North Country Community Mental Health
Electronic Medical Record
Request for Proposals

RELEASED: Wednesday, June 8, 2016

PROPOSALS DUE: 8 p.m. EST, Wednesday, July 6, 2016

Introduction and Overview of Proposal Request
North Country Community Mental Health (CMH) (hereafter “NCCMH”) is a regional leader in behavioral health services in the northern part of the Lower Peninsula. Headquartered in Petoskey, Michigan, NCCMH is a governmental entity formed cooperatively by 6 counties: Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska and Otsego. NCCMH serves approximately 4,000 individuals and their families through locations in each of its 6 counties. NCCMH serves adults with severe mental illness, children with serious emotional disorders, and individuals with intellectual and/or developmental disabilities. They are a founding member of the Northern Michigan Regional Entity Prepaid Inpatient Health Plan (PIHP).

North Country seeks to replace its Netsmart Avatar electronic medical record system (EMR) with new software and services that will provide improved usability, functionality and performance to meet healthcare integration, clinical, and business needs for approximately 500 named users (195 concurrent). North Country invites proposals from vendors with service offerings that meet its unique business model capable of fulfilling the approach and requirements as outlined in this RFP. The timelines from RFP to contract award are as follows:

- RFP Released: 6/08/16
- Proposals Due: 7/06/16
- Review of Proposals: 7/06 - 7/11/16*
- Top Vendor Proposals Announced: 7/12/16*
- Meetings with Top Vendors: 8/15/16 - 8/19/16*
- Select & Initial Contract: 8/25/16*
- Board Approval & Contract: 8/31/16*

*Estimated dates
Proposals will be evaluated based on criteria outlined in this RFP, and the top 1-to-6 proposals will be identified by NCCMH. To ensure a highly efficient and effective process, a minimum 3-hour demonstration will be allotted to vendors that submit a top proposal. The outline of topics to review in the demonstration and expected timelines will accompany the announcement of top proposals.

North Country has retained TBD Solutions LLC, a West Michigan consulting firm, to disseminate the RFP and coordinate vendor proposals, vendor meetings and all associated communications. TBD Solutions LLC is the sole point of coordination, and will work as agents representing NCCMH throughout this process up through selection. (Negotiations on final agreements/contracts will be coordinated separately by NCCMH).

All questions, comments or concerns pertaining to this RFP and subsequent processes may be directed to:

   Jason Radmacher & Derek DeLange
   Email: administration@tbdsolutions.com  Phone: (877) 823-7348

Questions deemed relevant to other vendors will be answered in a Q&A, and posted on the NCCMH website. Such transparency is compulsory to ensure respondents are afforded the same information, and an equitable opportunity to modify proposals accordingly.

Proposal Requirements

The NCCMH EMR Software proposal requirements have four distinct criteria:

1) Provision of requested Company Information
2) Completion of the Requirements Spreadsheet (see Exhibit A for more information)
3) Relevant information about proposed software and/or services deemed important by the vendor
4) Estimated costs broken down for the solution, to include all modules and services to meet the requirements

Company Information

Please provide the following information pertaining to your company:

- Current legal name of company including any existing d/b/a’s
- The year the company was founded
- The year the company began offering behavioral healthcare software
- Location of the company’s headquarters
- Affirmation that the company is not barred from providing software solutions that would house records pertaining to Medicaid services (e.g. The company must not be in the US Department of Health & Human Services Exclusions Database, nor have any pending or current judgments that would call into question business practices, ethics or any concern that would cast a bad light on NCCMH)
- Identification of any pending or on-going litigation against the company.
- Identification of any external breaches or theft of protected healthcare information not associated with an authorized user of the system in the past 2 years.
- Current number of supported organizations using the company’s clinical and/or practice management software
• Number of current behavioral health customers (Health Plans such as PIHPs, Community Mental Health Service Programs, Private Non-Profit Behavioral Provider Agencies, etc.)
• Number of current behavioral healthcare customers in Michigan
• Number of new behavioral healthcare customers since January 1st, 2014.
• The number of employees working directly for the company (should not include subcontractors, resellers or other vendors)
• Provide at least two references from organizations that perform similar services as NCCMH, and clarify whether a site-visit to any customer could be accommodated
• Identify whether the proposed solution would be provided as software-as-a-service, hosted on-site by the NCCMH Information Technology Departments, or if both possibilities are offered
• Identify if there is an active user group for customers to discuss best practices, field questions, and consider system improvements

**Note:** For the purposes of this RFP, “behavioral healthcare” is defined as organizations providing services to treat mental illness, substance use disorders, and/or services and supports to individuals with developmental disabilities.

Requirements Spreadsheet
“Exhibit A” includes a spreadsheet of requirements (in Microsoft Excel) developed by the executive leadership and staff of NCCMH. To effectively screen potential solutions, it is vital that this spreadsheet is thoroughly completed. It is broken out by functional areas. For each requirement, vendors will identify if that feature is:

1) **Included in app:** Included in base software package with no additional cost  
2) **Configurable by the user:** Configurable within the base software package by administrative users, or through the vendor for an additional fee  
3) **Customizable by vendor:** Not included in the base software package, but readily available through customization of the application  
4) **Supported via 3rd party:** Not in the base software package, but supports 3rd-party tools (e.g. “Dashboard functionality not included, but natively supports iDashboard”).  
5) **Not included or supported:** The requirement does not exist in the software, and the vendor would not deem this a reasonable customization now or in the future

**Additional Comments**

Provide responses where necessary to provide additional insight or explanation.

**Relevant Information**

After completing the spreadsheet, the vendor should consider any other information about their products or services that NCCMH may find useful in considering the vendor proposal. **At a minimum,** this should include:

1) The vendor’s template implementation plan with expected timelines and milestones that NCCMH could expect from contract award to becoming fully operational in the use of the software.  
2) The training format and plan used by the vendor (e.g. on-site vs. off-site, train-the-trainer and/or computer-based vs. vendor-only, etc.)
3) The method(s) by which on-going support is provided. (Note: NCCMH insists that all user support and training is provided by staff located within the United States.)

4) A list of available, on-line reports that the system has in the base software package, and contrasted against Exhibit B – “NCCMH: Required Reports”.

5) Clear response to IT considerations in Exhibit C – “Information Technology Disclosures”

Optional, Additional Information: Exhibit D – “NCCMH Forms and Scanned Documents” is provided as an additional reference to consider opportunities for efficiency and functionality. The proposal may include information pertaining to these forms, and may also include studies, brochures, testimonials, or links to online-resources beneficial in evaluating their proposed solution.

Estimates of Costs
The vendor estimation of costs should be done from the “Total Cost of Ownership” perspective. The thoroughness of disclosure for estimated costs is a key consideration of the proposal review team. This shall include, but is not limited to, the following:

1) Purchase price of the solution, to include additional costs for licensing and/or recommended hardware as required
   a) Costs for licensing should identify how costs are determined (e.g. licensed per installation, processor, concurrent connection, named user, etc.)
2) Hourly basis for software customization
3) Cost of annual support/maintenance/licensing/subscription fees
4) Costs for data translation to migrate necessary information from existing data repositories and systems to the EMR Software Platform.
5) Cost for implementation and training
6) Any additional cost information not previously identified

It is understood that, as governmental entities, NCCMH is not subject to sales tax within the State of Michigan, nor Federal Excise taxes. A copy of the tax exemption certificate will be made available to the vendor selected to provide the solution.

Estimated costs shall be valid for 180-days, and should not change for any reason other than the clarification of requirements, or as otherwise agreed upon between NCCMH and the selected vendor. Selected finalists will clarify their estimates of cost into final quote in accordance with the vendor’s standard agreement practices.

Organization of Proposal
The vendor company name should be included in each filename sent to TBD Solutions LLC. Each of the proposals should be formatted as follows:

1) Cover/transmittal letter
2) Section 1: Company Information
3) Section 2: Completed Requirements Spreadsheet (see Exhibit A)
4) Section 3: Vendor’s Relevant Information (see Exhibits B, C & D)
5) Section 4: Estimates of Costs
6) Section 5: Sample Contract Template
7) Section 6: Other materials/attachments

Proposal Submission Details
All proposal documents must be converted to Portable Document Format (PDF – preferred option), Microsoft Word or Microsoft Excel as appropriate, and submitted electronically via email.

Send proposals to: administration@tbd solutions.com
Acknowledgement of receipt will be provided

Maximum size of email with attachments: 15 megabytes
(Please divide attachments between multiple emails if larger than 15 MB)

**SUBMISSION DEADLINE:**

Proposal must be received by 8 p.m. EST on Wednesday, July 6, 2016.

NOTE: Proposals submitted after the deadline will not be accepted. No extension is allowed.

This RFP, as well as all submitted documents, specifications and correspondence submitted to TBD Solutions in response to this RFP, become the property of North Country Community Mental Health. The proprietary materials submitted will not be shared between competing vendors responding to this RFP at any time for any reason.

Questions are welcome throughout the process, but those submitted after July 1st, 2016 may not be answered in time to influence the submission.

Selection Criteria
North Country Community Mental Health’s screening of proposals is to identify the best companies capable of meeting the unique needs of each organization as demonstrated in their proposal. Selection of the top vendors will be made based on:

1) Completion of all required responses.
2) Ability to meet requirements.
3) The strength of the organization’s/company’s stability, experiences, capabilities, and references.
4) Overall estimates of cost and the reasonableness of implementation timelines.

Limitations
Right of Refusal
North Country Community Mental Health reserves the right to accept any or all alternative proposals and to award the contract to other than the lowest bidder. North Country Community Mental Health may also waive any irregularities or informalities or both, to reject any or all proposals, and in general, to make the award of the contract in any manner deemed by North Country Community Mental Health, at its sole discretion, to be in its best interests.
Vendor-incurred Costs
North Country Community Mental Health is not liable for any costs incurred by bidders/companies prior to the issuance of a contract.

Freedom of Information Act (FOIA)
Information submitted in response to this RFP is subject to the Freedom of Information Act. The proposal(s) that best meets the needs of North Country Community Mental Health will be made available for review upon selection. Non-proprietary information contained in proposals will be made available by written request.

Vendors that wish to withhold certain areas of their proposals from a FOIA request must clearly identify which parts of their proposal are proprietary and justify why (e.g. intellectual property, information that would unfairly advantage competitors, etc.). Identification of the entire proposal as proprietary is not acceptable.
Exhibit A

North Country CMH Requirements Spreadsheet: Please electronically complete the Microsoft Excel Spreadsheet titled: NCCMH_EMR_SoftwareRFP_Requirements_Jun2016.xlsx”
<table>
<thead>
<tr>
<th>Report</th>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior Treatment Report</td>
<td>Quarterly</td>
<td>Strengthen data reporting definitions, develop regional group for review.</td>
</tr>
<tr>
<td>DD Proxy and Health Measures</td>
<td>Monthly</td>
<td>Required by State of Michigan, report to review data trends and outliers.</td>
</tr>
<tr>
<td>Finance and Budgeting</td>
<td>Monthly</td>
<td>Reports for costs of service per unit, net costs by funding source, budget by program, department, provider agency.</td>
</tr>
<tr>
<td>Productivity Reports</td>
<td>Monthly</td>
<td>Ability to examine billable/non-billable time by clinician, number of direct service contacts, and number of units per staff member.</td>
</tr>
<tr>
<td>Compliance/Timeliness</td>
<td>Monthly</td>
<td>Percentage of assessments, progress notes, tasks, and plans of service completed on time by department and clinician; services reported by no goal reflected in plan; etc.</td>
</tr>
<tr>
<td>Utilization Review</td>
<td>Month</td>
<td>Aggregate data for units per case, units per staff, other measures of scope/intensity/duration.</td>
</tr>
<tr>
<td>Authorization Review</td>
<td>As-needed</td>
<td>Report of authorized units remaining, reminders of re-authorization requests.</td>
</tr>
<tr>
<td>Data Accuracy Report</td>
<td>Monthly</td>
<td>This is an enhancement of existing reports with inclusion of the BH-TEDS data.</td>
</tr>
<tr>
<td>Dashboard Reports</td>
<td>Ongoing - current</td>
<td>Draft has been developed, will be reported and available to Board and stakeholders. Includes data regarding Medicaid open cases, individuals served, inpatient rates, and inpatient length of stays.</td>
</tr>
<tr>
<td>Report/Report Type</td>
<td>Frequency</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Services against Authorizations Report</td>
<td>Monthly</td>
<td>Shows the number of services remaining against authorizations</td>
</tr>
<tr>
<td>High Service Utilization Report</td>
<td>Monthly</td>
<td>Individuals who have higher than expected service utilization, or other identifiable outliers.</td>
</tr>
<tr>
<td>Inpatient Utilization Reports</td>
<td>Quarterly</td>
<td>Identifies inpatient service utilization and hospital length of stay data.</td>
</tr>
<tr>
<td>Service Utilization Trends</td>
<td>Periodic</td>
<td>Looks at regional patterns of service utilization, identifying high and low outliers.</td>
</tr>
<tr>
<td>Customer Service Report</td>
<td>Monthly</td>
<td>A quarterly report of the number of calls received by the customer services function, and the information from the Customer Service log</td>
</tr>
<tr>
<td>Grievance / Appeals/Fair Hearings Report</td>
<td>Quarterly</td>
<td>Continue – grievance, appeal and hearing data will be maintained directly by NCCMH and submitted to the PIHP</td>
</tr>
<tr>
<td>Network Capacity Report</td>
<td>Annual</td>
<td>Ability to see network capacity for key services with the NCCMH catchment area</td>
</tr>
<tr>
<td>Site Review Comparison Report</td>
<td>Annual</td>
<td>Ability to analyze variances between providers</td>
</tr>
<tr>
<td>Medicaid Verification Report</td>
<td>Quarterly/ Semi-Annual or As-needed</td>
<td>Ability to confirm variances in Medicaid funding for those who are or have become eligible. Also includes Medicaid mismatches.</td>
</tr>
<tr>
<td>Michigan Mission-based Performance Indicator System (MMBPIS Reports)</td>
<td>Quarterly</td>
<td>Required per State of Michigan</td>
</tr>
<tr>
<td>Services/Encounters Report</td>
<td>Monthly</td>
<td>As part of our dashboard reporting, a monthly report that summarizes services provided</td>
</tr>
<tr>
<td>QAPIP Evaluation and Assessment</td>
<td>Annual</td>
<td>Data for the PIHP</td>
</tr>
<tr>
<td>Service Description</td>
<td>Frequency</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-----------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>State of Michigan Behavioral Health Treatment Episode Data Set - Completeness</td>
<td>Monthly</td>
<td>Required by State of Michigan, ability to report to PIHP.</td>
</tr>
<tr>
<td>QI File /Demographic</td>
<td>Monthly</td>
<td>Required per State of Michigan</td>
</tr>
<tr>
<td>Encounter Volumes – Lines and Consumer Counts</td>
<td>Monthly</td>
<td>Shows number of encounters and consumer counts by funding source, population</td>
</tr>
<tr>
<td>HAB Waiver Recoupment Report</td>
<td>Monthly</td>
<td>Waiver consumers without service activity are identified 2 weeks prior to final reporting, allowing CMHSP to resolve at local level and maximize appropriate payment.</td>
</tr>
<tr>
<td>Bucket Report – Monthly report on year to date spending</td>
<td>Monthly</td>
<td>Spend amounts by all funding sources at CMHSPs – Medicaid DAB, TANF, HM, HSW, Autism, MiChild, etc.</td>
</tr>
<tr>
<td>Medicaid Utilization Net Cost (MUNC) Reporting</td>
<td>Annual</td>
<td>Required by State of Michigan</td>
</tr>
<tr>
<td>Billed Treatment</td>
<td>As needed</td>
<td>All treatments billed to the PIHP by primary and supplemental funding sources. Can be run by provider, CPT code, County, or by County &amp; CPT code.</td>
</tr>
</tbody>
</table>
Exhibit C
Information Technology Disclosures

Section I: North Country CMH: Current Software Inventories & Compatibility Needs

- Microsoft Windows Operating System (currently supported version Windows 7 Professional)
- Microsoft Office Suite (2010)
- Microsoft Dynamics GP Financial Software
- Microsoft Windows Servers (2008 R2 / 2012 / 2016)
- Other mobile technologies (Microsoft or Android OS)
- Microsoft SQL Server (2008 / 2012 / 2016)

Section II: Vendor Information Technology Guidelines/Disclosures

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Notes</th>
<th>Vendor Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT</td>
<td>System infrastructure requirements: Vendor must explain what is required for client connectivity. What software, network and telecommunications are needed for their solution?</td>
<td>Should include information on mobility requirements/supports, minimum bandwidth, etc. Must include specifications for client devices (laptops, PCs, tablets, phones), and minimum bandwidth capacity.</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>System Availability, and the upgrade/maintenance cycle</td>
<td>System must have 99.7% uptime during business hours, and available to support 24/7/365 operations. Vendor should describe its upgrade and maintenance cycle, and how downtime will be mitigated.</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>Vendor provide cost comparisons for both Software as a Service</td>
<td>If both are offered, the vendor should recommend which approach is preferred and any cost advantages</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>Ability to control user access at several different levels. Senior supervisors, managers or directors should be allowed to do administrator-level activities within some subsystems.</td>
<td>Vendor should demonstrate how they perform user access within their solution</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>Whitelist/blacklist mobile devices authorized to access the EMR</td>
<td>Could be used to support BYOD and must guarantee safeguards against paged memory or cookies that would hold unsecured PHI on the device</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>Vendor should explain what type of on-site/organizational staff are required to operate the system</td>
<td>System administrators, data specialists/forms designers, network security specialists, trainers, etc.</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>Meets Federal Certification Criteria</td>
<td>As applicable, meets Meaningful Use Stage 1 &amp; 2 certified, assurance of Stage 3 certification in 2016, HIPAA-compliant, etc.</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>Offline Data Repository</td>
<td>Vendor must provide a data repository that staff can use to do custom reporting or in-depth examination of data that does not impact the functionality of the live system. This should be as real-time as possible (no older than a snapshot of the previous day). If the vendor does not offer this functionality, they must demonstrate the depth of their data mining tools offered on the live system, and assure no impacts to its functionality.</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>Data redundancy and security</td>
<td>Vendors must describe how they reasonably assure the security of access to their data systems, the means by which data redundancy</td>
<td></td>
</tr>
</tbody>
</table>
occurs, and how systems are monitored to ensure their protection, and how intrusion attempts are detected. Multiple data centers housing redundant information is preferred. If applicable, provide locations (states/cities) of multiple data centers and service standards for moving from primary to secondary data center.

| IT | Interoperability with other key systems | Vendor should support interoperability with other behavioral health data systems such as FAS, Child and Family Assessment Scales (CAFAS), Supports Intensity Scales (SIS), interconnectivity to HIEs to provide ADT and other healthcare messaging, and interface with the accounting system. |
| IT | Utilizes a relational database management system RDBMS | Vendor should describe the RDBMS used in the solution (Oracle, IBM DB2 or Informix, MySQL, PostGRE, Microsoft SQL Server, Microsoft Azure, etc.). If a commercial RDBMS is not used, vendor to explain how they manage database normalization. |
Exhibit D
NCCMH: Forms and Scanned Documents

All NCCMH Forms in use or referenced as of the RFP release date can be found here: [http://www.tbdsolutions.com/nccmh/forms](http://www.tbdsolutions.com/nccmh/forms)

Of note are the following two links:

- A list of External Forms used by NCCMH is found here: [http://tbdsolutions.com/nccmh/forms/Intranet%20Forms%20Review%20-%20new%20links.docx](http://tbdsolutions.com/nccmh/forms/Intranet%20Forms%20Review%20-%20new%20links.docx)
- A list of commonly scanned documents (hardcopy to electronic storage) is found here: [http://tbdsolutions.com/nccmh/forms/Staff%20EHR%20Index.pdf](http://tbdsolutions.com/nccmh/forms/Staff%20EHR%20Index.pdf)