



ADDENDUM #01

DATED: 5/31/2017

**NON N27403
Public Health Services EMR**

Please sign and date this amendment and return it, along with your proposal.

NAME/BUSINESS: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____, STATE: _____, ZIP CODE: _____

PHONE: () _____ FAX NO.: _____

ATTENTION OF: _____

TITLE: _____

SIGNED: _____

DATE: _____

All questions should be directed to the Purchasing Department at (913) 573-5440.

For Purchasing Use Only

Date Mailed: _____

Date Fax Sent: _____

Date Picked Up: _____

Date E-mailed: _____

The Purchasing Department must inform you of the following:

Please find enclosed Answers to Questions Regarding the Notice of Need Document.

**NOTICE OF NEED QUESTIONS AND RESPONSES:
NON N27403, Public Health Services EMR**

Submitted Questions in “black”

Answers listed in “red”

Question: How many billable providers will be included in the EMR solutions?

Answer: Each county has anywhere from 1-5 billable providers.

Question: How many users will need access to the system?

Answer: Each county has anywhere from 25-100 users.

Question: Will all departments and counties be under the same tax ID?

Answer: No.

Question: On your legend, what is “Access to and Linkage with Care?”

Answer: " Access to and linkage with care" does not refer to a technical term or link to a specific system but rather a statement in response to our standard expectations to reach beyond traditional public health sector boundaries to target various health determinants and improve population health. In essence we want to make sure the system we pursue provides easy access for solutions to core public health.

Question: Are you looking for a billing solution too?

Answer: We do not need a single billing solution but would prefer the EMR we purchase has a module for billing within.

Question: Are you looking to outsource the billing?

Answer: No.

Question: # of full time doctors?

Answer: Most Counties listed in the NON have 1 full time doctor.

Question: # of part time doctors (also provide the FTE count, if you possibly can)

Answer: Some Counties have a combination for example, the Unified Government has 1 part-time and 2 mid-levels.

Question: # of full time providers

Answer: Each County has anywhere from 1-5 billable providers.

Question: # of part time providers (also provide the FTE count, if you possibly can)

Answer: Each County has anywhere from 1-3 part time providers.

Question: Do the above number include any dental and/or behavioral health providers? If not, and you also provide dental and behavioral health services, can you also provide those quantities?

Answer: Not each County offers dental and behavioral health services however some counties are considering these services for future use. We are aware of one County utilizing My Avatar which is an additional system from Netsmart for Behavioral Health.

Question: # of users

Answer: Each County has anywhere from 25-100 users.

Question: How many total providers and how many total users would encompass this project?

Answer: Each County has anywhere from 1-5 billable providers and each County has anywhere from 25-100 users.

Question: What is the system you are moving off of and that is being phased out?

Answer: All Counties included in the NON are currently using a product called Insight by Netsmart.

Question: Can you provide us with your annual number of ambulatory visits based on the definition below?

Answer: Each County varies with a yearly number of 1200-15,000 ambulatory visits based on the definition provided which includes RN and Social Worker visits.

Definition

Any completed ambulatory patient appointment with a decision-making medical provider. Decision-making providers are providers whose role typically requires a minimum of a 4-yr degree. Excluded are medical students, RNs and LPNs. Doctors, PAs, nurses with advanced training (NPs, CRNA, etc.) are included. Other examples include audiologists, dietitians, optometrists, physical therapists and surgical technicians. Note that some of these visits may also be counted as specialty visits (e.g. a face to face visit with a cardiologist would count as one Ambulatory Visit Equivalent and as one Cardiology Visit).

Examples to Include: Office visits with decision-making providers, Urgent care visits to facilities that primarily treat patients with lower acuity problems, Telemedicine and video visits, Physical Therapy, Occupational Therapy

Examples to Exclude: Telephone encounters, Letters, Diagnostic-only visits (lab, rad, etc.) where the patient does not see a decision-making provider, ED Visits and urgent care visits to facilities that primarily treat patients with medium to high acuity problems.

Question: How will the EMR be funded (budget, grants, etc.)? Will each County/City be responsible for their own portion?

Answer: Each County Health Department will decide on the type of funding and is responsible for its own funding.

Question: Do the Counties anticipate sharing a contract for the desired EMR or will each County enter into their own, separate contract?

Answer: We are seeking information as a group; we do not anticipate a shared contract but may consider a shared contract for the purpose of pricing breaks and /or discounts.

Question: Can you disclose which vendor(s) provide the system(s) for each County?

Answer: Each County listed on the NON is currently using Insight provided by Netsmart.

Question: In the event that an RFP is release at a later date, has a time frame of the release been identified?

Answer: Yes, if an RFP is to be released, we anticipate it will be in the next 12 months.

Question: Do any of the Counties currently utilize any type of Environmental Health Management System, Practice Management System, or Emissions Citation Software? If so, are you able to provide which vendor(s) provided the system(s)? Do the Counties desire any of the above mentioned systems in the new ERM?

Answer: No, however we are interested in seeing capabilities of these systems as many of us have similar future needs and divisions within Health that could benefit from these systems.

Question: Has an estimated cost for the EMR been identified?

Answer: No.

Question: What platform(s) are the Counties currently using?

Answer: Each County listed on the NON is currently using Insight provided by Netsmart.