert will display on a task list within the electronic health record that the results are available for review. Alerts for abnormal or critical results will be sent as well. Clicking the task automatically displays the associated results. The results can then be reviewed and are available as discrete data for use in clinical decision making and trending over time.

FNR-11: Functional Documentation

- a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

Well organized forms and assessments support major clinical use

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

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Netsmart is proposing a Plexus Cloud Hosted SaaS solution. The regularly maintained systems have redundant components installed to ensure continuous operation and resiliency in the event of system or component failure. Netsmart has an established technology refresh cycle for equipment to ensure reliability, improved speed and capacity. DHHS data will be stored on fully redundant Storage Area Networks (SAN) using RAID disks and multiple data paths. Backups are performed on a nightly basis, and data replications occur throughout the day. Nightly backups are encrypted and stored at a secondary datacenter. No data is stored outside of the mainland United States. The service level agreement guarantees 99.9% uptime accessibility to your data.

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

The solution offers a three-tier architecture: presentation, business, and data layer. The solution is designed to scale both vertically and horizontally to support a very large number of users and data. Vertical scaling is used for performance and can be addressed by adding CPUs, increasing CPU speed, and/or increasing memory. Horizontal scaling is used to maintain performance as user numbers increase or business complexity expands. This is accomplished by distributing the presentation layer, business layer, and data layer across additional CPUs.

Generally: Network, Platform, and integration

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

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User role security enables the Client to restrict access to client data on a need-to-know basis. Staff can only access records of those clients in their assigned caseload

Clients can add alerts to the client record indicating confidentiality. Client alerts display important client-specific information front and center to the user. These can be used as reminders, alerts, warnings, or restrictions. Assigning an alert/restriction to a client displays an icon next to the client's name; hovering over this icon displays user-defined text describing the reminder, alert, or restriction, such as "Confidential Client - Family Planning." The alerts definitions enable you to assign the icon as well as define effective dates to automatically start and stop the notification.

☐ Access to Netsmart's application requires a valid system code, username, and password combination.

Physical access to Netsmart locations holding Netsmart systems have limited access points, which are governed by card or biometric access devices and monitored by surveillance cameras.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	Meets	Mobile not supported except in some disconnected mode
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)	Meets	Meets
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	Meets	

Implementation - Narrative Response (INR)

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INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.

INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

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INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

Extensive job descriptions, staffing plan describes supporting operations, schedule looks ambitious, ongoing support of users

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

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Netsmart staff are typically shared across two to three active projects depending on size. Netsmart team staffing levels/counts by job title are as follows:

Practice Director 1
Client Alignment Executive 1
Project Manager 1
Project Operations Manager 1
Solution Architect (Clinical) 2
Solution Architect (Financial) 1
Delivery Consultant (Clinical) 3
Delivery Consultant (Financial) 3
Data Conversion Lead/Specialist 2
Training Lead 1

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Testing Lead 1

Data Management and Integration Lead 1

Note: The list above represents the staffing for project team members. Many Netsmart associates (i.e., Technical Lead/Specialists, Support Lead/Specialists, Support Manager, Project Operations Managers, Application Engineers, etc.) will support these project staff throughout the Implementation. During each phase of the implementation project, the staff count provided will fluctuate as needed to support the needs of the project and timeline.

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

Comprehensive and good timeline:

Project

Initiation

Project Initiation

- Core Project Team confirmed.
- Project Governance identified and documented.
- Project Charter developed.
- Overall Plan for implementation established by both teams.

- Data Collection begins.

Quality Control Stop Gate

Project

Launch

Project Initiation

Requirement

Elaboration and

Specification

Definition

- Requirements and design completed. Products installed.

- Project Schedule and Plan revised.

Key State of Maine - Notional Timeline M0 M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12 M13 M14 M15 M16

Contract Sign/ Initiation

Project Initiation

Project Launch

Solution Review

Final Review & Validation

Train the Trainer

Go-Live Preparation

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Maintenance Training

Integration Testing

End User Training

Go-Live & Support

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- Data Collection continues.
- As Is Processes documented.

Quality Control Stop Gate

Solution

Review

Build:

Configuration,

Customization

Data Conversion

and Migration

- Data collection checkpoint.
- Initial configuration begins.
- Conversion Planning begins.
- Testing Planning begins.
- Training Planning begins.
- To Be Processes documented.

Final Review &

Validation

Knowledge

Transfer and

Training

Data Conversion

and Migration

- Iterative configuration and development to support the project requirements.

- Data Conversion plan complete
- Interface development plan complete
- Demonstration of Future State processes

Quality Control Stop Gate

Go-Live

Preparation

Knowledge

Transfer and

Training

Data Conversion

and Migration

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Deployment

Cutover and

Acceptance

- Data Conversion Testing.
- Train the Trainer Training completed
- Trainer proficiency achieved.
- Go Live Readiness Assessment and Go-Live plan

Started

- Integration test scripts finalized
- Testing and Training Plans finalized
- End User Training completed.

Quality Control Stop Gate

Maintenance

Training

Knowledge

Transfer and

Training

- Training on maintaining the system using Netsmart maintenance tools.

Integration

Testing

Testing

- User Acceptance Testing complete.
- Integration Testing complete (client owned/ Netsmart supported)
- Conversion Testing complete.
- Go Live Readiness Assessment complete
- Go Live Plan complete

Quality Control Stop Gate

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Go Live

Deployment:

Cutover and

Acceptance

- Final Conversion cutover.
- Solutions in production use by the end-user population.
- Go Live Support by both project teams.

Post-Go Live

Review/

Optimization

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Implementation

Closeout

- Weekly check in calls
 - Evaluate end-user satisfaction.
 - Understand current usage of solutions.
 - Transition to Support
- b) Detailed Workplan Schedule: very detailed

INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.

Extensive examples, very detailed with graphics and sample replication of training documents with procedures and exercises

INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

Detailed and very specific training outlined

Train-the-Trainer Training (for super users), Netsmart will also conduct End-User Training for the State Staff of 600 users as required by the Department in Appendix G. Netsmart believes user adoption improves when End-User Training is supported by the State's super users.

INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).

Service level agreement covers areas discussed, 4 different support levels, covers software and service package delivery

INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.

Netsmart is proposing a fully hosted SaaS solution. Netsmart's Tier 3 data centers incorporate extensive physical and data security safeguards, including data encryption, perimeter and internal systems security, and backup and disaster recovery services

data centers are sep 600 miles

Netsmart agrees to meet the Department's RTO and RPO objectives as stated in the Appendix G Requirements 813.07 and 813.08 in workbook

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INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.

Deliverable 1.1 Solution Licensing

Netsmart is proposing a Software as a Service (SaaS) model. SaaS is all inclusive for usage of the solution to support the various staff roles and requirements as provided by the Department and identified in Appendix G. Netsmart's SaaS model for the Department assumes 125 concurrent users of the solution, as provided by the Department. SaaS fees include all license, hosting, maintenance and support of the solution and are recurring fees.

Deliverable 1.2 Solution Configuration

The Initiation and Configuration Phases of the project consist of data, workflow, and form collection needed to drive the design of the solution. During Solution Review, the Netsmart Solution Architect will provide a demonstration of basic departmental workflow, providing context for additional design decisions to be made. The Solution Review event will represent the culmination of data collection and design decisions leading to the building of a complete and functional system. Clients leave the Solution Review event with assignments to be performed over the next several weeks. The assignments are documented, along with expected due dates, in the Event Summary Document. The Netsmart project team will work with DHHS to establish and track deadlines and schedule conference calls to provide guidance and ensure work is on track. The Final Review discussion is intended to present the overall system design and configuration and confirm the accuracy. In addition, other key activities of Final Review and Validation include Train-the-Trainer training as well as System Testing and Learning Plan discussions.

Deliverable 1.3 ICM Acceptance Testing Environment

As part of the implementation, Acceptance Testing will be completed during the Validation Phase. The Validation Phase also includes Go Live Preparation and Maintenance Training. Post Go-Live, a testing environment will be provided for DHHS to conduct on-going User Acceptance Testing. DHHS will have the option to create their own test data or have data copied from production and scrambled for de-identification purposes. Only authorized users as managed by DHHS will have access to the testing environment.

Build environment, test environment

Deliverable 1.4 ICM Training Environment

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Netsmart will create a Training Plan deliverable to define the training strategy for all staff by role, including techniques and media to be utilized as well as site and facility needs.

Supports ongoing training

The plan will contain the overall strategy and approach for different groups of users (trainers and trainees), the training curriculum, and the modes and media to be used in the training

Deliverable 1.5 ICM Production Environment

Backups will be performed on a nightly

basis, and data replications will occur throughout the day. Nightly backup will be encrypted and stored at a secondary datacenter.

The environment will be sized to support the expected number of DHHS users accessing the system which is backed by a guaranteed uptime. Netsmart maintains an established technology refresh cycle for equipment to ensure reliability, speed and capacity. To monitor the health of the system, Netsmart uses a combination of tools for real-time performance and availability monitoring. Guardian, which will be made available to DHHS, is a solution for monitoring the health of the application which provides detailed, automated information about solution performance.

For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.

Deliverable 2.1 Hospitals As-Is Assessment

review current workflows and business processes for existing clinical, pharmacy, financial, and other functions. For this process to be successful

must make resources and stakeholders available to Netsmart

Upon completion of the As Is assessment, the documentation that will be provided will be leveraged for the process mapping to the new system

Deliverable 2.2 Hospitals To-Be Migration Plan

detailed implementation migration workplan to transition your systems, business processes, and existing patient data to Netsmart's solutions. The Migration Plan will include the development of a transition strategy to identify training materials and documentation to enable the successful transition to the future state workflows.

Deliverable 2.3 Solution Implementation

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The Implementation Methodology is organized by Events which are grouped into four phases: Initiation, Configuration, Validation, and Adoption. These phases are further broken down into nine discrete Events. These Events can be considered milestones but are truly moments in time to which all work is tied

Deliverable 2.4 Electronic Form Migration

Netsmart will meet with your subject matter experts across each discipline to review existing electronic and paper-based patient care forms. Netsmart will partner with your team to understand current usage of existing forms. You must ensure that the applicable resources and subject matter experts are available to provide the purpose and assess priority of the forms in use

Deliverable 3.1 Support

NetsmartCares Support is utilized
After implementation, your support team will have access to the NetsmartCares Support center
Typically, 50% of problems identified are resolved at the point of initial contact by the Level 1 team.

Level 2 support, where another 40% are resolved.
Level 3 Development support group
if it is determined that a software coding change or a detailed code-level diagnosis may be needed

Deliverable 3.2 Maintenance

Netsmart is proposing a solution that will be hosted in our Tier 3 Plexus Cloud data centers. As a part of Netsmart hosting services, the computer, network, storage, and third-party software required within the Netsmart data center are provided, as are the services to operate and maintain this infrastructure within the Netsmart data centers. This maintenance includes keeping all software within Netsmart's data center current

Deliverable 3.3 Enhancements

a significant number of enhancements made to the Netsmart EHR products are client generated, Netsmart will apply the upgrades to your systems as part of your hosting services contract. All changes, patches, custom development, and releases go through the same testing cycle. Unit testing is performed by the development team. System regression testing is performed by the QA staff.

Netsmart collaborates with our clients on a monthly maintenance window for the purpose of upgrading, patching, modifying, and repairing portions of the entire SaaS/hosting environment. The monthly window is generally scheduled on the third Sunday of the month, from 2:00 a.m. to 5:30 a.m. Eastern time.

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INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	Subcontractors are not a part of the proposal. ? if they will be needed and risk (cost, security, etc) of using them

Requirements Workbook
Functional
Core functionality: seems to meet; patient search, number of uses, restricted documents, dashboard, supports UM, Risk management, incident management, scanning of outside documents, changes in commitment status, med reconciliation, modification of clinical assessments, state data reporting, outpatient require enhancement, MIPS transmission requires an enhancement archiving requires enhancement (merit based incentive program)
Functionality with Up to Date Does not link up with menu software MIPS capable (file creation) but not through interface
Technical
Does not meet accessibility policy Penetration testing Scrambling patient sensitive data in the test environment requires an enhancement, same thing in training environment, at decommission, can get one year of data back
No customizations Encrypted No PHI when appointments go to Outlook Does have disconnected mode
Implementation

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Does not provide data extraction from legacy system

Up time is 99.9 not 99.98 %

additional money to convert legacy data systems (group scheduler, dietary) can support 600
end users

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

Started out slowly, too much introduction

Multiple ways of multifactor authentication

Active directory directs log in credentials define user roles and security levels

Admin sets # of times someone needs to log into the system

Can carve out access to SA population, aligned with HIPPA

Can audit any type of interface that users do

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Topic 2 Use Case – Patient Registration and Bed Assignment

Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

Preadmit process, can place patients in a hold type
Dashboard has many components, seems busy
Bed registration and reserve bed
Type of admission flexibility
Source of admission flexibility
Can pull info from Infonet
Registration pre fills forms, including ROI's
Census bedboard tracks beds
Overly polished approach to presentation

Topic 3 Use Case - Medication Reconciliation at Admission

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Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

Home meds can be chosen to be inpatient orders
Concurrent documentation
Old notes are populated to the side of your current documentation
Built in substitution for non form meds
Med orders go into scratchpad before ordering
Presenter seemed on a rehearsed way of delivering information

Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

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Enters into record directly
Easy self populated forms
Easy to d/c diagnoses

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

Staggered ordering possibilities
Stat ordering
Gives interaction dialog
Procedure to override interaction warnings
To do lists includes orders, other items

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Worried that there was more here than the presenter understood

Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

Complicated pharmacy dashboard
Integrated to automated dispensing machines
Configurable reports
Admin vs dispensing reporting
High alerts, low alerts, infrequency alerts

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Pharmacy can reject a medication, goes to the to do list for a practitioner
To do list accessed by pharmacy staff
Complicated interface
Has a lot of embedded clinical decision-making/guidance by risk, don't think that would fit well
Seems that this would be more applicable to a larger organizations with multiple locations

Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- Demonstrate how pharmacists will make changes to the Medication Formulary.
- Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

Very automated
Too much auto decision
Lots of self determined dosing
Easy to add or subtract meds from formulary

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

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Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

Witness capable
Client signature
Default nurse administered
Late administration warnings
Imbedded pain scale

Topic 8 Use Case – Clinical Treatment Planning

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Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

Automated library of goals and interventions

Uses Wiley

Tasks contributors for interventions

Auto routes to clinicians to do lists, perhaps too automated

Can assign groups from treatment plan

General group notes and patient specific notes from groups

Did not answer all questions

It seems one person answered most of the questions and not the presenter with demonstration of the answer

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.

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- i. Demonstrate layout of daily status board screens
- ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

Unsure how easy to write notes

Did not understand question related to documentation

Missed questions in the chat

Easy fall risk documentation

Builds in clinical decision-making

This may be a bit too automated for us

Level of care assessment is also automated

I think this gives us reminders of clinical items we are already good at, I worry this adds to much keyboard time without adding organizing value

Automated problem list is nice

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking)

Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing

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- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

Billing codes feeds into census posting
Batch billing
Accounts aging
Accounts aging breakdown by payer
Set up billing rules in terms of processing frequency
Shows incomplete billings
Detailed denial documentation
Rebilling
Tickler files
Aged accounts report

Not user friendly interface

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EVALUATOR DEPARTMENT: Dorothea Dix Psychiatric Center, Nursing

downerInstructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• Q Appendix C and Projects • Information provided does not follow requested format. • Q Information appears vague in determining the ability to meet eligibility requirements.

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• Company established 2003. • Private LLC. • P- 25% annual growth over past 8 years. Invest 15% in R & D. • P- Value customer input to drive improvement. • P- Clinical decision support. • Serve 30 states. • Q- unable to discern the integration and operability of the described EHR • Monthly upgrades • P- includes incident tracking.
2. Subcontractors
• I- Provided, require subcontractor for pharmacy management
3. Organizational Chart
• P- Provided for executive and implementation
4. Litigation
• One pending- bidder is plaintiff. No others within five years.
5. Financial Viability
• P- Provided

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• Dun & Bradstreet provided
6. Licensure/Certification
• N- No licensure provided for Maine, did provide certification of Health IT compliance
7. Certificate of Insurance
• P- Provided

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).

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- We are proposing our fully integrated SmartCare ICM Solution, which is cloud-based, interoperable, and has flexible capabilities to address the core clinical and administrative functions - comprehensive behavioral health, medical, pharmacy medication management, and billing reimbursement services - for the Department and your Hospitals.
- Our SmartCare ICM Solution includes fully integrated modules – without the need of bolt-on software or complicated workarounds. The SmartCare Platform and all of its components are in one, integrated database. All modules and functionality within the SmartCare EHR Platform are fully integrated, meaning the data is centralized and accessible by all service and administrative modules; can communicate with one another within the system; and can send secure messages outside of the system.
- SmartCare includes fully integrated order entry, Rx with electronic prescribing for controlled substances (EPCS), and medication administration/management functionality.
- Functionality includes prescribing, filling, and administering medications; formulary and non-formulary oversight; record keeping; and DEA regulatory compliance. SmartCare's fully integrated order entry and eMAR is Meaningful Use Inpatient-certified.
- To provide a complete solution for the Department, we will establish a partnership with the most comprehensive pharmacy management solution, PrimeCare, in consultation with you, to provide best value, efficient, evidence-based pharmacy services that also are cost-effective.
- We can set-up bi-directional interfaces to work with any best of breed solutions, including the proposed PrimeCare comprehensive pharmacy management solution to augment and integrate with SmartCare's native e-prescribing, eMAR, and pharmacy functionality.
- Includes comprehensive graph of Legacy system, RFP scope, SmartCare ICM solution for functionality and notes for each.

FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.

- Streamline was established in 2003 and is an innovation-driven company
- that continuously introduces new functionality to address emerging government standards and industry trends in order to help our customers drive better outcomes for their populations served and to provide them with the needed flexibility for their continued growth.
- No transfer of ownership identified.

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FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

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- Streamline has an ongoing solution improvement process, which allows for continuous development of the SmartCare Platform. Many product enhancements, features, and modules come from direct customer feedback, industry trends, or changes in the behavioral health and substance use human services space.
- Our annual national user conference has afforded us a tremendous opportunity to gather significant feedback and intelligence regarding how SmartCare can be further developed to meet our customers' needs. We incorporate this valuable feedback into our ongoing solution improvement processes, which then allows for the continuous development of the SmartCare product.
- Enhancements, which are not related to state or federal compliance, are managed based on their urgency and how many customers need it.
- SmartCare is an open architecture system, built on a Microsoft SQL infrastructure, APPENDIX F (continued) 8 which allows an organization to control as much or as little as they choose locally.
- The Department will have the freedom to customize the application at no charge.
- The Department will have access to multiple environments, including live production (PROD), training (TRAIN), and testing (QA) environments. You will receive your own SQL instance, and each environment (PROD, TEST, TRAIN, QA, and PREPROD) will reside in its own SQL database.
- This will provide you with maximum flexibility in the future, as SmartCare is highly configurable and extensible. You will be able to make Department and Hospital-specific changes to your instance of the application, including developing new forms, adding fields to existing forms, customizing drop downs, marking questions as required or optional, creating custom reports, etc.
- Depending on the technical skill-level within the State and the Department, custom work can be done by your own staff to add varying levels of functionality using our Dynamic Forms Architecture (DFA) tool, which is included in the platform.
- In addition, the SmartCare database will be fully accessible to your developers and they will be able to add tables, stored procedures, functions, etc.
- If a customization is needed, such as building a specific form, document, or system functionality, you can choose to have Streamline complete the customization and we can determine the development time and associated cost.
- Your Customer Success Manager will work with you on project planning and coordination.
- Streamline currently releases monthly service packs and annual core upgrades. As part of the yearly maintenance/support costs, our customers are provided all updates and application enhancements. Monthly maintenance generally takes less than 90 minutes of downtime to patch servers (fourth weekend of the month around midnight).

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Core build upgrades generally take less than three (3) hours of downtime to allow for updates to the database, replacement of files on the web server, and high-level verification of the system.

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

- Medication administration data is fully integrated across other core functions.
- Medication reconciliation form to allow for self-reported medication as well as from a CCD.
- First Databank is utilized to catalogue medications.
- Medications follow the individual through levels of care.
- SmartCare maintains active medication lists and medication history.
- Alerts and flags keep staff connected.
- Specific information is captured when medications are refused.

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

- Proposed SmartCare PrimeCare and Pyxis systems are integrated.
- Medication ordered through SmartCare and sent to PrimeCare either direct interface or through Surescripts.
- Pharmacist reviews and approves; once processed and verified through PrimeCare workflow Pyxis is notified.
- SmartCare's eMAR will track medication, strength, dose, and quantity; and positive patient identification, allergy and drug interaction alerts, recording of medication administration (including refused or skipped doses), recording the patient's response to new medications, and recording vital signs or other parameters that are used to monitor medication use. This data will be fully integrated across the other core functions in SmartCare.
- Warnings are available for staff to view and to prescribe in accordance. The prescriber must acknowledge and sign-off that they are continuing with the prescription.

FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

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a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
• Both SmartCare and PrimeCare include clinical interactions and warning levels. • First Databank is utilized for interaction checking, which covers all drug/drug and drug allergy issues. If an interaction exists, it will be displayed. • Drug-Drug Interactions, Drug-Food Warnings, Geriatric Precautions. • If allergies or cross-sensitivities are determined, the following information displays on the patient record: • Patient Allergy • Patient Reaction • Drug Ingredient • Rx Number • Drug Name • Last Filled Days Supply • Warnings are available for staff to view and to prescribe in accordance. The prescriber must acknowledge and sign-off that they are continuing with the prescription.
b. Describe how warnings will be enforced.
• In SmartCare, for level one (1) interactions, the prescriber must acknowledge and sign-off that they are continuing with the prescription. • In PrimeCare, via Store Level Options, the Department will determine what level of precautions are displayed and enforced.
c. Describe, were applicable, how warnings will be closed or canceled.
• In both SmartCare and PrimeCare, order processing is done in real time and the solutions are updated with information provided by First Databank. • Level 1 warnings, prescribers must acknowledge the warning before continuing with the prescription. The acknowledgement is logged and can be reported. Level 3 minor) warnings do not require sign-off. • If an issue is detected, the alert must be manually reviewed and bypassed before proceeding. The bypass is logged and can be reported.
<u>FNR-7: Medication Formulary Management</u>
a. Describe the process for managing changes to the Medication Formulary.
• Within both SmartCare and PrimeCare are workflows for managing changes to the formulary, for example informing the prescriber if medication choices are not on the formulary, displaying warning messages if a medication requires prior approval, or allowing the creation of a Therapeutic Interchange Plan. • Workflows for medication changes will be customizable by the Department.

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b. Describe how changes will be entered into the proposed ICM Solutions.

- The therapeutic Interchange will occur in PrimeCare and will be sent to SmartCare via the bi-directional interface.
- Therapeutic Interchange is a predefined exchange of therapeutically equivalent medication in accordance with approved written protocols. This is completed differently than generic substitution, where the exchange is the same drug entity by a different manufacturer.

c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.

- PrimeCare provides therapeutic interchange flag checks.
- If all criteria have not been met, a message displays on the screen and the prescriber follows the prompts to complete.

FNR-8: Outpatient Medications

Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy

- SmartCare supports a Surescripts interface to connect with an external retail pharmacy. It includes integrated electronic prescribing for controlled substances (EPCS) with two-factor identification via a soft fob on the prescriber's smartphone.
- In addition, we have included a bidirectional interface with Pyxis in your project scope to establish an interface to the automated dispensing machines.
- Prescriptions can be electronically sent to any pharmacy within the Surescripts' network. If the need arises to send to a pharmacy not on the Surescripts network, scripts can be printed.

FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments

b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

- The State's OIT staff and the Department will be able to create and modify clinical forms and assessments in SmartCare utilizing our Dynamic Forms Architecture (DFA) tool at no additional cost.
- Custom work can be done by your own staff to add varying levels of functionality. For example, you can customize drop downs, labels, alerts, triggers, flags, core rules, custom forms, etc.
- Business logic can be changed to execute before or after forms are completed and similar solution modifications. The SmartCare database will be fully accessible to your developers and they will be able to add tables, stored procedures, functions, etc.

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c. Identify the skills required and the steps to be taken to:

- i. Develop new customized forms and assessments; and
- ii. Deploy changes to test and production environments.

- Defer to expertise
- SmartCare is a modern, integrated, fully customizable solution, which will give you the freedom to customize it to meet the Department's needs and the needs of your Hospital facilities today and in the future.
- Included in the platform, we provide our DFA tool for you to customize the application, including customizing forms and assessments, defining new system workflows, new business rules/alerts, creating and changing data fields for free text, radio buttons and pick lists, etc.
- In addition, if your OIT team includes software engineers experienced in SQL and .Net-based web application development, you will be able to add functionality to your instance of the application using .Net and Streamline's SDK.

d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.

- Information captured, whether in existing or newly created forms and assessments, will be stored and available for reporting. Our proposed project scope for the Department and its Hospitals includes a data warehouse, which incorporates Power BI for reporting and analytics.
- Reports can be customized using Microsoft Report Definition Language (RDL)/SSRS and a variety of other third party reporting tools, such as Crystal Reports and Microsoft Power BI. Reports can be exported in many formats, including XML, CSV, PDF, MHTML, Excel, TIFF, and Word.

FNR-10: Integration with Laboratory Systems

a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

- SmartCare has the ability to interface with any and all systems that allow it.
- SmartCare will enable automatic exchange of data bi-directionally, either in batch or real time, as needed.
- SmartCare offers out-of-the-box batch and real time HL7 interfaces for labs

b. Describe the process for ordering lab tests and reviewing lab results.

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- SmartCare provides full order entry capabilities including for lab and non-lab-based orders.
- Also, please note that labs can be ordered directly from Notes to enable efficient processing.
- Lab results can be updated manually in SmartCare – both structured data as well as scanned/uploaded images.
- Lab orders received electronically (or results uploaded manually and linked to the order) can be queued for review by the provider.
- During the review process, the provider can indicate if the lab result is normal or abnormal and can add detailed comments about the results before they sign-off and before the order is marked as reviewed and completed.
- All results (whether imported electronically or entered manually in a structured format) are linked to flow sheets. The system allows flow sheets with definitions of normal/abnormal values to be setup.
- If needed, the system can setup an automatic process to flag incoming lab results as normal or abnormal.
- Providers are notified of incoming lab orders via a dashboard widget.

FNR-11: Functional Documentation

- a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

- Streamline's proposed project for the Department and its Hospitals includes all standardized assessment tools, symptom inventories, and required forms as detailed in our proposal response.
- The proposed project includes the implementation of the Hospital's suite of forms, assessments, and templates for new and current patients.
- As a standard, SmartCare already includes the MMSE, AIMS, and C-SSRS tools and symptom inventories.
- SmartCare provides the flexibility for you to add Hospital-specific assessment tools and functionality as needed.
- You can build custom assessments in SmartCare utilizing our DFA front-end form building tool at no additional cost.

Technical – Narrative Response (TNR)

TNR-1: Technology Overview – Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

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- Defer to expertise
- Q- Streamline will need additional information to ensure adherence to the Personally Identifiable Information (PII) Impact Level of HIGH requirement.
- Q- Most of the database servers are a multi-tenant configuration reducing your end cost for the database server.
- P- We have a fax server setup used for faxing prescriptions to pharmacies that do not support e-Prescribing of controlled substances (EPCS).

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

- Defer to expertise
- P- 5 environments to support change management, Test, Train, QA, PrePROD & Prod.

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

- HIPAA compliant
- Defer to expertise

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

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Hardware Specifications

- Streamline states: will be able to access SmartCare from the devices they are already using - desktops, laptops, tablets, smartphones - any secure device that can run a web browser such as Google Chrome and Microsoft Edge.
- SmartCare requires no downloads, applets, or plug-ins for operation.
- RedSail Technologies is proposing to host its PrimeCare pharmacy medication management solution. PrimeCare operates on a wide variety of Microsoft Windows compatible PCs. Included in quote is hardware for 2 workstations for Dorothea Dix.

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

- Supplied only 2- Executive Implementation Manager and Implementation Project team...lead?
- We employ a collaborative, team-based, multidisciplinary staffing model for supporting our customers.
- The staffing model consists of the disciplines and experiences needed throughout the project including project management, business analysis, system configuration, technical tasks, and development.

INR-2: Staffing Plan – Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

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- Provided sample plan with anticipated roles; hours are included for some anticipated roles for Streamline and are indicated for the Department as well.
- Note that Streamline uses no contractors for implementation and develops implementation plan for individual project.
- Indicate DDPC roles for Implementation Project Team from Project Manager to Super Users.

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

- Met, provided detailed information

INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.

- Met, provided detailed information related to implementation training without end-user training.

INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

- Onsite classroom with facilitator and virtual, web-based for all modules and databases.
- Training sessions recorded for future sessions.
- Post-implementation ongoing training opportunities provided.
- Will train 600 staff/end users and system administration training for 6 staff for tech support.
- Will train super users who will train end users post go-live.
- Project staff onsite for go-live and first billing and state reporting events.
- Training documents provided.
- EHR contains help embedded on most pages.

INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).

- Met, Provided
- Q- the Department pays for all travel and travel related expenses for Streamline staff?

INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.

- Will use Microsoft Azure cloud-hosting in Microsoft-managed data centers.
- Defer to expertise.

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INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Department must submit written request to streamline for the provision of software licensing.
Deliverable 1.2 Solution Configuration
- Complete mapping as-is process to create to-be process. - Incorporate the to-be process into implementation. - Business Process Analysis completed review of workflows and of the proposed EHR. - Then customize.
Deliverable 1.3 ICM Acceptance Testing Environment
- Upon written request from the Department and in alignment with the agreed upon project plan, Streamline will provision and deploy the SmartCare ICM Solution's acceptance testing environment for the State. ...flexibility to develop screens, create custom reports, and even develop new modules. - You will be granted access to multiple environments, including a separate testing environment. The multiple environments include: • PRODUCTION – Customer live environment • TRAIN – Customer training environment • QA – Customer testing environment for Monthly Service Packs and hotfixes • TEST – Streamline testing environment • PrePROD – Temporary Customer testing environment for bi-annual build; used to stage new build
Deliverable 1.4 ICM Training Environment
- A training environment with generic logins is provided for initial and ongoing training at no additional cost. - The training environment will be created by taking a copy of the production data and then running a program that scrubs the data. - Instructions will be provided for OIT staff to be able to set-up and refresh the training environment after implementation.
Deliverable 1.5 ICM Production Environment
The Department and its Hospitals will receive its own, dedicated instance of the SmartCare ICM Solution, which will include multiple environments available for different uses.

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For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.

Deliverable 2.1 Hospitals As-Is Assessment

- Use BPA to collaborate and develop a detailed scope document and detailed implementation project plan.

Deliverable 2.2 Hospitals To-Be Migration Plan

- We will incorporate the To-Be process in the Department's implementation.
- Our vision is a 3-month process led by the Business Analyst assigned to the Department's Streamline implementation team.
- Streamline will partner with the Department's stakeholders to create new To-Be workflows and to develop and refine the detailed implementation migration workplan to transition the Hospitals' systems, business processes, and existing patient data to the SmartCare ICM Solution.
- The migration plan will include the development and execution of a transition strategy, which will include training materials and documentation to enable the successful transition of the Hospitals business process to the planned To-Be Workflows.

Deliverable 2.3 Solution Implementation

- We install all of our customers – we do not use outside contractors. Our own employees are responsible for the installation of our system platform.
- We follow a structured and disciplined approach, informed by best practices, in the planning, designing, and implementing of our SmartCare ICM Solution for our customers.
- We will provide project management, strategic analysis, design, development, and consultation services for you. We will implement, maintain, and support all of our ICM modules, functionality, and data tools. Further, we will facilitate an effective and efficient rollout supported by comprehensive change management and training.
- Lastly, we will host the platform via the Microsoft Azure cloud-hosting infrastructure. We will employ a proven implementation approach and methodology.
- We employ a multi-step implementation process that addresses the key events, checkpoints, and milestones in every implementation project plan.
- Within the past five (5) years, we have converted 57 legacy systems to our SmartCare Platform, including homegrown and purchased systems such as Netsmart, Cerner, iServe, MindLinc, The Echo Group, TenEleven, and others.
- P Highly detailed implantation methodology follows.

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Deliverable 2.4 Electronic Form Migration
• During implementation, we will develop all required patient care forms and assessments and incorporate the electronic documents within SmartCare. • Post go-live, SmartCare is designed that you will be able to make Hospital-specific changes to your instance of the application, such as adding or editing forms, and changing business logic that executes before or after forms are viewed, using our Dynamic Forms Architecture (DFA) tool, which is included in the solution. • During implementation, we provide training for your staff on how to use the DFA tool.
Deliverable 3.1 Support
• Prior to going live, you will be introduced to your support resources, including your Customer Success Manager. • Post go live, we will overlap resources with both the implementation and support staff working tasks simultaneously, for at least the first three months post go live. • US based support center 24/7 with 200 technical resources. ** after 8 pm must be a Severity 1 issue for support. • Regular reviews of client accounts. • Include operations portal for opening of support tickets, the logging of issues, and the monitoring of progress. Once your issue is received, the Support Team will replicate, troubleshoot, and resolve your issue. • We provide a knowledge-sharing platform, via Ryver, which is available for all Streamline customers to connect with one another. This connection site, or learning community, provides a variety of support and allows our customers to post and share information about their experiences and best practices for SmartCare use.
Deliverable 3.2 Maintenance
• Annual core upgrades and monthly service packs. • Monthly downtime less than 90 minutes at midnight. • Annual upgrades less than 3 hours downtime. • Upgrade is sent to customer for testing prior to go live.
Deliverable 3.3 Enhancements
• Many product enhancements, features, and modules come from direct customer feedback, industry trends, or changes in the behavioral health and substance use human services space. • Our annual national user conference has afforded us a tremendous opportunity to gather significant feedback and intelligence regarding how SmartCare can be further developed to meet our customers' needs. • Defer to expertise.

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INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	RedSail Technologies, LLC is the parent company of five premier brands – PioneerRx, Integra, PowerLine, QS/1, and PUBLIQ Software. To supplement SmartCare's native, fully integrated pharmacy management services, Streamline is partnering with RedSail Technologies, LLC to provide a total pharmacy medication management solution for the Department and its Hospitals. The Riverview Psychiatric Center already owns a QS/1 RxCare Plus license, and we are proposing to upgrade the license to the PrimeCare comprehensive pharmacy management system and move to a hosted solution. This will be an easy and inexpensive transition. As part of our proposed project scope, PrimeCare will be upgraded for Riverview, newly implemented for the Dorothea Dix Psychiatric Center, and fully integrated with the SmartCare ICM Solution.
Deliverable	Roles and Responsibilities
1.1 Solution Licensing	Pricing included in cost proposal
1.2 Solution Configuration	
1.3 ICM Acceptance Testing Environment	
1.4 ICM Training Environment	
1.5 ICM Production Environment	
2.1 Hospitals As-Is Assessment	

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2.2 Hospitals To-Be Migration Plan	
2.3 Solution Implementation	RedSail will implement the PrimeCarePharmacy Management System and will provide training.
2.4 Electronic Form Migration	
3.1 Support	
3.2 Maintenance	RedSail will provide PrimeCare software updates, service updates, and backups.
3.3 Enhancements	RedSail will provide PrimeCare software updates, service updates, and backups.

Requirements Workbook
Functional

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- 100.04 Billing and Reimbursement Services Functionality- Core- Meets... 18 years building a completely integrated clinical documentation, patient scheduling, care coordination, person-centered recover, and revenue cycle management ICM platform.
- 107.01 Support Utilization Management capabilities. Core- Meets...Ability to complete UM in system built into billing as well. Provides worklists to manage and track authorizations- customizable parameters.
- 112.13... print for downtime – Core- No Cost Mod, May or may not be able to print for downtime forms...Answer: "We have included SmartCare Anywhere, our mobile, disconnected solution as part of your proposed project scope. SmartCare requires a valid internet connection for interactive mode; however, certain mobile features can be enabled for 'offline' work. If internet access is not available, assessments can still be completed utilizing SmartCare Anywhere and the ICM Solution will automatically be updated as soon as an internet connection is restored. This will eliminate the need to re-enter patient information. If the Department still requires blank forms and assessments to be printed, we will work with you to understand the parameters and to identify the added cost to customize SmartCare to meet your specific requirement. "
- 113.01 Essential – Enhancement- fee for subscription and interface with Wiley Library.
- 117.09 Core-states Meets... However... Needs further understanding to see if they meet the ability to support clinical decision support re: UpToDate- they believe they meet
- 118.06 Core- Enhancement...Increased cost likely for functionality in e-prescribing for peer medication dosing patterns and online clinical resources.
- 123.08, 123.09 & 123.10 Essential... Enhancement...Increase cost likely to manage dietary recipes
- 201.00 Core... Enhancement increased cost possible for report builds if they are not currently available

Technical

- Defer to expertise

Implementation

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- Reviewed

- P- Communications Management- appears in-depth:

As a standard, Streamline will provide regular and frequent communication with the Department and its stakeholders, including:

- o Weekly/Monthly Project Status Reports
- o Weekly/Monthly Status Meetings
- o Monthly Executive Steering Team meetings
- o Onsite (or virtual) Train-the-Trainer Meetings
- o Onsite (or virtual) Go-Live

- 803.05- enhancement for additional conversion of data for: Medi-Dose, Client Discharge Planning Database, Treatment Mail Scheduler, Gerimenu and incident reporting and medication variances.

- 805.01- Enhancement for post-go live refresher training, but pre is included- they do give us training materials to continue ongoing.

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

- A. Username and password, 4 times wrong then have the ability to get new password. Can have 2-part authentication- can set how long before it times out. Can set how long can keep password.
- B. Can be set by us. Customizable.
- C. All but badge card
- D. Yes, supported
- E. Based on url, will log into – can change color for each environment, rules – demonstrated how permissions are

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completed- in depth.

F. I- most transitioning to Streamline are transitioning from NetSmart legacy systems.

Topic 2 Use Case – Patient Registration and Bed Assignment

Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

- A. Client search to see if active or have account, client search screen- workflow, filter by name, SSN, DOB, phonetic search, then create a new patient, gives client ID – don't have to assign bed at this time, can add info, can register from here and assign bed, active or waitlisted, can do an inquiry to make decision, numerous filters. Inquiry information is comprehensive. Info will follow through to patient record. Has medical necessity questions embedded. Can build and customize inquiry info.
- B. Insurance real-time eligibility search through clearinghouse, auto entered. Insurance eligibility can be completed anytime.
- C. Registration document to add, bedboard- can admit from there, can filter and sort each header, customizable, can

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- admit from census management as well, can filter by needs to find appropriate room,
- D. Census management- fully admits patients with numerous options to assign staff etc. census report is sort and filter- options to create customizable reports, can export to excel pdf PowerPoint, can run census summary as well, also bed census daily can check who is here and not, updates, whiteboard shows legal status attending LOS... so much info on this. Insurance in client plans and time spans- can scan info into patient accounts.
 - E. Just click transfer in bedboard and complete bed search click select save and close, real-time transfer.
 - F. ** Can scan documents into patient accounts and then assign the record type or a non-client specific scan as well. Court documents etc.
 - G. P- excellent interoperability and ability to maneuver without extra clicking

Topic 3 Use Case - Medication Reconciliation at Admission

Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

- A. Reviewed provider dashboard and labs-available for docs and support staff. Can complete med rec manually, rolling out a new, specific med rec functionality, can reconcile with other locations such as Surescripts, contains self-reported meds or CCD. Inpatient and outpatient will work together they don't have to be separate. Click beside

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medication to keep.

- B. Client order screen shows all orders, unacknowledgeable orders in list page, click new order, can update orders order sets, use FirstData bank medication library. Drop down to find medications, can create any order from order page. Orders are created pdf as well
- C. We can override/modify first databank for medications on the formulary with ad-hoc and create non med orders.

Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

- A. Number of ways, often in assessment process, r/o, type, specifier, ie: secondary etc, can be in assessment process, type in for search, gives crosswalk DSM, SNOMED, Billable codes all DX are listed, click and add. Includes Medline for reference, click for information. Can create workflows where they populate to.
- B. Can change based on credentials. Any edits create an audit trail, all versions are always available. Can simply remove by deleting. Then resign. Every document would have new Dx added.
- C. Added as above.

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Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

- A. Client orders page, new order, ability to choose existing as well as create new. Smartview shows snapshot VS, allergies meds, etc. order page shows all warnings etc. P- good reference and clinical decision at a glance
- B. Shown in detail.
- C. Shown and is good. Must acknowledge. Windows popup with interactions and warnings to adjust orders.
- D. Click sign at completion of order. No high dose informational component. First dose monitoring- uses a flag or a reminder on the dashboard. Can create a flag to auto if patient has never taken the med. Could flag it for rounding as well- nurse would see the order first for awareness. Can add to have f/u required.
- E. Doc gets documents pushed to him to co-sign. Must be completed individually. Detailed information available to sign. Gets turned into a workflow.

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EVALUATOR DEPARTMENT: Dorothea Dix Psychiatric Center, Nursing

Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

Did not have time to have Redsail schedule to show. Less than 24 hours' notice for them.

Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

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- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

Did not have time to have Redsail schedule to show. Less than 24 hours' notice for them.

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

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- A. Whiteboard, shows MAR info, can add bumpers for med window. Green flag shows for med due, takes you to client MAR, warnings can be added, can allow OP ordered meds to show up on Inpatient MAR if makes sense. Shows formulary changes. Colors indicate status of medications, non-med reminders can be on the MAR as well, supports barcoding. Orders can prompt for parameters.
- B. Reviewed- also, update with TALLman lettering coming soon, not yet available.
- C. Covered everything- concise and comprehensive system for med administration.
- D. Certain medications require second signature. To cosign must use username and password. Also a prompt for consent. Refusals
- E. P- MAR and whiteboard easy to follow and navigate allows for interoperability

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

- A. Can view documents r/t patients in one place, many different available filters, the comprehensive assessment feeds needs directly into the tx plan, standardized assessments carry forward into tx plan as well. Workflow allows to add needs individually even if not assessed.
- B. Can be typed in or added from library

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- C. Fed in through needs from assessments, typed in
- D. Completed with client sig- assign staff for multidisciplinary plan.

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

A Pops up in dashboard, can have numerous roles, flags, workgroups, can assign directly to people and the intervention. Can also send message with it for prompting. Whiteboard, meds due, level system, meds, obs, legal status, precautions, - screens click through or auto generate.

B massive auto-population throughout system, complete the documentation-

C yes, met- pick title, and topic and complete had progress toward goals etc.

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Tx plan and medical Care plan are separate. – could customize together

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

- A. Billing Dashboard. Can use search and can also sort by insurance, numerous filters to view accounts DOS, provider, etc. Can assign patients as well. Can export into excel. Can view each client with full billing information private/commercial/Medicare etc.
- B. Claims entered in charge ticket, front facing staff enter services, identify program and license, pick procedure completed, these are limited to licensure, this populates a document that is completed, drives SmartCare to process the service, goes through all billing rules and creates either a suspension or claim. SmartCare completes the claim. Financial ticket viewable to billing- automatically gives you the information required to complete claims if authorization is missing. Flags notify needs. Biller can override errors. Can also override the charge amount, only with correct permission. Can run reports. Batch claims, click on amount or set favorite, create reports to catch all claims ready to bill. Can send electronic or paper. System completes a final validation if send electronic.

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C. Get 835 or Check deposited to back account. Runs reports for all that still have a balance. SmartCare auto posts denials. Create a new payment and adjustment search with numerous filters to apply to patient accounts from insurance. Automatically adds to claims. Can create worklists to complete later. Can enter comments on each to maintain communication and continuity. Revenue work que management tracks status of claim line.

Topic 11 Use Case - Data Conversion (MEDITECH C/S 5.66): Refer to the full text in the Requirements Workbook (RFP Appendix G) for:

- 803.01 Convert data from the Department's "Core" Legacy System MEDITECH C/S 5.66
 - 803.02 Conversion source data
- A. How will Netsmart's proposed solution meet all three components of 803.01. *Unable to bring in the resources on a short turnaround time.*
1. Extraction of data
 2. Transformation and formatting of data
 3. Loading of data into the proposed ICM Solutions.

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EVALUATOR DEPARTMENT: OIT/MaineIT

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility	
Part IV. Section I. Preliminary Information	
3. Eligibility Requirements	
• All 3 projects identified as inpatient psychiatric facilities • 2 of 3 projects identified have 3 years' experience in the last 6 years. • All 3 projects include the 4 required components • Meets requirement	

Stage Two - Qualifications and Experience	
Part IV. Section II. Organization Qualifications and Experience	
1. Overview of the Organization	
• Established in 2003 • Privately held LLC • I – designates 15% of revenue to R&D • Will tailor healthcare delivery technology to the Department • Will partner with QS/1 for pharmacy services • Solution is used in 30 states • Solution improvement uses a continuous development model, release service packs monthly and annual core upgrades	
2. Subcontractors	
• RedSail, parent company of QS/1 • Proposes to use Riverview's current QS/1 license and upgrade it	
3. Organizational Chart	
• Adequate, includes both high level executives and implementation resources for this project	
4. Litigation	

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One listed, Streamline pursuing civil action against company for evasion of contractual payment obligations and failure to comply with revocation of contract.
5. Financial Viability
- Claim 25% annual growth over last 8 years - Never filed bankruptcy - Not in default on any loan or finance contract - Not audited - Dun & Bradstreet low-moderate risk 2020/2019 Financial sheet shows growth
6. Licensure/Certification
ONC Certified HIT since 2015
7. Certificate of Insurance
Shows data breach and professional liability at \$5 million aggregate/each claim

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
- Hosted on Microsoft Azure cloud-hosting - Web based application - Will use core SmartCare application in conjunction with PrimeCare pharmacy management solution for inpatient pharmacy - Supports HL7 and FHIR interfaces, also DICOM and XML.
FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
- Established in 2003 - Designed for Health and Human Services 2 co-founders
FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

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- Prioritizes the enhancements that have the most benefit to largest number of customers.
- Urgency is taken into consideration
- Built in MS SQL, allowing as much or as little Department control as desired
- Flexibility to build forms depending on technical skills of State resources
- Monthly core service packs
- Annual core build upgrade
- As need custom release for customer specific
- Downtime usually less than 90 minutes
- Upgrades typically done overnight or on weekends

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

- Uses First Databank
- Can use self-reported and CCD imported into system
- Medication reconciliation can be viewed on the screen and interaction checking done
- Additional info in this section regarding medication administration, but not medication reconciliation

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

- SmartCare, PrimeCare and Pyxis will be integrated and seamless.
- Provider uses SmartCare
- Pharmacist uses PrimeCare
- I – ability to document sample and investigational medications

FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

- a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

- Show an acknowledge button on each line item that has an interaction.

- b. Describe how warnings will be enforced.

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- All level one interactions require prescriber acknowledgement and sign-off to continue to prescription.
- Department will get to determine settings for all other interaction levels.

c. Describe, where applicable, how warnings will be closed or canceled.

- Level one must be signed off
- Level three does not require sign off.
- In PrimeCare, a bypass is logged and can be audited.

FNR-7: Medication Formulary Management

a. Describe the process for managing changes to the Medication Formulary.

- Customizable for the Department
- Can inform prescriber if medication choice not on formulary, requires prior approval or creating a therapeutic substitution.

b. Describe how changes will be entered into the proposed ICM Solutions.

- N - Described therapeutic interchange functionality, not how formulary changes will be handled.

c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.

- N – Described therapeutic interchange flag checks, not how formulary modifications are enforced.

FNR-8: Outpatient Medications

Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy

- Uses inpatient medication services to connect to external pharmacies with SureScripts

FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments

a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

- OIT and Department would have ability to create/modify forms

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b. Identify the skills required and the steps to be taken to:

- i. Develop new customized forms and assessments; and
- ii. Deploy changes to test and production environments.

- Training is provided.
- .NET and SQL background and experience needed
- SQL for lower complexity changes, .NET for more complex changes

c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.

- N – Did not address question

FNR-10: Integration with Laboratory Systems

a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

- Multiple bi-directional interfaces would be used
- Uses SENT technology (Can send/receive in SFTP, TCP/IP, SOAP/REST, Direct Messaging or VPN connectivity)

b. Describe the process for ordering lab tests and reviewing lab results.

- Can be ordered from within Notes
- Can come in via interface or be scanned
- Flowsheets determine if a result is normal or abnormal
- Flowsheets are customizable
- Providers can review results and sign off on acknowledgement

FNR-11: Functional Documentation

a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

- Met requirement

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

- Uses SQL Server 2016 database
- Hosted in Azure cloud hosting
- Front end is web-based

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TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

- Diagrams are detailed. Including networking traffic, database traffic and dataflows.
- Q – Networking diagram – Is SHA1 for Streamline support staff deprecated?
 - *See SME Feedback Document*
 - SHA1 is deprecated but use for fax transmissions is ok.

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

- HIPAA compliant through ONC and HITECH
- Centralized RBAC
- Audit Logs
- Session Timeouts
- Multifactor authentication
- FISMA Moderate by Q4/21
- Microsoft Azure SOC 2 compliant data centers
- Provides opportunities for many audit reports including SOC1, 2 & 3, FedRAMP, HITRUST, ISO 27001 + more
- Data encrypted in flight and at rest
- P – LDAP or SAML can be used for AD authentication.
- Mobile data protections include ability to WIPE data remotely

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

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Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)	Windows 10 (with BitLocker)	
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	SmartCare - Fully browser based, no Citrix, Cisco VPN, etc necessary PrimeCare will need additional hardware and additional end user devices at DDPC.	

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

- Only provided resumes of two individuals and no other job descriptions.

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

- Most of staffing plan revolves around Departments staff and only two resources are noted for the Bidder

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

-See SME Feedback Document

a.) N - Activities are not well defined, timeline is not depicted, durations for key tasks not identified

b.) Unclear if feasible due to lack full details, but otherwise met requirement

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INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
• Training documentation provided is a checklist to setup the system
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
• 600+ end user training included • 6 System administrators training included • Super User training included • Will provide customized instructor guides, end-user manuals, quick reference guides and technical documentation
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
• Met requirement
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
• Met requirement
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
• Met requirement
Deliverable 1.2 Solution Configuration
• Met requirement
Deliverable 1.3 ICM Acceptance Testing Environment
• Refreshed from production • No limit to number of refreshes • Q – Is data deidentified or is there real data in the non-production environment?
Deliverable 1.4 ICM Training Environment
• Instructions will be provided for OIT and Department to refresh this environment without Bidder intervention.
Deliverable 1.5 ICM Production Environment

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Met requirement
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
Met requirement
Deliverable 2.2 Hospitals To-Be Migration Plan
Met requirement
Deliverable 2.3 Solution Implementation
- Bidder outlined implementation plan - Unit testing, Integrated Testing, User Acceptance Testing and also Final Comprehensive Go-Live Sign off are all steps in the implementation plan
Deliverable 2.4 Electronic Form Migration
Met requirement
Deliverable 3.1 Support
24x7 support – daytime 8a-8p – afterhours for severity 1 - Includes a support portal for non-urgent issues - Knowledge sharing platform including user groups, sharing best practices
Deliverable 3.2 Maintenance
- Monthly service packs - Annual core upgrades 90-minute downtime for monthly maintenance on a defined schedule 3-hour downtime for annual core upgrades - Release notes will be provided
Deliverable 3.3 Enhancements

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- Prioritize enhancements that have the greatest impact to the largest number of customers
- Customers encouraged to make suggestions for enhancements
- Department and OIT could customize the application without requiring Bidder to make enhancements with appropriate MS SQL knowledge
- OIT developers will be able to add tables, stored procedures, functions and more as needed.
- “Bumpers” are used around core functionality that the system requires that cannot be modified.

INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor’s roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	RedSail Technologies, LLC
Deliverable	Roles and Responsibilities
1.1 Solution Licensing	Upgrade QS/1 license to PrimeCare license, expand from RPC to include DDPC.
1.2 Solution Configuration	PrimeCare will be configured to meet requirements
1.3 ICM Acceptance Testing Environment	
1.4 ICM Training Environment	
1.5 ICM Production Environment	
2.1 Hospitals As-Is Assessment	
2.2 Hospitals To-Be Migration Plan	
2.3 Solution Implementation	RedSail will implement PrimeCare and provide appropriate training
2.4 Electronic Form Migration	
3.1 Support	RedSail will be responsible for PrimeCare software upgrades, service updates and backups.

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3.2 Maintenance	RedSail will provide maintenance on PrimeCare component
3.3 Enhancements	

Requirements Workbook	
Functional	
Note – N - Narrative text not added on many requirements, additional information may be needed to fully understand how bidder will comply with requirements. 104.01 – N - Unclear if requirement was understood by bidder, response indicates access control instead of a separate area 106.07 – N – Reporting is described, bidder does not address if dashboard is customizable to include lists. 107.03 – Bidder notes information about service authorizations but does not address medical necessity documentation. 109.02 – Bidder does not address whether all records for a patient are captured under the same unique identifier. 112.05 – P – Required fields do not interrupt data entry, but instead open another window 112.13 – If SmartCare Anywhere is not used, an additional cost may be incurred to create blank documentation. 113.01 – Essential – Enhancement – Fees for Wiley Library would be incurred. 115.01 – I – Works with JAWS for visually impaired 118.06 – I – Core – Enhancement – Will need further discussion to determine how to address this requirement. 121.07 – Sliding scale insulin will be available on or before Q1 2022. 123.01 – Accanto Health will be used as a Gerimenu replacement and integrated as part of the SmartCare solution. 123.08 – 123.10 – All are enhancements that could incur additional fees 125.01 – Desired – P – Includes analytics with Power BI 127.09 – Core – No Cost Mod, however, may incur additional cost depending on number of integrated applications. 310.01 – Core – Enhancement – Additional scoping and cost will occur to create NRI reporting. 311.01 – Desired – P – MIPS included in proposal	
Technical	

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Overall note: Narrative responses are not present on many requirements
500.02 – Enhancement – Bidder requests to collaborate to ensure compliance
501.01 – Full documentation available Q4/21
502.02 – Enhancement – Bidder working with external compliance vendor and will need additional information to ensure compliance on PII Impact Level HIGH.
503.02 – Q – Unclear if the Azure region encompasses at least 100-mile separation
 -See *SME Feedback Document*
 Regional redundancy with Azure is adequate to meet this requirement.
507.02 – Mozilla Firefox not supported for error corrections but can still be used.
513.01 – P – Provides adequate number of database environments to perform testing, training, production as well as to test system patches
514.01 – P – Allows OIT to make customizations without waiting for bidder to make them.
Many parts of the system are customizable without causing issues with core upgrades and patches.

Implementation

805.01 – P – Option to do post go-live refresher training for an additional cost.
812.01 – Q – Request SME review of SLA (page 136 – 140 of Proposed Services PDF)
 -See *SME Feedback Document*
 - SLA meets requirement
812.09 – Additional discussion requested to determine a reasonable estimation for part (c) – interface uptime calculations
813.07 – N – Catastrophic failures (loss of data center) may not be able to meet the RTO, but common failure would be under RTO.

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

- a. Staff is assigned a username by Department, unique temp password, two-part authentication is also available. Can set password timeout.
- b. Department configurable – can set in SmartCare
- c. Username, password, two-factor challenge question (can specify a time period for return of challenge question)
- d. Yes supports active directory for single sign on.
- e. URL will show which environment, can also change ribbon color (blue, green, etc) for different environments.

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Topic 2 Use Case – Patient Registration and Bed Assignment

Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

- a. Search client to see if they have ever been in system. Broad name search is phonetic. Can create a potential client without a bed. Can also do notes. Alternately, can register if a patient is going into a bed. Can create an inquiry(triage) client to enter info before they are admitted.
- b. Can connect to clearinghouse and verify insurance immediately. No dual entry required. Reported and active insurance is captured on the individual. Choose plan, ID, Group#, authorized or not, can choose subscriber from contact list (aka not the patient), can set claim information from the plan or update on the insurance screen. Can keep track of deductible, based on payment processing for updating. Can scan paper contracts and id cards.
- c. From the bed board, can see programs, statuses, client types and filter on those. Place a patient in program and bed. Only shows available beds and can filter. Can then enter admission type, source, reason, location, clinician, physician, billing procedure.
- d. Bedboard is one of the reports (level 1, list report), can export into Excel. Can see census summary view and bed census. Can do bed census to do attendance with reasons.

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e. Can schedule a transfer in the future or transfer immediately from the bed board. Can do a bed search and choose the bed desired. Can also do a bed change, swap and more.

Topic 3 Use Case - Medication Reconciliation at Admission

Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

- a. Can be captured by self-reported, can also do a CCD/SureScripts reconciliation.
- b. Click checkmark next to med to continue. If not checked, the med would fall off of the order. Then prescriber would sign the reconciliation.
- c. Did not review

Topic 4 Use Case – Clinical Diagnoses

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Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

a. Can search by code or diagnosis description. Can choose type, severity, remission, justification. Shows DSM-V/ICD-10 and SNOMED codes. Can review Medline data sheets for diagnoses to validate understanding of diagnosis. Can allow flexibility based on credentials of provider, so provider can change diagnosis in notes and that diagnosis will move forward with the patient if properly credentialed.

b. Can view diagnosis screen and then use the X to delete the line item and then re-signing the diagnosis screen.

c. Can do that in the assessment process. Can add POA field to assessment.

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?

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- iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

- a. Through client order screen, uses First Databank for meds (can change entries if needed or adhoc), can order multiple meds at a time.
- b. i. Visual colored squares on the line items of medications with the number of severity level in the box, color matches the element of the warning. ii. "Ack" button must be clicked. iii. Reason must be entered.
- c. Click the sign and if missing elements are needed, a validation pop up occurs
- d. Will get a notification to cosign, either individual order or batch signing.

Topic 6.1 Use Case - Medication Order Verification

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Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

Not demonstrated

Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.

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c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

Not demonstrated

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

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- a. Whiteboard shows that meds are due, can then navigate to MAR.
- b. i. TALLman lettering not setup in demo environment but can be setup when First Databank is loaded. ii. Visual flags under medication name. Shows where the med order came from (inpatient, outpatient), also shows notes/information from provider
- c. Click on med, defaults to “Given” and the current date/time, but those are modifiable with appropriate access.
- d. i. Flags of a colored triangle is shown. ii. Some, contraindications are not shown again at the MAR if the provider has already approved it. But if the meds were too close together. lii. Will not block the admit but will need to provide override reason.
- e. Bumpers can be used to control when meds can be administered, but if allowed, it will document date/time
- f. Change outcome of administration

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

- a. Created as an assessment first and then folded into Care Plan (but can be rebranded)
- b. Often first part is not editable, but second part can be set in free text.
- c. Allows free text editing for client’s own words. Can also use Wiley or others for standard text. Can integrate

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Departments own treatment planning library if one has been defined. Can also add additional comments/fields on each objective. Can track progress over time. Can link objectives to interventions. Multi-disciplinary plan and can send for co-signature to each group.

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

- a. i. Flagging system, there is a flag shown in the lower left corner showing different things needed. Shown on dashboard as a tracking widget on the dashboard. ii. Tabs at top of assessment for different components needed to complete the assessment.
- b. Document completion date is used to show that an intervention has been completed or press checkmark on client flag section with a comment to indicate that the flag has been completed.

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c. Can select from an appointment or scheduled item, then select information and write Note on the Note tab.

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

- a. Can view from accounts receivables widget on Dashboard, can click on Commercial, can filter by client, program, etc. Can sort list by balance, client name, clinician. Extractable lists to MS Excel. All hyperlinks are clickable and can see the client account. Shows account balances and self-pay balance. Can see last time a statement was sent; payment arrangements were made. Can see anything unbilled or past due. Charge payment summary screen: can view individual dates of services. Can drill into ledger with payment splits and make adjustments.
- b. Two different screens: Clinicians will enter their own services through service notes, choose which procedures they complete, they will then complete document. Once saved, the service is processed as a claim. Configurable. From financial perspective, can enter service detail without the note. Items can hold if authorizations are not done. Flags can alert users and tasks. Can override charge amount as a biller. Can then batch and send. Can override errors as a biller. Can go to unbilled widget and process. Can choose paper or e-claim. Validations done on batches. Claim files

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are created and can be copied or interfaced to clearinghouse

c. Either an 835 or a check posted – Unposted payments list report. Can upload 835, process file, auto post, auto find, auto denial. If a manual payment is made, create a payment/adjustment. Put in amount and find patients and dates of service. If unable to post, a report is created.

Topic 11 Use Case - Data Conversion (MEDITECH C/S 5.66):

Refer to the full text in the Requirements Workbook (RFP Appendix G) for:

- 803.01 Convert data from the Department's "Core" Legacy System MEDITECH C/S 5.66
- 803.02 Conversion source data

A. How will Bidder's proposed solution meet all three components of 803.01.

1. Extraction of data
2. Transformation and formatting of data
3. Loading of data into the proposed ICM Solutions.

Not demonstrated, will provide written clarification.

Written clarification shows a planned project within the project. Department would be responsible for extraction from legacy systems and data mapping to provided templates. Streamline would provide transformation and meet regularly to work through issues.

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Loading would be done in two rounds.

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Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
• Bidder submitted Appendix C filled out- summary of projects included • Project one was only go live Oct 2017 customer since 2016 - All components part of the project listed • Project two go live Aug 2018 with all components included. • Project three go live March 2022- all components • Project upgrades happen monthly- annual core updates

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• Formed in 2003 • 25% annual growth over the past 8 years • Operating in 30 states but not Maine • 3 projects included all in patient facilities but none governmental • 1 go live hasn't happened
2. Subcontractors
• Will be using Red sail technologies for pharmacy portion • DHHS/RPC & DDPC already carry licenses with RedSail so upgrade should be easy
3. Organizational Chart
• Submitted with resumes of two key staff • Detailed including project info and names • No job descriptions
4. Litigation

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- One current case listed and pending where Streamline is the plaintiff - No previous cases
5. Financial Viability
- Financial statements for 2 years included prepared by CPA firm, not audited - Dun and Bradstreet submitted
6. Licensure/Certification
- ONC-ATCB certified as a Meaningful Use Stage 3 compliant application - Certificate of Health IT Compliance
7. Certificate of Insurance
Professional, general and data breach insurance included- up to date and adequate

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
<u>FNR-1:</u> Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
cloud-based, interoperable, and has flexible capabilities to address the core clinical and administrative functions fully integrated modules – without the need of bolt-on software or complicated workarounds set-up bi-directional interfaces to work with any best of breed solutions establish a partnership with the most comprehensive pharmacy management solution, PrimeCare SmartCare ICM Solution via the Microsoft Azure cloud-hosting infrastructure, which is an ultramodern hosting environment
<u>FNR-2:</u> Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
Established in 2003 averaging over 25% annual growth over the past eight (8) years.
<u>FNR-3:</u> For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
Focus on enhancements that effect a large number of customers MS SQL Try to keep downtimes for enhancements to a minimum and on less busy times
<u>FNR-4:</u> Medication Reconciliation

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Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
medication reconciliation form, which allows for both self-reported medications as well as medications from a CCD to be imported. SmartCare utilizes First Databank to catalogue medications. Medications sent via a summary of care can be imported into the system as structured data and automatically added to a patient's medication list.
<u>FNR-5:</u> Medication Orders, Verification, and Administration
Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the: a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
Has the ability to create user-defined reports SmartCare utilizes First Databank (FDB) as its drug dictionary; and to manage the drug lookup, and drug/drug and drug/allergy interactions. Medications are documented and checked for interactions, if an adverse effect is known. Potential medication contraindications are flagged. SmartCare will display patient-specific warnings including allergy contraindications, failed trial, and intolerance warnings.
<u>FNR-6:</u> Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
Screenshot example of level one warning provided Allows for rating of interactions within the system
b. Describe how warnings will be enforced.
the prescriber must acknowledge and sign-off that they are continuing with the prescription.
c. Describe, were applicable, how warnings will be closed or canceled.
level 1 warnings, prescribers must acknowledge the warning before continuing with the prescription. The acknowledgement is logged and can be reported. Level 3 (minor) warnings do not require sign-off.

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<u>FNR-7:</u> Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
Workflows for medication changes will be customizable by the Department.
b. Describe how changes will be entered into the proposed ICM Solutions.
Therapeutic Interchange allows drugs that are more cost effective for the patient to be substituted when they are therapeutically similar to the prescribed drug. therapeutic Interchange will occur in PrimeCare and will be sent to SmartCare via the bi-directional interface
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
flag checks such as Is Rx Dispensed as Written?
<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
SmartCare supports a Surescripts interface to connect with an external retail pharmacy. It includes integrated electronic prescribing for controlled substances (EPCS) with two factor identification via a soft fob on the prescriber's smartphone
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
Dynamic Forms Architecture (DFA) tool at no additional cost. key feature of SmartCare is its customizability and extensibility. OIT staff will need to have is Microsoft .NET programming language and SQL background and experience 'bumpers' around our core application to limit changes
b. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.

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Higher-level customizations will require knowledge of Microsoft .NET programming languages. Access to multiple environments knowledge-sharing platform, via Ryver streamline university to help train
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
Didn't answer
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
interface team dedicated to the successful integration of data uses SENT (Smart Exchange Network) can scan documents
b. Describe the process for ordering lab tests and reviewing lab results.
labs can be ordered directly from Notes to enable efficient processing. Providers are notified of incoming lab orders via a dashboard widget Following review of the lab results, providers can electronically sign off acknowledging receipt. The signature can be autocompleted with one click based on solution sign-in, or require re-entry of the solution password in order to sign.
<u>FNR-11:</u> Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
Included separated by area

Technical - Narrative Response (TNR)

<u>TNR-1:</u> Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

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implementing policies and controls required for FISMA Moderate compliance as specified by NIST 800-53 rev5. Full documentation and attestation of this level of compliance will be made available in Q4 of 2021.

data will sit on a secure drive encrypted with Microsoft Bitlocker Technology.

servers are configured to accept only HTTPS (port 443) traffic to reduce the footprint of exposure to the outside world.

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

Included

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

Many diagrams included

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

data is encrypted in transit and at rest on our servers in Microsoft Azure
recommend customers to employ encryption on end users' storage devices and/or configure browsers to clear caches when the SmartCare Platform is not in use

SmartCare also supports multi-factor authentication

all data on the mobile device is encrypted at rest and stored in an encrypted briefcase until successful activation and authentication. The briefcase has a configurable built-in

timed expiration. A re-authentication is required to decrypt the briefcase beyond the expiration period.

security is integrated and managed in a central accounts database.

performs full database backups weekly, incremental backups daily, and transactional files are created every 15 minutes.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

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Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	Workstation: Windows 10 Pro, 8GB RAM, Intel Core Series 6 th Gen 3.0 GHz, 500 GB Disk	NA
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)	Workstation: Windows 10 Pro, 8GB RAM, Intel Core Series 6 th Gen 3.0 GHz, 500 GB Disk	NA
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	Recommended to purchase Zebra GX430T Thermal label printers from Integra due to custom firmware	NA

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

Two identified staff with resumes showing experience

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

Extensive example listed but not customized and only department staff

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

Very detailed example included but not current to actual project estimates (past dated)

INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.

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Included, detailed with screen shots
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
600 end users to be trained Train the trainer
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
Master Services Agreement included which is three different agreements
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
Microsoft maintains fully redundant connectivity to all of their Azure regions so that a failure at a single ISP will not result in the loss of connectivity.
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Upon written request will provision all software licensing as required to meet the ICM requirements
Deliverable 1.2 Solution Configuration
met
Deliverable 1.3 ICM Acceptance Testing Environment
Unlimited refreshes
Deliverable 1.4 ICM Training Environment
training environment with generic logins is provided for initial and ongoing training at no additional cost. instructions will be provided for OIT staff to be able to set-up and refresh the training environment after implementation.
Deliverable 1.5 ICM Production Environment

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EVALUATOR NAME: Jennifer Gagnon

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

met
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
Met
Deliverable 2.2 Hospitals To-Be Migration Plan
migration plan will include the development and execution of a transition strategy
Deliverable 2.3 Solution Implementation
Listed a number of different types of testing that would be completed Project Management Body of Knowledge (PMBOK) principles.
Deliverable 2.4 Electronic Form Migration
Can adjust/create patient forms even after go-live
Deliverable 3.1 Support
24/7 support available Ryver system to connect users to help share information
Deliverable 3.2 Maintenance
Monthly and annual core upgrades Updates done outside business hours Release notes available to assist with upgrades
Deliverable 3.3 Enhancements
enhancements come from direct customer feedback, industry trends, or changes in the behavioral health and substance use human services space
INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name:	RedSail Technologies, LLC

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<i>[Note: Name must match Appendix E]</i>	
Deliverable	Roles and Responsibilities
1.1 Solution Licensing	Pricing for the cost of the PrimeCare Pharmacy Management software for each facility has been provided in cost proposal.
1.2 Solution Configuration	PrimeCare will be configured to meet the Department's needs
1.3 ICM Acceptance Testing Environment	
1.4 ICM Training Environment	
1.5 ICM Production Environment	
2.1 Hospitals As-Is Assessment	
2.2 Hospitals To-Be Migration Plan	
2.3 Solution Implementation	RedSail will implement the PrimeCare Pharmacy Management System and will provide training.
2.4 Electronic Form Migration	
3.1 Support	RedSail will provide PrimeCare software updates, service updates, and backups.
3.2 Maintenance	RedSail will provide PrimeCare software updates, service updates, and backups.
3.3 Enhancements	

Requirements Workbook
Functional

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113.01 enhancement – essential subscription and interface costs
118.06 enhancement – essential
123.08-123.10 enhancement – essential
201.01-201.11- enhancement- core 201.10 desired
300.03- enhancement- core possible cost
301.03- enhancement- core possible cost
303.02 enhancement- core possible cost
304.02 enhancement- core possible cost
305.02 enhancement- core possible cost
310.01-310.03 enhancement- core possible cost
Technical
500.02 enhancement- core
502.02 enhancement- core
Implementation
803.05- enhancement- core possible cost
805.01- enhancement- core

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

We can decide on password timeframes and log out timelines

Two factor is a challenge question to be answered

Yes to active directory

Can do visual response for which system they are using

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Topic 2 Use Case – Patient Registration and Bed Assignment

Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

Insurance can be verified at various times and can be done as a group or scheduled
Bed availability reports and can filter by types
Can scan documents under the scanned medical records- even legal documents

Topic 3 Use Case - Medication Reconciliation at Admission

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Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

met

Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

Separate tab for the diagnosis and can search on description

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

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Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

Warning levels- can determine which need to be acknowledged

Can make favorites

Use password to sign order

Topic 6.1 Use Case - Medication Order Verification

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Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

Not able to present due to quick turnaround

Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

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Not able to present due to quick turnaround

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

Whiteboard utilized most often- can look at only until level rather than by entire hospital
Follow up is a tab in MAR Details
Has the ability to adjust a medication to have double signoff

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Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

met

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

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Completed items are dated for completion

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

Analytics that allows to sort, run report and export into excel

Looking in the patient account there is 3rd party information billed/vs unbilled

Have charge/payment summary tab

Claims can be made through notes (clinical view) or financial

Warnings/errors on why a bill isn't being completed- can be overridden by billing team- tags who did it

Payment /adjustment posting can be for multiple people

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EVALUATOR NAME: Stephanie George-Roy

EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility

Part IV. Section I. Preliminary Information

3. Eligibility Requirements

- Met and had Appendix C Eligibility Certification and Appendix D

Stage Two - Qualifications and Experience

Part IV. Section II. Organization Qualifications and Experience

1. Overview of the Organization

- P-extensive vendors, 2003, for profit private, comprehensive service delivery model

2. Subcontractors

- P-RedSail Technologies for the Pharmacy component of the RFP, talks about PrimeCare Rx integration that RPC currently uses

3. Organizational Chart

- P-comprehensive and project specific

4. Litigation

- Streamline is currently the Plaintiff against a customer for breach of contract and financial liability

5. Financial Viability

- P-Financial report and Dun and Bradstreet included

6. Licensure/Certification

- P-Drummond Group included

7. Certificate of Insurance

- P-Acord is present

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

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EVALUATOR DEPARTMENT: Riverview Psychiatric Center

Functional - Narrative Response (FNR)
<u>FNR-1:</u> Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
Reports will meet all areas, not all areas have descriptions. Descriptive in the narrative for transition etc.
<u>FNR-2:</u> Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
Since 2003, but discusses 25 years of behavioral health experience with some co-founders. Growth extensively in last few years. No ownership transfer.
<u>FNR-3:</u> For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
Roll out, in test mod..patches etc annual build upgrades, custom releases as needed collaborative. Not a typical SaaS model. Can customize all forms.
<u>FNR-4:</u> Medication Reconciliation
Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
Fully integrated and details how the process comprehensively will work
<u>FNR-5:</u> Medication Orders, Verification, and Administration
Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the: a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
Detailed, fully functional
<u>FNR-6:</u> Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
Interactive dashboard with warning levels 0
b. Describe how warnings will be enforced.

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Provider acknowledgement and sign off
c. Describe, were applicable, how warnings will be closed or canceled.
Must be acknowledged unless minor level 3 and can be manually over ridden
<u>FNR-7:</u> Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
met
b. Describe how changes will be entered into the proposed ICM Solutions.
In formulary
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
Is Rx Dispensed as Written? • Is the prescribed drug on the interchange plan? • Does the prescriber allow interchange? • Has the prescriber opted in/out on the Prescriber Table on the Facility Record? • Is the Price Plan set to use interchange? • Is the patient set to interchange? If all criteria have not been met, a message displays on the screen
<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
Prescriptions can be electronically sent to any pharmacy within the Surescripts' network. If the need arises to send to a pharmacy not on the Surescripts network, scripts can be printed
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
Fully integrated and modifiable. We can customize our forms with OIT support.
c. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
<u>FNR-10:</u> Integration with Laboratory Systems

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a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
Reports can do it bi-directionally with multiple labs, scanning capabilities
b. Describe the process for ordering lab tests and reviewing lab results.
Integrated and can collaborate with labs.
<u>FNR-11</u> : Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
Attached and list our forms as well

Technical - Narrative Response (TNR)
<u>TNR-1</u> : Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).
Many areas not explained
<u>TNR-2</u> : Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements. Met
<u>TNR-3</u> : Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.
Information included
<u>TNR-4</u> : Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.
HIPPA compliant
<u>TNR-5</u> : Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

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Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	All included Windows 10 wBiTlocker	All included
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook). Only saw resumes no job descriptions
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned. Only two resources noted on staffing plan and not detailed on what they will provide
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).Not well organized or comprehensive. Heavy reliance on the department resources
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions. Very limited documentation on training
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
Train the trainor end users/and technical users. Super user model.

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INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
Detailed and included
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
No issues
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Not included in proposal says they can provide at request(proposal is request)
Deliverable 1.2 Solution Configuration
Met
Deliverable 1.3 ICM Acceptance Testing Environment
Met
Deliverable.4 ICM Training Environment
Met
Deliverable 1.5 ICM Production Environment
Met
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
Deliverable 2.2 Hospitals To-Be Migration Plan
Deliverable 2.3 Solution Implementation

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Deliverable 2.4 Electronic Form Migration
Deliverable 3.1 Support
Deliverable 3.2 Maintenance
Deliverable 3.3 Enhancements
INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	RedSail
Deliverable	Roles and Responsibilities
1.1 Solution Licensing	
1.2 Solution Configuration	
1.3 ICM Acceptance Testing Environment	
1.4 ICM Training Environment	
1.5 ICM Production Environment	
2.1 Hospitals As-Is Assessment	
2.2 Hospitals To-Be Migration Plan	
2.3 Solution Implementation	
2.4 Electronic Form Migration	

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3.1 Support	
3.2 Maintenance	
3.3 Enhancements	

Requirements Workbook	
Functional	
Many sections with no specific details as to how they will accomplish the sections requirements. Many unknowns still with what they can provide. 113.01 fee to use Wylie library, interfaces with Kennedy not included (we use currently)	
Technical	
Many sections with no specific details as to how they will accomplish the sections requirements. Just says Bidder has reviewed documents and requirements are met	
Implementation	
Many sections with no specific details as to how they will accomplish the sections requirements. Just says Bidder has reviewed documents and requirements are met. Recovery mode unclear in depth	

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

yes

Topic 2 Use Case – Patient Registration and Bed Assignment

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Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

yes

Topic 3 Use Case - Medication Reconciliation at Admission

Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

yes

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Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

yes

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.

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d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

yes

Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

yes

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Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

Yes, unable to show the paharmacy due to reporting not enough lead time with RedSail

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

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Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

yes

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.

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c. Demonstrate how goals and interventions are populated for documentation.

Yes limited focus as short on time

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

yes

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

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Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

Yes extensively

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Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements met
• Met all eligibility requirements • Didn't follow the format, hard to follow • Projects 1 and 2 met the years requirements and all 4 components • Project 3 hasn't gone live yet

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization
• Newer Company founded in 2003 • Privately held LLC • 2 projects have been in production since 2018 • 1 project scheduled to go live in March of 2022
2. Subcontractors
• 1 subcontracted listed (Red Sail Technologies LLC)
3. Organizational Chart
• Provided one for the organization and one for the project, they included name as well
4. Litigation
• One litigation suit listed. • They are the plaintiff suing for breach of contract
5. Financial Viability
• Provided 2 years of financials, smaller company.
6. Licensure/Certification
• Provided

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7. Certificate of Insurance

- Provided and valid

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

FNR-1: Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).

Fully integrated, interoperative, cloud based solution
Can send secure messages to other users within the system
Able to support bi-directional interfaces
Utilizes Microsoft Azure

FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.

Established in 2003

FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

Enhancement suggestions are reviewed by the Core Change Committee and prioritized based on greatest impact.
Not a typical SaaS Model
Multiple environments reside in their own SQL database
Allows for building custom assessments and forms
Releases monthly service packs and annual upgrades, along with custom releases as needed.
Updates done overnight or on weekends, no specific time frames listed

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

Rx dashboard available for quick views of medications
Utilizes First Databank

FNR-5: Medication Orders, Verification, and Administration

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Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the: a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
Utilizes SmartCare Rx, interfaces vis SureScripts Interfaces with State PDMP Allows for printing for medication instruction sheets
FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
<u>Interactions are rated and responses are determined by the organization</u>
b. Describe how warnings will be enforced.
<u>All warnings must be acknowledged before continuing.</u> <u>All bypasses are logged and recorded</u>
c. Describe, were applicable, how warnings will be closed or canceled.
FNR-7: Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
Workflows will be customizable by the Pharmacy/organization
b. Describe how changes will be entered into the proposed ICM Solutions.
The interchange will occur in PrimeCare and will move to SmartCare Didn't discuss how formulary changes will be made
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
Provides therapeutic interchange flags

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<u>FNR-8:</u> Outpatient Medications
Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
Utilizes Surescripts If not compatible with Surescripts, scripts can be printed Utilizes two factor identification for controlled substances
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
System is customizable Knowledge sharing platform via Ryver
c. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
Fully accessible to our developers .NET and SQL used
d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
Not addressed
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
Bidirectional interface available. Paper documents can be scanned in as well.
b. Describe the process for ordering lab tests and reviewing lab results.
Can order labs directly from notes. Can be imported electronically or entered manually.
<u>FNR-11:</u> Functional Documentation

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- a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

Project includes implementation of hospitals forms

List of forms provided

Assessments can be built and customized.

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

Provided

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

Provided

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

Certified by ONC

Goal of being FISMA compliant by end of this year

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Web-based and can be run on any secure device

All data is hosted within the US

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Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

Did not provide job descriptions provided resumes.

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

2 resources noted on the staffing plan.

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

Not well defined

No timeline

INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.

Provide manuals, guides and quick references in user friendly language

INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

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Both in person and virtual Will train 600 end users and 6 technical support users Readiness alert 1 month prior and 1 month post implementation
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
Provided
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
Didn't specify how far apart.
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Didn't supply, stated will be provided upon written request
Deliverable 1.1 Solution Licensing
Met requirement
Deliverable 1.2 Solution Configuration
Met requirement
Deliverable 1.3 ICM Acceptance Testing Environment
Multiple testing environments provided
Deliverable 1.4 ICM Training Environment
Will be provided to the department without bidder intervention
Deliverable 1.5 ICM Production Environment
Met requirement
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment

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Met requirement
Deliverable 2.2 Hospitals To-Be Migration Plan
Met the requirement
Deliverable 2.3 Solution Implementation
Collaborative approach
Deliverable 2.4 Electronic Form Migration
Deliverable 3.1 Support
Over 200 technical resources 24/7 technical support
Deliverable 3.2 Maintenance
Mostly 90 minutes of downtime Core upgrades take less than 3 hours
Deliverable 3.3 Enhancements
Updates come from customer input, industry trends and changes in behavioral health/substance abuse
INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	Redsail Technologies, partnering to provide pharmacy services
Deliverable	Roles and Responsibilities
1.1 Solution Licensing	Pricing included in cost proposal, will upgrade to PrimeCare
1.2 Solution Configuration	Configured to meet needs of customer
1.3 ICM Acceptance Testing Environment	

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1.4 ICM Training Environment	
1.5 ICM Production Environment	
2.1 Hospitals As-Is Assessment	
2.2 Hospitals To-Be Migration Plan	
2.3 Solution Implementation	Redsail will implement and provide training
2.4 Electronic Form Migration	
3.1 Support	Will provide updates
3.2 Maintenance	
3.3 Enhancements	

Requirements Workbook
Functional
113.01-Fee to use Wiley library, Interface with Kennedy isn't currently included but can be added. 118.06- Will require an enhancement for e-prescribing 123.01- Only solution to meet this requirement utilizing Accanto Health 123.08, 123.09 and 123.10- Will need more information to meet the requirements around recipes 201.00-Will require customization 300.03- Will require additional cost 303.0 Will require additional cost 305.02- Will require additional cost 310.00- Needs additional information to meet this requirement 313.01-Needs additional information to provide cost
Technical
500.02- Needs more information to meet this requirement 501.02- Working with an outside compliance officer on this 503.02- Says they meet but not included in current proposal and will have significant cost
Implementation

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803.05- Will be an additional cost 806.01-If no customizations are needed 812.09- c-couldn't calculate all server interfaces

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

Staff are assigned a user name by the organization.

Organization will assign a password and ask that it be updated by user after first login.

Organization will decide how many attempts at login before lock out.

2 factor identification used via login and follow up security question.

Timeout will be determined by organization.

Organization can chose how frequent passwords need to be updated.

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Topic 2 Use Case – Patient Registration and Bed Assignment

Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

Pre-admission through client Inquiry page. It is customizable by using the other tab. It will follow patient by assigning a ID number.

Bed board reviewed

Census reporting demonstrated. Can filter out reports.

Transfers demonstrated.

Topic 3 Use Case - Medication Reconciliation at Admission

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Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

Met requirement

Administration would determine formulary changes if different from First DataBank

Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

Diagnosis is imbedded in multiple assessments and forms or can be documented separately.
Once completed it pulls forward.

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Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

All warnings are completed during the ordering process, no warnings are documented on the MAR.
STAT orders can be configured by the organization to determine steps or actions taken

Topic 6.1 Use Case - Medication Order Verification

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Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

Not demonstrated. QRS1 unavailable for presentation

Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

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Not demonstrated

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

Difficulty demonstrating some of these clearly.

First dose monitoring unclear.

All Provider parameters not clearly shown for follow up on nursing end.

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Seemed rudimentary

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

Medical care plan integrated into treatment plan.
No place for interventions or goals for Medical diagnosis.

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.

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- i. Demonstrate layout of daily status board screens
- ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

Customizable
Dashboards show alerts and timeframes due.
Supervisors can access dashboards and alerts for staff and see tasks due or overdue.
Tasks can be assigned to individuals

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking)

Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

Demonstrated.

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DATE: September 20, 2021

EVALUATOR NAME: Michael Migliore

EVALUATOR DEPARTMENT: DHHS/DRPC Pharmacy

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility

Part IV. Section I. Preliminary Information

3. Eligibility Requirements

- P

Stage Two - Qualifications and Experience

Part IV. Section II. Organization Qualifications and Experience

1. Overview of the Organization

- P

2. Subcontractors

- P

3. Organizational Chart

- P

4. Litigation

- P

5. Financial Viability

- P

6. Licensure/Certification

- P

7. Certificate of Insurance

- P

Stage Three - Proposed Services

Part IV. Section III. Proposed Services

Functional - Narrative Response (FNR)

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<u>FNR-1:</u> Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).
P
<u>FNR-2:</u> Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.
P
<u>FNR-3:</u> For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.
P
<u>FNR-4:</u> Medication Reconciliation
Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.
P
<u>FNR-5:</u> Medication Orders, Verification, and Administration
Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the: a. Ordering of medications; b. Verification of orders; and c. Administration of medications to patients.
P
<u>FNR-6:</u> Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):
a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.
P
b. Describe how warnings will be enforced.
P
c. Describe, were applicable, how warnings will be closed or canceled.
P
<u>FNR-7:</u> Medication Formulary Management
a. Describe the process for managing changes to the Medication Formulary.
P

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b. Describe how changes will be entered into the proposed ICM Solutions.
P
c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.
P
<u>FNR-8:</u> Outpatient Medications
a. Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy
P
<u>FNR-9:</u> Proposed Integrated Solutions Clinical Forms and Assessments
a. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.
P
b. Identify the skills required and the steps to be taken to: i. Develop new customized forms and assessments; and ii. Deploy changes to test and production environments.
P
c. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.
P
<u>FNR-10:</u> Integration with Laboratory Systems
a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.
P
b. Describe the process for ordering lab tests and reviewing lab results.
P
<u>FNR-11:</u> Functional Documentation
a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).
P

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Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

N

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

Q

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

Q

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

P

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)		
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)		

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Implementation - Narrative Response (INR)
INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).
P
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.
P
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
P
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
P
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).
P
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).
P
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.
N
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Q
Deliverable 1.2 Solution Configuration
N

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Deliverable 1.3 ICM Acceptance Testing Environment
N
Deliverable 1.4 ICM Training Environment
Q
Deliverable 1.5 ICM Production Environment
Q
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
P
Deliverable 2.2 Hospitals To-Be Migration Plan
P
Deliverable 2.3 Solution Implementation
P
Deliverable 2.4 Electronic Form Migration
P
Deliverable 3.1 Support
P
Deliverable 3.2 Maintenance
P
Deliverable 3.3 Enhancements

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INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	
3.2 Maintenance	
3.3 Enhancements	

Requirements Workbook
Functional
Technical
Implementation

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

P

Topic 2 Use Case – Patient Registration and Bed Assignment

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Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

P

Topic 3 Use Case - Medication Reconciliation at Admission

Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

P

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Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

P

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.

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d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

P

Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

PP

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Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

P

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

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Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

P

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.

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c. Demonstrate how goals and interventions are populated for documentation.

P

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

P

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

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Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

P

Topic 11 Use Case - Data Conversion (MEDITECH C/S 5.66): Refer to the full text in the Requirements Workbook (RFP Appendix G) for:

803.01 Convert data from the Department's "Core" Legacy System MEDITECH C/S 5.66
803.02 Conversion source data

How will Netsmart's proposed solution meet all three components of 803.01.

- 1. Extraction of data
- 2. Transformation and formatting of data
- 3. Loading of data into the proposed ICM Solutions.

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BIDDER NAME: Streamline Healthcare Solutions

DATE: 9/16/2021

EVALUATOR NAME: Beverly Perkins

EVALUATOR DEPARTMENT: Quality Improvement

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Individual Evaluator Comments:

Stage One - Eligibility
Part IV. Section I. Preliminary Information
3. Eligibility Requirements
I. Increase Patient Care Coordination secure information sharing • Meets integrated healthcare documentation
II. Improve Patient Medication Management safety • <i>Appears the pharmacy program is largely provided by a subcontractor</i>
III. Gain efficiency and increase accuracy of Patient Billing and Financial Services • Has a financial program that does complete billing cycle and eligibility
IV. 3 years' experience with inpatient psychiatric facilities located within the United States within the last 6 years • <i>Has experience in working with psychiatric facilities and outpatient mental health clinics</i>

Stage Two - Qualifications and Experience
Part IV. Section II. Organization Qualifications and Experience
1. Overview of the Organization • <i>Meets requirement</i>
2. Subcontractors • <i>Meets requirement</i>
3. Organizational Chart • <i>Meets requirement</i>
4. Litigation • <i>Meets requirement – one litigation ongoing</i>
5. Financial Viability • <i>Meets requirement</i>
6. Licensure/Certification

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EVALUATOR DEPARTMENT: Quality Improvement

• <i>Meets requirement</i>
7. <i>Certificate of Insurance</i>
• <i>Meets requirement</i>

Stage Three - Proposed Services	
Part IV. Section III. Proposed Services	
Functional - Narrative Response (FNR)	
<u>FNR-1:</u> Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).	
• Cloud-based solution hosted through Microsoft Azure • Fully integrated behavioral health, medical, pharmacy, reimbursement functionalities • data warehouse contains a centralized data repository that incorporates Power BI for real time data collection • Supports mandated reporting to regulatory bodies,	
<u>FNR-2:</u> Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.	
• established in 2003 • focus has been to develop a web-based, integrated platform solution for the Enterprise Behavioral Healthcare market • steadily averaging over 25% annual growth over the past eight (8) years. • No transfer of ownership	
<u>FNR-3:</u> For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.	
• Not SaaS; SQL (Microsoft) • May utilize DFA (Dynamic Forms Architecture) to configure our own forms in-house or through OIT • Forms are in SQL (Structural Query Language) used to perform tasks, such as 'select' or 'delete' • Updates are scheduled for 4th week, around midnight; core upgrades are annual • downtime for routine update is <90 minutes; core upgrades <3 hours • have production, training, testing environments • upgrades are applied to the test environments before release	
<u>FNR-4:</u> Medication Reconciliation	
Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.	

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- Continuity of Care Document (CCD) displays med history. Displays imported and self-reported medications
- Medication Treatment dashboard is available for quick view of medications
- First Database is the drug reference dictionary
- Includes alerts and flags for allergies, adverse reactions, drug interactions

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

(a)

- Smartcare (subcontractor) e-prescribing tool is means of electronic order entry
- Tool for e-prescribing controlled drugs is EPCS certified
- Interfaces with state's Prescription Drug Monitoring Program (PDMP)

(b)

- pharmacist will be able to review and approve medication orders
- Once the orders are processed and verified through PrimeCare's workflow, Pyxis will be notified

©

- Records patient's first response to new medication, as well as parameters (VS, etc) that must be recorded
- Records who, when administered
- Records refusals; can be flagged or forwarded to provider

FNR-6: Medication Warnings – For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

- a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

- Example is provided in vendor's response: warning is comprehensive

- b. Describe how warnings will be enforced.

- Warnings are categorized: Level 1 requires provider response and reason for overriding warning
- The Department will determine what level of precautions are displayed and enforced.

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c. Describe, were applicable, how warnings will be closed or canceled.

- Prescribers must acknowledge the warning before continuing.
- must be manually reviewed and bypassed before proceeding. The bypass is logged and can be reported.

FNR-7: Medication Formulary Management

a. Describe the process for managing changes to the Medication Formulary.

- informing the prescriber if medication choices are not on the formulary, displaying warning messages if a medication requires prior approval, or allowing the creation of a Therapeutic Interchange Plan.
- will be customizable by the Department.

b. Describe how changes will be entered into the proposed ICM Solutions.

The therapeutic Interchange will occur in PrimeCare and will be sent to SmartCare via the bi-directional interface.

c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.

If all criteria have not been met, a message displays on the screen and the prescriber follows the prompts to complete

FNR-8: Outpatient Medications

Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy

- Surescripts-certified e-prescribing tool for controlled substances (EPCS) with two-factor identification via a soft fob on the prescriber's smartphone
- can be electronically sent to any pharmacy within the Surescripts' network. If the need arises to send to a pharmacy not on the Surescripts network, scripts can be printed.

FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments

b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

- The State's OIT staff and the Department will be able to create and modify clinical forms and assessments in SmartCare utilizing our Dynamic Forms Architecture (DFA) tool at no additional cost.
- Streamline provide initial administration and DFA training; provide advanced system and SQL training

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c. Identify the skills required and the steps to be taken to:

- i. Develop new customized forms and assessments; and
- ii. Deploy changes to test and production environments.

- your team will be trained on all aspects of the SmartCare Platform you will be able
- you will be able to update and configure without interaction from Streamline post go-live
- you will receive your own SQL SmartCare instance; and each environment (PROD, TEST, TRAIN, QA, and PREPROD) will reside in its own SQL database.

d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.

- Information captured, whether in existing or newly created forms and assessments, will be stored and available for reporting
- Our SmartCare Data Warehouse incorporates Power BI for reporting and analytics

FNR-10: Integration with Laboratory Systems

a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

- SmartCare uses SENT (Smart Exchange Network) which includes mechanisms to send and receive via SFTP, TCP/IP, Web Services (SOAP/REST), Direct Messaging, and VPN connectivity.
- bi-directional interfaces to laboratories to send lab orders and import lab results
- Providers are notified of incoming lab orders via a dashboard widget
- Lab orders can be queued for review by the provider.

b. Describe the process for ordering lab tests and reviewing lab results.

- full order entry capabilities: can be ordered directly from Notes with real time HL7 interfaces

FNR-11: Functional Documentation

a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

Streamline's proposed project for the Department and its Hospitals includes all standardized assessment tools, symptom inventories, and required forms as detailed in our proposal response.

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

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EVALUATOR DEPARTMENT: Quality Improvement

- Streamline will work in cooperation with the Chief Information Security Officer to demonstrate compliance with all associated policies and procedures
- Front end web-based
- SQL server 2016

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

Met

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

- HIPAA compliant thru ONC and HITECH
- Centralized role -based access controls (RBAC)
- Multi-factor authentication
- Will be FISMA compliant by 2022Microsoft Azure is SOC-2 compliant
- Opportunity for audit reports
- Data encryption in flight and at rest
- Can wipe data remotely

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

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Hardware Specifications			
Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones	
Minimum (Make, Model, Memory/Storage, Connectivity)	Comparable to what is currently in use	Comparable to what is currently in use	
Recommended (Make, Model, Memory/Storage, Connectivity)	Comparable to what is currently in use; recommend BitLocker	Comparable to what is currently in use	
Notes (Specific pros, cons and other hardware considerations for this configuration)	Fully browser-based: do not need Citrix; PrimeCare will require additional hardware: perhaps only @ DDPC		

Implementation - Narrative Response (INR)
INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook). - Not provided - Provided resumes but no indication of the FTEs to be given to project
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned. - Unclear who is on-site for project or for how long - Unclear roles as regards hands-on vs administrative persons involved
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include as Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook). - The implementation plan provided by Streamline in File 3A shows a roadmap for beginning the project 4/1/21 and concluding on 8/23/23 - Adding the eight months that have elapsed, if Streamline began its project Jan 3, 2022, it appears that they would conclude late April 2024, though this is an assumption

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INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions. Not found; although they do refer to customized instruction guides, they have provided a checklist on how to set-up the system, not an educational tool
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live). - Customized instruction guides, user manuals, quick ref and tech documentation - Will train 600 end users for the Dept, plus 6 tech support persons - Do not clarify if any of this time is classroom or hands-on demo - Will train supervisors/admin to train the trainers
INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook). Met
INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center. - Met - Due to the ubiquity of Microsoft Azure, there are multiple recovery points in the United States
INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.
Deliverable 1.1 Solution Licensing
Not met; say they will provide upon request
Deliverable 1.2 Solution Configuration
Met in cost proposal
Deliverable 1.3 ICM Acceptance Testing Environment
Refreshed from the Production environment; no limit to refreshers
Deliverable 1.4 ICM Training Environment
Dept to refresh without bidder intervention; OIT will be instructed

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Deliverable 1.5 ICM Production Environment
Streamline will provision and deploy the production environment, allowing access to only those persons the Dept has permitted and approved for access
<i>For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.</i>
Deliverable 2.1 Hospitals As-Is Assessment
Met
Deliverable 2.2 Hospitals To-Be Migration Plan
met
Deliverable 2.3 Solution Implementation
- Unit testing, integrated testing, user acceptance testing will all be performed - Comprehensive Go Live sign-off will also be done
Deliverable 2.4 Electronic Form Migration
- Current chart forms that cannot be converted to electronic documents can be scanned into the new EHR - Will collaborate to help create new forms if needed - Post Go Live, Dept will have capability to create its own custom forms or to modify forms provided
Deliverable 3.1 Support
- Tech support via phone is available 8 a.m. to 8 p.m. - After hours support is available only for Severity 1; i.e., if program goes down - Support is available 24/7/365 through the web portal; issues are addressed in order of severity - There is also a knowledge-sharing platform (i.e., FAQ) in which users may find answers to problems solved successfully by other users
Deliverable 3.2 Maintenance
- Monthly service packs - Annual updates done during night with less than one hour down time - Provide release notes in advance of new releases
Deliverable 3.3 Enhancements

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- Updates are enacted in response to industry changes, new practices in BH, legislation and rule-making and consumer request
- OIT developers for the Dept will be able to store or modify functions; 'bumpers' around the solutions core functionality ensure product integrity

INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	RedSail Technology
Deliverable	Roles and Responsibilities
1.1 Solution Licensing	QS1 (RPC has license; DDPC will need); will upgrade QS1 to PrimeCare license for pharmacy
1.2 Solution Configuration	
1.3 ICM Acceptance Testing Environment	
1.4 ICM Training Environment	RedSail will provide training
1.5 ICM Production Environment	
2.1 Hospitals As-Is Assessment	
2.2 Hospitals To-Be Migration Plan	
2.3 Solution Implementation	
2.4 Electronic Form Migration	
3.1 Support	provide PrimeCare updates
3.2 Maintenance	• provide PrimeCare maintenance
3.3 Enhancements	

Requirements Workbook
Functional

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Technical
Implementation

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Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

- User authentication dependent upon permissions and role
- Can set up what authorizations are allowed and when password expires

Topic 2 Use Case – Patient Registration and Bed Assignment

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Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

- Can search whether patient was here before vis SS#
- Can create a 'potential' client from referral (pre-admission)
- Supports inquiry of history before admission
- Logs referral source, emergency contact, risk assessment, etc.
- Gathers insurance information pre-admission
- Bed Board app shows available beds; info can be exported into Excel as a census report
- LOS, insurance tracked on White Board
- Ties into payments to show if deductible is due.
- Court documents, legal status, etc, can be scanned into the HER

Topic 3 Use Case – Medication Reconciliation at Admission

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Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

- Client order page shows all orders at a glance
- Utilizes Medline Plus Connect
- Assessment screens carry this info forward and can also be channeled into workflows
- Orders are marked 'ad hoc' when a provider orders off the formulary

Topic 4 Use Case – Clinical Diagnoses

Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

- Diagnosis can be a 'going forward' diagnosis

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- Diagnoses are per the DSM5 and ICD10 coding for payor purposes
- Easy to d/c or modify orders on the computerized order entry page

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.
- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

- Client order page shows all orders at a glance
- Drug interactions are noted by an icon; the drug with which another drug interacts has the identical corresponding icon
- High dose alerts are not currently a feature; however, could customize
- Order sets are available for admission, diet, etc

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- If the provider enters a comment, it will show up on the eMAR ('take meds with food', for example)
- First dose monitoring is not a feature, but can be noted on the White Board, or flagged on the eMAR
- Telephone or voice orders given to the nurse by the provider can be co-signed by the provider
- Can batch documents for signing

Topic 6.1 Use Case - Medication Order Verification

Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

- Pharmacy program is outsourced to RedSail Tech

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- RedSail moving QS1 (which RPC currently has as a licensed product) into PrimeCare pharmacy management
- DDPC will need the QS1 license.
- RedSail reps not available for today's demo; will submit written material in 24 hours

Topic 6.2 Use Case - Medication Formulary Management

Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

To be addressed by RedSail

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

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Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

- Regularly scheduled meds are shown in blue; a green flag shows it is due to be administered
- Expired, but not discontinued meds are shown in gray
- When a med is administered date, time and nurse's name are noted
- Can have outpatient meds displayed on the eMAR if desired
- Refused meds are flagged; if given later, that will be noted
- Lab draws, accuchecks can be added; prompts for parameters such as VS
- Scanning is supported
- Not set up with TALLman lettering but can be done

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- Supports witness co-signature (i.e., for insulin)
- Can be configured to give warning if PRNs are administered too close together: must respond with rationale
- Can show follow-up to adverse drug events
- Supports administration of STAT doses; may configure to give dose before confirmation if Dept so chooses

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

- Wiley Treatment Planning Guides not a feature but may be added
- Has progress graph
- Establishes needs; shows response, improvements
- Has built-in guards to prevent staff checking boxes for interventions they are not qualified to do (i.e., social worker cannot do med management)
- Goals and objectives are carried over to progress notes; list is set up according to staff person's training
- Supports review before meeting to streamline planning
- Depending on permissions treatment team coordinator may add items to be addressed

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Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

- Assessments needing to be completed are flagged
- Nurse is automatically notified when interventions are needed
- Nurse can be assigned to an individual or a group
- Dashboard shows flags to be addressed
- White Board is also very helpful re: level of safety, meds due, etc.
- Ready at a click: VS, med list, allergies, nursing assessment, SUD interventions, nutrition, coping skills and more.

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

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Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

- Discussion tabled

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EVALUATOR DEPARTMENT: DDPC

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Stage One - Eligibility	
Part IV. Section I. Preliminary Information	
3. Eligibility Requirements	
• P several states, projects 1 and 2 has all four components • P residential facilities • P Matrix description including outpatient • N examples seemed like smaller facilities without statewide reach	

Stage Two - Qualifications and Experience	
Part IV. Section II. Organization Qualifications and Experience	
1. Overview of the Organization	
• P established 2003, in 30 states • Monthly updates • Will tailor technology to our needs	
2. Subcontractors	
• Q Subcontract out pharmacy services	
3. Organizational Chart	
• P Intact with names (positions filled), very comprehensive	
4. Litigation	
• Q Current litigation suing someone who is not paying them	
5. Financial Viability	
• 2 years, not a large company • Q Low risk score of default, moderate under stress • Q looked like debtors actions • I recent loan 1.5 M	
6. Licensure/Certification	
• N Drummond Certificate, not Maine SOS	

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7. Certificate of Insurance
• 5 M aggregate: includes data breach

Stage Three - Proposed Services
Part IV. Section III. Proposed Services
Functional - Narrative Response (FNR)
<u>FNR-1</u> : Provide an overview of the proposed ICM Solutions giving particular attention to describing the distinguishing functionality in its ability to meet the functional requirements as described in the RFP and Appendix G (Requirements Workbook).

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which is cloud-based, interoperable, and has flexible capabilities to address the core clinical and administrative functions - comprehensive behavioral health, medical, pharmacy medication management, and billing reimbursement services - for the Department and your Hospitals. SmartCare ICM Solution includes fully integrated modules – without the need of bolt-on software or complicated workarounds. The SmartCare Platform and all of its components are in one, integrated database.

SmartCare includes **fully integrated order entry**, Rx with electronic prescribing for controlled substances (EPCS), and medication administration/management functionality. Functionality includes prescribing, filling, and administering medications; formulary and non-formulary oversight; record keeping; and DEA regulatory compliance. SmartCare's fully integrated order entry and eMAR is Meaningful Use Inpatient-certified.

Provide a streamlined registration and admission process that expedites an efficient method to support a large volume and diverse types of admissions.

- Offer a configurable, multi-discipline patient assessment process.
- Employ automated schedule management at the patient level, clinician level and resource (room, medical equipment, etc.) level.
- Support consistent, repeatable and measurable patient care, through automated clinical decision support.
- Include fully integrated order management with capabilities that support the nuances of a multidisciplinary care team model, as well as diverse patient populations.
- Provide a comprehensive treatment management process that supports both the behavioral health and medical care needs of patients, including daily goal tracking for patients with intellectual and developmental disabilities.
- Include pharmacy system management functionality that is streamlined and integrated with the MAR and fully supports the pharmacy order management process for the entry, transmission, processing/validation and dispensing activities.
- Incorporate a patient medication management process that is automated and integrated across ordering, order processing, dispensing and administration.
- Support reduction in medication errors and mitigate potential risks for patient safety by ensuring integrity of data and accurate identification.
- Provide support for tracking the internal movement of a patient within a facility (e.g., between units), temporary transfer of a patient to another facility, and/ or the transfer to external entities (e.g., court, hospital).
- Offer a streamlined discharge process that supports various types of patient discharge: to another facility, home environment, community facility (private or county-based), guardian or another external entity such as a prison.
- Support mandated reporting to regulatory bodies, as well as legal and court correspondence.
- Provide access to all captured discrete data, providing the ability for the assessment and analysis of detailed patient data.
- Include fully integrated billing management functionality that is streamlined and provides comprehensive support for the capture of insurance information and eligibility determination, claims billing and accounts receivable management.

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FNR-2: Briefly describe the proposed ICM Solutions' software, its history and any transfers in ownership that have occurred.

Streamline was established in 2003 and is an innovation-driven company that continuously introduces new functionality to address emerging government standards and industry trends in order to help our customers drive better outcomes for their populations served and to provide them with the needed flexibility for their continued growth.

Streamline's growth has been (and continues to be) organic by providing quality software and services for our customers and not through mergers, acquisitions, divestitures, or restructuring. By deploying innovative IT solutions and utilizing a diverse pool of talented employees, we have been steadily averaging over 25% annual growth over the past eight (8) years. We have been able to reinvest our earnings to build one of the best products in our market today.

No changes in ownership

FNR-3: For any portion of the ICM Solutions that the Bidder supports across multiple organizations, briefly describe how software functionality changes will be selected, prioritized, communicated, tested, and released.

each environment (PROD, TEST, TRAIN, QA, and PREPROD) will reside in its own SQL database. This will provide you with maximum flexibility in the future, as SmartCare is highly configurable and extensible. You will be able to make Department and Hospital-specific changes to your instance of the application, including developing new forms, adding fields to existing forms, customizing drop downs, marking questions as required or optional, creating custom reports, etc. Depending on the technical skill-level within the State and the Department, custom work can be done by your own staff to add varying levels of functionality using our Dynamic Forms Architecture (DFA) tool, which is included in the platform.

In addition, the SmartCare database will be fully accessible to your developers and they will be able to add tables, stored procedures, functions

can customize forms,

Streamline currently releases monthly service packs and annual core upgrades

FNR-4: Medication Reconciliation

Describe how the proposed ICM Solutions will support medication reconciliation for new patients including how existing medications will be captured in the proposed ICM Solutions, continued/discontinued, and how the medical providers will be notified.

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positive patient identification, allergy and drug interaction alerts, recording of medication administered (including refused or skipped doses), recording the patient's response to new medications, and recording vital signs or other parameters that are used to monitor medication use. This data is fully integrated across the other core functions.

The MAR can track what medications were administered, by whom and when, do multiple medications in succession, as well as document follow-ups, errors, and abnormal administration events. Bumpers can be defined and tracked within the MAR to help ensure medications are taken within a certain window of the desired time.

Workflows are included in the MAR to capture when a medication is refused, and to note any specific details if available. This information can be driven to a system flag,

SmartCare utilizes First Databank to catalogue medications. Once the patient's medication list is established, the list can be viewed directly in the interface or a report can be run to see the medications.

If patients bring medications from home, or other products that are approved for dispensing in the hospital, the information can be captured in SmartCare.

When individuals are transferring from a different program or from a different level of care, medications will follow the individuals.

FNR-5: Medication Orders, Verification, and Administration

Describe how providers, pharmacists and nursing staff will interact through the proposed ICM Solutions during the:

- a. Ordering of medications;
- b. Verification of orders; and
- c. Administration of medications to patients.

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Provides bi-directional interfaces to pharmacy applications such as PrimeCare, and ADMs such as Pyxis and Omnicell for closed loop dispensing

- Integrates with pharmacies via the Surescripts network, a direct HL7 interface, or a direct interface using NCPDP standards if supported by the pharmacy
- Establishes Prescription Drug Monitoring Program (PDMP/PMP) interfaces with State PDMP through the Appriss Gateway
- Provides medication management from order to fill to administration

Provides online order entry for pharmacy requests

- Allows for a simple process of order renewals
- Captures patient medication allergy and sensitivity data
- Supports the individual facility's formulary
- Allows for the ability to document dispensed sample and investigational medications and the ability to document 'patient own med' for items provided from outside sources
- Provides a comprehensive medication history
- Includes clinical decision support – real-time drug-drug, drug-allergy checking with dosage checking
- Allows the printing of medication instruction sheets for patients
- Allows the printing of medication education sheets for each ordered or prescribed medication
- Has the ability to create user-defined reports
- Includes standard reports, such as:
 - List of patients with prescriptions expiring
 - List of patients currently or previously on a particular medication(s)
- Has the ability to maintain and view a patient's medication history

FNR-6: Medication Warnings - For the medication warning capabilities and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions):

- a. Describe how the medication warnings will be visually depicted within the proposed ICM Solutions.

Both SmartCare and PrimeCare include clinical interactions and warning levels. For example, potential medication contraindications are flagged. Patient medications are documented and checked for interactions. First Databank is utilized for interaction checking, which covers all drug/drug and drug allergy issues. If an interaction exists, it will be displayed.

- b. Describe how warnings will be enforced.

In SmartCare, for level one (1) interactions, the prescriber must acknowledge and sign-off that they are continuing with the prescription. In PrimeCare, via Store Level Options, the Department will determine what level of precautions are displayed and enforced.

- c. Describe, were applicable, how warnings will be closed or canceled.

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In both SmartCare and PrimeCare, order processing is done in real time and the solutions are updated with information provided by First Databank. In both solutions, prescribers must acknowledge the warning before continuing.

FNR-7: Medication Formulary Management

a. Describe the process for managing changes to the Medication Formulary.

informing the prescriber if medication choices are not on the formulary, displaying warning messages if a medication requires prior approval, or allowing the creation of a Therapeutic Interchange Plan. Workflows for medication changes will be customizable by the Department.

b. Describe how changes will be entered into the proposed ICM Solutions.

The therapeutic Interchange will occur in PrimeCare and will be sent to SmartCare via the bi-directional interface.
Therapeutic Interchange is a predefined exchange of therapeutically equivalent medication in accordance with approved written protocols. This is completed differently than generic substitution, where the exchange is the same drug entity by a different manufacturer.
These drugs differ chemically; but may be dispensed if they qualify after a series of checks.

c. Describe how the formulary changes will be enforced during medication ordering, verification, and administration.

interchange flag checks. Possible interchange flag checks include:

- Is Rx Dispensed as Written?
- Is the prescribed drug on the interchange plan?
- Does the prescriber allow interchange?
- Has the prescriber opted in/out on the Prescriber Table on the Facility Record?
- Is the Price Plan set to use interchange?
- Is the patient set to interchange?

If all criteria have not been met, a message displays on the screen and the prescriber follows the

FNR-8: Outpatient Medications

Describe how medications, including controlled substances, will be ordered via a medical provider through the proposed ICM Solutions where the medication order is to be fulfilled by an external retail pharmacy

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Similar software to inpatient, except It includes integrated electronic prescribing for controlled substances (EPCS) with two-factor identification via a soft fob on the prescriber's smartphone. In addition, we have included a bidirectional interface with Pyxis in your project scope to establish an interface to the automated dispensing machines. Prescriptions can be electronically sent to any pharmacy within the Surescripts' network. If the need arises to send to a pharmacy not on the Surescripts network, scripts can be printed.

QS 1 contract

FNR-9: Proposed Integrated Solutions Clinical Forms and Assessments

- b. Describe the process for creating and modifying clinical forms and assessments within the proposed ICM Solutions.

The State's OIT staff and the Department will be able to create and modify clinical forms and assessments in SmartCare utilizing our Dynamic Forms Architecture (DFA) tool at no additional cost.

Forms are customizable, OIT need specific training on Microsoft .NET programming language and SQL

Can end users customize forms

Can admin staff customize forms

Can these forms be data mined for QA, UM etc

Knowledge sharing platform

- c. Identify the skills required and the steps to be taken to:
- i. Develop new customized forms and assessments; and
 - ii. Deploy changes to test and production environments.

provide our DFA tool

.NET experience

creating and changing data fields for free text, radio buttons and pick lists, etc.

update and configure without interaction from Streamline post go-live

Streamline University

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- d. For existing forms and assessments, describe how the changes will or will not impact existing patient information that is captured by the form.

FNR-10: Integration with Laboratory Systems

- a. Describe how the proposed ICM Solutions will integrate with multiple external laboratories.

Streamline Response: SmartCare has the ability to interface with any and all systems that allow it. SmartCare will enable automatic exchange of data bi-directionally, either in batch or real time, as needed. We have an interface team dedicated to the successful integration of data; and we work in collaboration with our customers to understand the type of interfaces they need, what their providers/vendors can support, and to develop, test, and implement the required interfaces. SmartCare uses SENT (Smart Exchange Network), which is our internal interface engine. It includes mechanisms to send and receive via SFTP, TCP/IP, Web Services (SOAP/REST), Direct Messaging, and VPN connectivity.

- b. Describe the process for ordering lab tests and reviewing lab results.

Streamline Response: SmartCare provides **full order entry capabilities** including for lab and nonlab based orders. Also, please note that labs can be ordered directly from Notes to enable efficient processing. SmartCare offers out-of-the-box batch and real time HL7 interfaces for labs. The application has a core V2-compatible HL7 framework upon which we can quickly build robust interface solutions.
Lab results can be updated manually in SmartCare

All results (whether imported electronically or entered manually in a structured format) are linked to flow sheets. The system allows flow sheets with definitions of normal/abnormal values to be setup. If needed, the system can setup an automatic process to flag incoming lab results as normal or abnormal.

FNR-11: Functional Documentation

- a. Provide a list of standardized clinical forms and assessment tools (indicating existing or proposed) which will support the proposed ICM Solutions (include as Attachment 13).

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Montreal Cognitive Assessment (MoCA)

- Braden Risk & Skin Assessment Flowsheet (BRASFS)
- Broset Violence Checklist (BVC)
- John Hopkins Fall Risk Assessment Tool (JHFRAT)
- Mini-Mental Status Examination (MMSE)
- Abnormal Involuntary Movement Scale (AIMS)
- Columbia-Suicide Severity Rating Scale (C-SSRS) and related Columbia University risk assessment tools

In addition, SmartCare provides the flexibility for you to add Hospital-specific assessment tools and functionality as needed. You can build custom assessments in SmartCare utilizing our DFA front-end form building tool at no additional cost, treatment planning forms

Technical - Narrative Response (TNR)

TNR-1: Technology Overview - Provide an overview of the proposed ICM Solutions technical implementation including a description of how its software and infrastructure components meet the technical requirements as described in the RFP and Appendix G (Requirements Workbook).

Streamline is implementing policies and controls required for FISMA Moderate compliance as specified by NIST 800-53 rev5. Full documentation and attestation of this level of compliance will be made available in Q4 of 2021. We are working with an outside compliance vendor on existing and future requirements for its SSP, Security Audit Assessment, and POA&M (as defined by NIST 800-53 rev5). Streamline will need additional information to ensure adherence to the Personally Identifiable Information (PII) Impact Level of HIGH requirement.

The front-end of the application is web-based and on the internet. Back-end access (directly to your secured data) will be available via a secure point-to-point tunnel. Your data will sit on a secure drive encrypted with Microsoft Bitlocker Technology. Most of the database servers are a multi-tenant configuration reducing your end cost for the database server.

TNR-2: Technical Architecture Diagram - Provide a Technical Architecture Diagram (include at Attachment 14) depicting the major systems components of the awarded Bidder's ICM Solutions. Refer to Appendix G (Requirements Workbook) for Solution Architecture Documentation Requirements.

TNR-3: Technical Architecture Diagram Description - Describe the technical architecture diagram of the proposed ICM Solutions.

The technical architecture diagrams describe the logical server architecture of the solution and the data flows of the main SmartCare modules.

TNR-4: Data Privacy – Describe how the technical architecture prevents unauthorized access to personally identifiable information.

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HIPAA-compliant: SmartCare is certified by ONC to the 2015 standards; we are currently working on the Final Cures Act standards; and we meet the ONC cybersecurity requirements related to HITECH.

- **FISMA Moderate:** We are continuously investing in our security infrastructure, processes, and policies. Streamline (with Clearwater Compliance) has (or will have by end of 2021) formal certifications/assessments for the HIPAA Security Rule, Cybersecurity Program Performance Assessment (CPPA), and FISMA Moderate. Streamline has implemented most of the FISMA moderate control set with a goal to be fully FISMA moderate compliant by Q4 2021.

- **Hosted in the Microsoft Azure cloud-hosting infrastructure:** Streamline runs all customer solutions in Microsoft Azure's SOC2 compliant data centers.

All patient data is hosted within the United States; and database servers are not accessible to the outside world. While data is encrypted in transit and at rest on our servers in Microsoft Azure, we recommend our customers employ encryption

For those customers who utilize our SmartCare Anywhere mobile, disconnected solution in the communities they serve, all data on the mobile device is encrypted at rest and stored in an encrypted briefcase until successful activation and authentication. The briefcase has a configurable built-in timed expiration. A re-authentication is required to decrypt the briefcase beyond the expiration period

can establish different levels of security

based on user role, site, and/or enterprise settings. SmartCare will allow you to manage restrictions or privileges associated with users, groups, and processes including defining, assigning, modifying, and removing levels of access.

Streamline performs full

database backups weekly, incremental backups daily, and transactional files are created every 15 minutes. In addition, twice a month, Streamline performs full virtual machine backups, which provide an additional layer of data and application recovery protection.

TNR-5: Hardware Specification - Provide the minimum and recommended hardware specifications for successful operation of the proposed ICM Solutions in all supported configurations (e.g. desktop computer, laptop computers, tablet and mobile devices).

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Hardware Specifications

Configuration	Desktop and Laptop Computers	Mobile Tablets and Phones
Minimum (e.g. Make, Model, Memory/Storage, Connectivity)	Windows 10	Smartcare is browser based
Recommended (e.g. Make, Model, Memory/Storage, Connectivity)		
Notes (e.g. Specific pros, cons and other hardware considerations for this configuration)	Need additional hardware for DDPC	

Implementation - Narrative Response (INR)

INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).
INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.
INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).
INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.
INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

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INR-1: Job Descriptions - Provide job descriptions (include as Attachment 10) for all staff assigned to the project including all Key Personnel with the prerequisite experience outlined Key Personnel Staffing Requirements section of Appendix G (Requirements Workbook).

no job descriptions, experienced, with detailed CV's included past experience (not asked for)

INR-2: Staffing Plan - Provide a staffing plan (include as Attachment 11) describing how the proposed minimum staffing requirements/qualification will be met. The plan shall clearly delineate by position title and the amount of staff time to be assigned.

both onsite classroom (facilitator-led) and virtual (web-based) training for all of our modules and databases including, if desired, technical training on report writing and database administration. We record training sessions and provide the recordings to facilitate training new staff on an ongoing basis and to provide refresher training for existing staff

train your approximately six hundred (600) end users and 6 technical support staff During go-live, our project staff are onsite to provide clinical, billing, hosting, and training support. In addition, our staff are available during your first billing and state reporting events, including being installed onsite.

Only two resources for the bidder

INR-3: Roadmap and Schedule - Provide both a.) a high-level implementation roadmap and b.) a detailed workplan schedule (include at Attachment 12) as outlined in the Implementation Management Services section of Appendix G (Requirements Workbook).

Actual implementation teams are assigned once a contract is signed. The following are the anticipated roles of the team that will be assigned to your project:

- Executive Sponsor (project oversight and project champion)
- Project Manager (overall project timeline, budget, scope)
- Clinical Business Analyst (BA) (design, consultation, clinical training)
- Billing BA (design, consultation, billing training)
- Primary BA (initial point of contact for all functional questions, scheduling, training, testing, requesting builds)
- Additional Cross-Functional Teams (utilized as needed)
 - Data Analytics, Compliance and State Reporting (DACS)
 - System Analyst (SA)

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- Data Migrations, Implementation Configurations
- Financial (billing)
- Accounting (billing)
- Development (DEV) (several groups, offshore, onshore):
 - BRT – Build Release Team (offshore, onshore)
 - Network Operations Center (NOC)

A major focus of our end user training is linking the learning experience to the realities experienced onsite at the customer's facilities. Informed by years of experience, we employ a hands-on approach where users perform simulated tasks based on realistic conditions. This prepares users for real-world situations. Attendees of sessions will be expected to demonstrate competency and knowledge of the system through a combination of knowledge tests and hands-on exercises.

Training will be scheduled as close to go-live as possible. The dates, times, and frequency of training will be discussed

SmartCare includes built-in '*Help*' functionality for ongoing training opportunities and '*Help*' at the time when users need it most - while actively working in SmartCare. There is a question mark icon located in the tool belt in many screens within SmartCare. It launches help specifically for the screen where the user is located. In addition, SmartCare has a 'Go' button that enables users to start typing what they are searching for and a suggestion list appears.

INR-4: Training Documentation - Provide a representative sample of training documentation (include as Attachment 15) for the proposed ICM Solutions.

Extensive number of FTE's assigned, but from department
Listed how to set up the system

Pharmacy: PrimeCare training consists of a combination of online training and onsite implementation – twenty-six

(26) hours of online training and three (3) days of onsite implementation.

INR-5: Training Overview - Describe the user and system administrator training both for initial (pre go-live) and ongoing (post go-live).

Utilizes superusers to train staff

INR-6: Service Level Agreement - Provide an initial draft Service Level Agreement (include as Attachment 16) for the proposed ICM Solutions. Refer to Service Level Agreement (SLA) Requirements in Appendix G (Requirements Workbook).

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The sample agreement includes the following:

- Business Associate Agreement
- Subscription Services Agreement containing our Performance Standards and Service Level Agreement
- Implementation and Training Services Agreement

INR-7: Business Continuity and Disaster Recovery – Describe how the Bidder's ICM Solutions would be restored at another location if there was a regional disaster impacting the primary data center.

Azure has a nationwide footprint with hosting centers located in multiple regions and geographically dispersed throughout the United States. Azure Storage always stores multiple copies of your data so that it is protected from planned and unplanned events, including transient hardware failures, network or power outages, and massive natural disasters. Zone-redundant storage (ZRS) replicates your Azure Storage data synchronously across three Azure availability zones in the primary region. Each availability zone is a separate physical location with independent power, cooling, and networking

not specific to time lines

INR-8: Deliverable Narrative Descriptions: Provide narrative explanations below responding to each deliverable identified in Part II of the RFP.

Deliverable 1.1 Solution Licensing

Upon written request (**didn't we request ?**) from the Department, Streamline will provision all software licensing as required to meet the ICM requirements identified in Appendix G (Requirements Workbook) and as per the Department's approved As-Is Assessment and To-Be Migration plan. Please see our Cost Proposal Form and Budget Narrative for more details regarding our licensing of the proposed SmartCare ICM Solution.

Deliverable 1.2 Solution Configuration

Streamline will configure the proposed solution as required to meet the ICM requirements detailed in the Appendix G Requirements Workbook and as per the Department's approved As-Is Assessment and To-Be Migration plan.

Deliverable 1.3 ICM Acceptance Testing Environment

Upon written request from the Department and in alignment with the agreed upon project plan, Streamline will provision and deploy the SmartCare ICM Solution's acceptance testing environment for the State.

Deliverable 1.4 ICM Training Environment

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Prior to scheduling training for staff and upon written request from the Department, Streamline will provision and deploy the SmartCare ICM Solution's training environment for the Hospitals and we will make that environment only available to users who are designated and authorized by the Department.

A training environment with generic logins is provided for initial and ongoing training at no additional cost. The training environment will be created by taking a copy of the production data and then running a program that scrubs the data. In addition, instructions will be provided for OIT staff to be able to set-up and refresh the training environment after implementation.

Deliverable 1.5 ICM Production Environment

Prior to final pre-go-live preparations and upon written approval from the Department, Streamline will provision and deploy the SmartCare ICM Solution's production environment for the Hospitals and will make the environment only available to users who are designated and authorized by the Department.

The Department and its Hospitals will receive its own, dedicated instance of the SmartCare ICM Solution, which will include multiple environments available for different uses.

For Deliverables 2.1 and 2.2, describe how Appendix G (Requirements Workbook) will be used as a basis for clarifying, capturing and updating requirements based upon the As-Is Assessment and how these updated requirements will inform the To-Be Migration Plan.

Deliverable 2.1 Hospitals As-Is Assessment

The BPA is a two-step process: (1.) Face-to-Face sessions (at a minimum, a 1-week Deep Dive); and (2.) Detailed Workflow analysis following the face-to-face sessions. During the first step of the face-to-face sessions, typically scheduled for one (1) week onsite (or currently remotely due to the pandemic), our assigned implementation team will complete a detailed review of the SmartCare ICM Solution for you. As part of the BPA, we will not only walk you through the project implementation process; we also will spend considerable time providing an initial review of the SmartCare ICM Solution's functionality. It is a very detailed demonstration of all of the purchased modules to ensure you clearly understand system availability out-of-the-box. There also will be time for you to ask questions about potential gaps you see for meeting your workflow needs.

During the second step, the Streamline-assigned Clinical and Billing SMEs will review all of your workflows, and will map them to the relevant SmartCare functionality, or note if the step is no longer required in SmartCare due to system efficiencies. In addition, we will note any gaps that may require a work-around or possible customizations.

Deliverable 2.2 Hospitals To-Be Migration Plan

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we map a client's As-Is process to the SmartCare ICM Solution during our BPA. Mapping the As-Is process generally leads to a To-Be process. As the To-Be process is a significant change management effort in which a customer is fundamentally changing their processes, in addition to implementing a new ICM Solution, this has not been a standard component of our implementation processes. **We will incorporate the To-Be process in the Department's implementation. Our vision is a 3-month process led by the Business Analyst assigned to the Department's Streamline implementation team.**

Deliverable 2.3 Solution Implementation

multi-step process is a core part of the successful methodology we utilize in our implementation projects. A list of milestones is included in the detailed implementation project plan. Each milestone requires customer sign-off before continuing to the next step/task/deliverable in the implementation process.

Use a **dedicated implementation services team** who know one another, work together on all implementations, and have established relationships. This factor enhances their ability to work effectively and collaboratively onsite, and remotely, which makes Streamline's implementations more successful than most. We strongly believe that a dedicated team whose primary function and role is implementation results in an on-track execution and sound results.

- **Assign a Project Sponsor** who is a Streamline senior leader and who is responsible for managing the contractual relationship, providing oversight of the delivery of services, and resolving any issues or disputes.

- **Assign a Project Manager** who is the primary point of contact for your Project Team and who is responsible for the execution and coordination of all aspects of the project plan and schedule for the system, managing staff assigned to the project, and resolving incidents and service requests.

Deploy **User Acceptance Testing** that includes multiple phases of testing and sign-off. We have the following levels of testing:

- Unit Testing
- Integrated Testing
- User Acceptance Testing
- Final Comprehensive Go-Live Sign-off

Deliverable 2.4 Electronic Form Migration

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During implementation, we will develop all required patient care forms and assessments and incorporate the electronic documents within SmartCare. During the Business Process Analysis (BPA), your Streamline Implementation Team will walk you through a scoping process to determine which forms and records should be migrated. This will include an analysis of whether forms and records will benefit from being migrated or whether building them manually would be more beneficial for your team.

In addition, our SmartCare ICM Solution includes fully integrated document imaging and management. The Department and Hospitals will not need to interface with a third party. SmartCare has completely integrated POS/Batch Scanning functionality. Once scanned, the document will be incorporated into the patient's record. Users can click on the 'Documents' banner in SmartCare and all scanned documents will be listed.

Deliverable 3.1 Support

Our assigned Customer Success Manager will serve as your key point of contact; the Customer Success Manager will be accountable, and will have ultimate responsibility for ongoing account management. The Customer Success Manager will offer guidance and insight into the platform and Streamline's operations as well as industry best practices with respect to the platform's configuration and use. The Customer Success Manager will not only ensure that the platform requirements are delivered, but also will work with you to develop and deliver enhancements to evolve and improve the platform's effectiveness and interoperability.

Deliverable 3.2 Maintenance

currently releases monthly service packs and annual core upgrades. As part of the yearly maintenance/support costs, our customers are provided all updates and application enhancements. Monthly maintenance generally takes less than 90 minutes of downtime to patch servers (fourth weekend of the month around midnight). Core build upgrades generally take less than three (3) hours of downtime to allow for updates to the database, replacement of files on the web server, and high-level verification of the system.

Deliverable 3.3 Enhancements

Our deployment model is not a typical SaaS offering. **The Department will have access to multiple environments, including live production (PROD), training (TRAIN), and testing (QA) environments. You will receive your own SQL instance,** and each environment (PROD, TEST, TRAIN, QA, and PREPROD) will reside in its own SQL database. This will provide you with maximum flexibility in the future, as SmartCare is highly configurable and extensible. You will be able to make Department and Hospital-specific changes to your instance of the application, including developing new forms, adding fields to existing forms, customizing drop downs, marking questions as required or optional, creating custom reports, etc. Depending on the technical skill-level within the State and the Department, custom work can be done by your own staff to add varying levels of functionality using our Dynamic Forms Architecture (DFA) tool, which is included in the platform.

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INR-9: Subcontractor Roles and Responsibilities: For each subcontractor identified in Part IV, Section II (2), identify the subcontractor's roles and responsibilities for each deliverable. Add additional subcontractor sections below as needed.

Subcontractor #1	
Subcontractor Business Name: <i>[Note: Name must match Appendix E]</i>	RedSail Technologies, LLC is the parent company of five premier brands – PioneerRx, Integra, PowerLine, QS/1, and PUBLIQ Software. To supplement SmartCare's native, fully integrated pharmacy management services, Streamline is partnering with RedSail Technologies, LLC to provide a total pharmacy medication management solution for the Department and its Hospitals. The Riverview Psychiatric Center already owns a QS/1 RxCare Plus license, and we are proposing to upgrade the license to the PrimeCare comprehensive pharmacy management system and move to a hosted solution. This will be an easy and inexpensive transition. As part of our proposed project scope, PrimeCare will be upgraded for Riverview, newly implemented for the Dorothea Dix Psychiatric Center, and fully integrated with the SmartCare ICM Solution.
Deliverable	Roles and Responsibilities
1.1 Solution Licensing	Price included
1.2 Solution Configuration	Will be configured
1.3 ICM Acceptance Testing Environment	
1.4 ICM Training Environment	
1.5 ICM Production Environment	

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2.1 Hospitals As-Is Assessment	
2.2 Hospitals To-Be Migration Plan	
2.3 Solution Implementation	
2.4 Electronic Form Migration	Will provide
3.1 Support	Will provide
3.2 Maintenance	Will provide
3.3 Enhancements	

Requirements Workbook
Functional
Supports documentation clinical, admin, prescribing, add on for scanned incident report documents, no cost mod for printing forms for downtime, extra for best practice references, voice recognition at no cost, has order entry and e-prescribing, will have menu capability, but will need an enhancement for full menu capability, will accommodate existing forms with no cost modifications, supports automated charge capture, SmartCare includes standard, custom, and self-service report creation options. Out-of-the-box, SmartCare includes over 100 standard reports. These reports can be customized or new reports can be built. potential enhancements here Integrates with Pyxis, PMP. Additional cost for some laboratory interface if get new vendor, NRI interface requires enhancement, external alerting via text requires enhancement, Fee to use Wiley database, no Kennedy interface (can add), ? e-prescribing
Technical
Security plan may require enhancement, did not answer question related to two differ geographic locations, SmartCare is a fully web-based, next generation software solution. It is accessible from anywhere via a web browser. Your staff will be able to access SmartCare from the devices they are already using - desktops, laptops, tablets, smartphones - any secure device that can run a web browser such as Google Chrome and Microsoft Edge. Your staff will have access to your instance of the application including all modules, functionality, features, and your specific workflows from a laptop, tablet, smartphone, and any device that can run a web browser. The SmartCare architecture allows customers to define their own roles and multiple roles can be assigned to one staff member. appropriate training and production, 24/7 technical support

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Implementation
Streamline Implementation Project Team will partner and work collaboratively with members of your Implementation Team, Streamline will maintain an up-to-date project plan and schedule throughout the duration of the project, which will be based on all Department approved modules, functionality, and agreed on milestones. Each milestone will require Department sign-off before continuing to the next task/deliverable in the implementation process. This will ensure a mutual understanding throughout the process, provide the means to identify and resolve any questions early in the process, and ensure that both sides are in lock step while progressing towards system go-live, The rest of the data, (dietary, group scheduling (Treatment Mall), if not part of the standard migration, will be at an additional cost. proposed project scope and pricing includes all forms noted in the RFP.

**STATE OF MAINE
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DATE: 9-15-21

EVALUATOR NAME: Daniel Potenza

EVALUATOR DEPARTMENT: DDPC

Stage Four - Demonstrations

Topic 1 Use Case – User Authentication and Authorization

The Bidders ICM Solutions shall only be available to individuals (users) who's identity (credentials) have been validated (authenticated) and to whom permission has been given (authorized) by the Hospitals. (Refer to Requirement Group #509.)

- a. Demonstrate how authorized hospital staff will log in.
- b. Describe the steps and timing; how many times a day will users need to complete the login process?
- c. What credentials must be provided to prove their identity? (e.g. username, password, two-factor authentication code, access badge card)
- d. Will the State's Active Directory be required for user credentials and authentication?
- e. How will users know which environment they are connected to (e.g. test, training or production)?

Staff assigned user name

Four times bad log in before "forget" function

Customizable password update timing

Can set automatic log out

Two factor authentication code (custom update timing)

Testing environment has a different URL

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Remote log in

Topic 2 Use Case – Patient Registration and Bed Assignment

Admissions staff receive notification that a patient will be coming for admission. After admission, that new patient is transferred to a different room/bed. (Refer to Requirement Group #109.)

- a. Demonstrate how a patient is pre-admitted through full registration, including any required fields.
- b. Demonstrate what data is captured for insurance.
- c. Demonstrate how a patient is given a room/bed assignment.
- d. Demonstrate census reporting.
- e. Demonstrate how a patient would be transferred to another room/bed.

Client search, if person has been here before
Name, SS#, DOB search functions
Customizable admission process
Ability to register a person before they become a patient
Can build a customizable tab
Can manage census
Transfer function
Excel export function
Scanning ability

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Topic 3 Use Case - Medication Reconciliation at Admission

Admissions nurse reviews a new patient's medication history and updates the patient's medical record. (Refer to Requirement Group #110.)

- a. Demonstrate how and what information about a patient's existing medications is captured.
- b. Demonstrate how the providers indicate that a medication should be continued, held, or discontinued?
- c. Demonstrate how a provider would substitute a medication in the formulary for an existing medication.

Dashboard has widgets

Labs available on dashboard, and flowsheet, can assign follow up for abnormals

Nice quickview

Active reconciliation with quickscripts

Click from med list to create active orders

Queue of unacknowledged orders

First databank as formulary

Screens change according to context

Topic 4 Use Case – Clinical Diagnoses

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Physician diagnoses patient and enters diagnoses into the patient's medical record. (Refer to Requirement Group #111.)

- a. Demonstrate how diagnoses are captured.
- b. Demonstrate how diagnoses are activated/inactivated.
- c. Demonstrate how present on admission (POA) is captured.

On dashboard view
Can be done during assessment process
With specifier and source
Primary, provisional, major
Code or portion of the name
DSM/ICD
Hooked into Medline for criteria
Can print a diagnosis document
Prescriber diagnosis override
Audit trail

Topic 5 Use Case - Computerized Physician Order Entry (CPOE) Medication Order Submission

Provider orders medication for patient. (Refer to Requirement Group #117.)

- a. Demonstrate how a provider orders a medication.

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- b. Demonstrate the steps providers will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
- c. Demonstrate how a provider signs the order they entered.
- d. Demonstrate how a provider signs an order that was entered by a nurse (e.g. telephone or verbal orders).

Can order a number of medications at one time
All contraindications noted by color squares
Can tag failed trials
Has an acknowledge button to override
Can do multiple changes at once
No high dose alerts
Order sets
Flag alerts: AIMS/suicide watch
Can cosign documents in bulk

Topic 6.1 Use Case - Medication Order Verification

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Pharmacist verifies the medication order. (Refer to Requirement Group #119.)

- a. How does the pharmacist verify or deny the order?
 - i. Demonstrate how an order's dose, route, quantity, and frequency are verified.
 - ii. Demonstrate how a therapeutic substitution would be made.
- b. How does the pharmacist request the provider to review or modify the order?
- c. Demonstrate the steps a pharmacist will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
- d. How will the medication warnings be visually depicted?
 - i. How will warnings be enforced?
 - ii. Were applicable, demonstrate how warnings will be overridden and available override reasons.
 - iii. How does the pharmacist provide medication administration instructions to nurses?

QS1 can be expanded

Can adjust for administration type

Refusals

Re-administered

Can allow outpatient meds to populate the MAR

Expired meds are a different color

Barcoding

Photos are in the dashboard, MAR etc

Topic 6.2 Use Case - Medication Formulary Management

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Authorized pharmacist updates the medication formulary and the update is enforced both for Medication order management as well as in the medication dispensing units. (Refer to Requirement Group #120 and #301.)

- a. Demonstrate how pharmacists will make changes to the Medication Formulary.
- b. Demonstrate how the formulary changes will be enforced during medication ordering, verification, and administration.
- c. Describe how the formulary changes will be sent to the medication dispensing units (Pyxis example preferred).

Pharmacists can make changes

Topic 7 Use Case – Electronic Medication Administration Record (eMAR)

Nurse administers medication and updates the eMAR. (Refer to Requirement Group #105 and #121.)

- a. Demonstrate how nurses receive notification that a patient medication needs to be administered.
- b. Review the eMAR screen(s) in the proposed ICM Solutions.
 - i. Review TALLman Lettering
 - ii. Review Visual Cues or Text
- c. Demonstrate how nurses will document administration of patient medications on the eMAR.
- d. Demonstrate the steps nurses will follow to review medication warnings and related patient safety features within the proposed ICM Solutions (e.g. high dosage alerts, allergy alerts, and special instructions).
 - i. How will the medication warnings be visually depicted?
 - ii. How will warnings be enforced?
 - iii. Were applicable, demonstrate how warnings will be overridden and available override reasons.

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- e. Demonstrate how to document a late administration of medication.
- f. Demonstrate how to document a patient medication refusal.

Not set up with TALLman, but is available
Rationale (diagnosis) appears on MAR
Set up permissions for administration
Can configure witness to administration
Stat meds appear on the MAR immediately

Topic 8 Use Case – Clinical Treatment Planning

Treatment team determines a treatment plan for the patient. (Refer to Requirement Group #113.)

- a. Demonstrate how a treatment plan is created.
- b. Demonstrate how standard text is modified to be patient centered.
- c. Demonstrate how goals and interventions are populated for documentation.

Opens up to all completed notes, is filterable
Has level of care indicators including medical necessity
Goals lead to needs
Can use commercially available treatment planning libraries

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Gives you graphics of goal achievement
Can add different configurations to interventions
Interventions are available by your training

Topic 9 Use Case – Nursing Assessments/Interventions

Nurse reviews daily board to determine what patients on the unit need for treatment/intervention during the shift. (Refer to Requirement Group #105, #112 and #113.)

- a. Demonstrate how nurses receive notification that a patient has an assessment/intervention that needs to be completed.
 - i. Demonstrate layout of daily status board screens
 - ii. Demonstrate navigation of screens
- b. Demonstrate how nurses would document that the intervention has been completed.
- c. Demonstrate how nurses would document notes.

Flagging for need of nursing interventions
Can review flags by type (nursing group)
Daily status board
Easy screen navigation
Tasks go to dashboard

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Go button functionality
Observable medical issues
Nurses document notes similar to other disciplines

Topic 10 Use Case – Financials (Billing, Reimbursements, and Claims Tracking

Financial analyst completes billing cycle (Refer to Requirement Group #127.)

- a. Demonstrate how financial analysts view patient accounts for billing
- b. Demonstrate how financial analysts create claims
- c. Demonstrate how financial analysts reconcile remittances

Go button active
Accounts receivable
Account aging
Commercial versus Medicare
Can group payer specific
Exports into Excel
Can be service or clinician specific
Enter service in charge screen from schedule or real time
Reports denials

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Can chose paper or electronic billing Revenue work queue management



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Jeanne M. Lambrew, Ph.D.
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
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RFP TITLE: Integrated Care Management (ICM) Solutions

I, Christine Bellatty accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand that the evaluation process is to be conducted in an impartial manner. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the funding decision notices for public distribution.

Christine Bellatty MSN-PSQ, RN
Signature

Date

9/13/21



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Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
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I, Bethany Drolet accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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DocuSigned by:

Bethany Drolet

Sep-10-2021

1845488F6F6A478...

Signature

Date



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AGREEMENT AND DISCLOSURE STATEMENT
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I, Jennifer Gagnon accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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Jennifer Gagnon
Signature

9-14-21
Date



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AGREEMENT AND DISCLOSURE STATEMENT
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I, Stephanie George-Roy accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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**AGREEMENT AND DISCLOSURE STATEMENT
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I, Jamie Meader accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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DocuSigned by:

Jamie Meader

Sep-13-2021

Signature

Date



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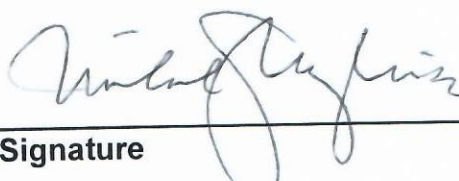
I, Michael Migliore accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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Signature

9/13/21

Date

Michael J. Migliore



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I, Beverly Perkins accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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Beverly Perkins

Signature

9/13/21

Date

From: [Perkins, Beverly](#)
To: [Downer, Debra](#)
Subject: A & D
Date: Monday, September 13, 2021 2:55:54 PM
Attachments: [AD 202105068 ICM - Perkins.docx](#)
[image001.gif](#)
Sensitivity: Confidential

*Beverly A Perkins, BSN, BA
Utilization Management*

*Riverview Psychiatric Center
250 Arsenal Street
Augusta, Maine 04330*

*(ph) 207-716-1466 or 207-530-0631
(fax) 207-287-3442*

My actions are my only true belongings. I cannot escape the consequences of my actions. My actions are the ground on which I stand. (The Fifth Remembrance)



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Signature

Date

D. Potenza,