

Office of State Procurement  
State of Louisiana  
Division of Administration

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GOVERNOR



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COMMISSIONER OF ADMINISTRATION

November 29, 2023

**ADDENDUM NO. 21**

Your reference is directed to Solicitation Number Doc374756552 for the Request for Proposal (RFP) for Certified Electronic Health Record (EHR) Technology for Louisiana Department of Health (LDH), Office of Public Health (OPH) which is scheduled to open at 10:00 A.M. (CT) on December 19, 2023.

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**Written Inquires** – All Proposer written inquiries received by the inquiry deadline of June 20, 2023 and the States responses are included on pages 2 through 34.

**Section 1.2, Administrative and General Information, has been replaced in its entirety, removing the Revenue Cycle Management (RCM) component.**

**Section 2.1, Scope of Work, has been replaced in its entirety, removing the Revenue Cycle Management (RCM) component.**

**Section 3.1, Proposal Evaluation, has been replaced in its entirety, removing the Revenue Cycle Management (RCM) component.**

**Section 15.1, Price Schedule, has been replaced in its entirety, removing the Revenue Cycle Management (RCM) component.**

**Deadline to Receive Second Round Written Inquiries** – A one (1) week inquiry period has been opened to December 6, 2023, for a second round of questions regarding changes made to the RFP through addenda and answers to questions in the first round only. The State will not answer any questions that do not pertain to changes made to the RFP or answers to first round questions.

**Deadline to Answer Second Round Written Inquiries** – The Deadline to Answer Second Round Written Inquiries is December 20, 2023.

**Proposal Opening Date Change** – The Proposal Opening Date shall be changed to January 4, 2024 at 10:00 AM CT.

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**THIS ADDENDUM IS HEREBY OFFICIALLY MADE A PART OF THE REFERENCED PROPOSAL.**

**WRITTEN INQUIRIES**  
**RFP for Certified Electronic Health Record (EHR) Technology for OPH**  
**SOLICITATION NUMBER Doc374756552**

1. **Question:** In the document Administrative and General Information, paragraph 26d: “The proposed terms will be negotiated before a final contract is executed. The State’s mandatory terms and conditions including but not limited to those contained in the Non-negotiable Contract Terms Section of this RFP are not negotiable.” What are these non negotiable terms and where can I locate them in the RFP?

**Response:** As stated in Section 8.2, Non-negotiable Contract Terms of the RFP, “Non-negotiable terms include but are not limited to taxes, assignment of contract, audit of records, EEOC and ADA compliance, record retention, content of contract/order of precedence, contract changes, governing law, claims or controversies, and termination based on contingency of appropriation of funds”.

2. **Question:** Please confirm if the following attachments/documents require a response OR are they simply informational:
- Hardware/Software Environment Attachment
  - HIPAA BAA
  - Scope of Work
  - State Furnished Resource Attachment
  - Information Security Requirements Attachment

**Response:** The above referenced attachments/documents to the Sample Contract are for informational purposes only and do not require a response.

3. **Question:** # of outpatient visits yearly # of concurrent users (this would be the total number of people accessing the system at one time) # of FTE’s Do you do any telehealth visits? If so, how many physicians are providing this? # of providers writing prescriptions # of Claims Please describe the payor mix. When do you take collections? Pre service, point of service, or post service? Will you be taking payment for collections through the patient portal? In section 5 D IV page 6 and section 4 page 5 of Administrative and General Information, you ask for DSM-5 codes and to describe templates for behavioral health. Can you please detail what workflows are being performed for behavioral health services. Typically we have not seen public health entities needing behavioral health content. How many clinics would be included in the scope of this deployment? It appears on Louisiana Public Health's website that there are 79 clinics.

**Response:** Louisiana Department of Health (LDH) has approximately 500 concurrent users / FTEs. Yes, there are approximately 30 providers committed to providing telehealth services. Approximately 30 full-time providers and five (5) part-time providers are available for prescribing. There are 64 clinics to be deployed.

Services provided are: psychosocial assessments, care coordination, and follow-up for Children’s Special Health Services (CSHS) and Reproductive Health (RH) patients who have a positive depression screening or referral from a nurse. The social workers in those regions

can provide telehealth services and physically are only located at the flag ship clinics in those regions. In reference to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) when creating forms in the Electronic Health Record (EHR) for behavioral health assessments, Behavior Health (BH) Providers need current diagnosis descriptions for behavioral health.

The DSM-5 eliminated the multi-axial system, the correct International Classification of Diseases, Tenth Revision (ICD-10) code is provided but the description of the diagnosis may be from the DSM IV:

- Acute stress reaction (DSM IV) is Acute Stress disorder (DSM-5).
- Unspecified mental disorder due to known physiological condition should not include diagnosis of mental disorder of known (axis III) etiology.
- Substance Use Disorders should not be described as abuse or dependence, the DSM-5 integrated abuse and dependence into a single disorder (Alcohol Use, Cocaine Use, etc.) with mild, moderate, and severe sub-classifications.
- Service collections are currently not posted, but LDH/OPH is open to exploring best practices with a new vendor. Currently, a payment portal is not used, but LDH/OPH is open to exploring this feature.
- As of January 2021 – December 2021, the payer mix is made up of six (6) Managed Care Organizations (MCOs), and about 20 commercial plans. We also bill Medicare and Medicare Advantage Plans. Currently, we are assessing the need to add more commercial plans after accreditation.

4. **Question:** Indicate all types of documentation available for your current system version and provide a one (1) page sample of those selected: System guidance, System behaviors; System environments; Integrations (hl7 mapping for each type of interface); Database map; Data dictionary; User workflow guidance; User help files. Is this question in relation to what is listed in #4 "ICD-10 Diagnosis codes, CPT Codes, HCPCS, DSM-5-TR, Immunization and Medication files"? Or is this in relation to the section header "Approach and Methodology"? Please add additional guidance on what you would expect of these document examples.

**Response:** The request is in relation to the section “Approach and Methodology” and is not specific to #4. We expect the documents to be examples from your current system.

5. **Question:** Sample Contract, Section 11.0, Termination, p.7. Please define "abusive" and "belligerent" conduct.

**Response: Abusive conduct:** malice, conduct that a reasonable person would find hostile, offensive, and unrelated to legitimate business interests. **Belligerent conduct:** inclined to, engaging or exhibiting hostility or a combative temperament.

6. **Question:** Sample Contract, Section 17.0, Warranties, p.10, Original Development. Does the State intend to prohibit the use of third-party software providers? Does the State intend for the product(s) provided by the Contractor to be unique to the State, i.e., the State does not want COTS products?

**Response:** See changes in this Addendum Number 21. As stated in Section 1.0 of the Scope of Work (SOW), Overview: “The solution shall be an Electronic Health Record (EHR) with the ability to integrate with a 3rd party Revenue Cycle Management (RCM) system”.

Also, stated in the SOW, Section 4.1 Technical Requirements, #1: “The system must be a Software as a Service (SaaS) Certified Electronic Health Record Technology (CEHRT) as recognized by the Office of the National Coordinator (ONC) and Centers for Medicare and Medicaid (CMS) in accordance with the 2015 Edition ONC's 21st Century Cures Act final rule.”

The State is seeking Commercial Off-the-Shelf (COTS) products.

7. **Question:** Sample Contract, Section 17.0, Warranties, p.10, second to the last paragraph. Is the state willing to provide a right to cure?

**Response:** As stated in Section 8.3 of the RFP, “If Proposer cannot comply with any of the contract terms, upload a copy of the Sample Contract containing the exact contract modifications the Proposer seeks. Final wording will be resolved during contract negotiations with the successful Proposer and the intent of the provisions will not be substantially altered.

The Proposer may upload a red-lined Sample Contract with any comments and/or suggested revisions to be considered during contract negotiations, if awarded.

8. **Question:** Sample Contract, Section 18.4, Intellectual Property Indemnification, p.11.third paragraph, (iv) Can the State provide the statutory/regulatory basis for the cost-to-cover provision?

**Response:** As stated in Section 8.3 of the RFP Event, Compliance with Sample Contract, “If Proposer cannot comply with any of the contract terms, upload a copy of the Sample Contract containing the exact contract modifications the Proposer seeks. Final wording will be resolved during contract negotiations with the successful Proposer and the intent of the provisions will not be substantially altered”.

The Proposer may upload a red-lined Sample Contract with any comments and/or suggested revisions to be considered during contract negotiations, if awarded.

9. **Question:** Sample Contract, Section 23.0, Substitution of Personnel, p.12. Can the State clarify whether it intends this provision to relate to Key Personnel and not to all personnel working on the Contract?

**Response:** Sample Contract, Section 23.0 Substitution of Personnel is intended to apply to Key Personnel, not all personnel working on the Contract.

10. **Question:** Sample Contract, Section 22.0 Subcontractors, p.12. Written approvals could potentially slow down production should subcontractors need to be replaced quickly. Would the State be open to notice of subcontractors instead of prior written approval?

**Response:** As stated in Section 8.3 of the RFP, “If Proposer cannot comply with any of the contract terms, upload a copy of the Sample Contract containing the exact contract modifications the Proposer seeks. Final wording will be resolved during contract negotiations with the successful Proposer and the intent of the provisions will not be substantially altered.

The Proposer may upload a red-lined Sample Contract with any comments and/or suggested revisions to be considered during contract negotiations, if awarded.

- 11. Question:** Sample Contract, Section 28.0, Unauthorized Services Please clarify. Does the State mean that the State shall have the right to offset and withhold said amounts from any amount due to Contractor under this Contract for costs that are "unallowable?"

**Response:** Yes.

- 12. Question:** Sample Contract, Section 35.0, Duty to Defend, p.16. Is the State open to limiting the Duty to Defend to third-party claims?

**Response:** As stated in Section 8.3 of the RFP, “If Proposer cannot comply with any of the contract terms, upload a copy of the Sample Contract containing the exact contract modifications the Proposer seeks. Final wording will be resolved during contract negotiations with the successful Proposer and the intent of the provisions will not be substantially altered.

The Proposer may upload a red-lined Sample Contract with any comments and/or suggested revisions to be considered during contract negotiations, if awarded.

- 13. Question:** Sample Contract, 36.1 Cybersecurity Training, p. 16. Contractor provides a robust program of cybersecurity training to its employees. Is Contractor's corporate required cybersecurity training acceptable?

**Response:** In accordance with La. R.S. 421267(B)(3) and the State of Louisiana’s Information Security Policy, if the Contractor, any of its employees, agents, or subcontractors will have access to State governmental information assets, the Contractor’s employees, agents, or subcontractors with such access **must** complete cybersecurity training annually, and the Contractor must present evidence of such compliance annually and upon request. The Contractor **must** use the cybersecurity training course offered by the Louisiana Department of State Civil Service without additional cost.

As defined in the Definitions and Acronym attachment, “**must**” designate a mandatory requirement and denotes the same imperative as “Shall”.

- 14. Question:** Sample Contract, Section 46.0 Intangible Property and Copyrights, p.18. Can the State verify that 42 CFR 75.2 is the location of its definition of "intangible property?"

**Response:** Yes, 42 CFR 75.2 is the correct location of the “Intangible property” definition.

- 15. Question:** Sample Contract, Section 5.2, Invoices. Will the State accept Contractor's standard template invoice used for all clients?

**Response:** Yes, the State accepts vendor's invoice templates. The Contractor should ensure the invoice contains all standard and pertinent information (service dates, rates, description of goods/services provided, invoice number, vendor's contact information, buying agency's contact information, buying agency's PO number, etc.).

**16. Question:** Sample Contract, 5.2 Invoices, Does the State expect the awarded Contractor to maintain a cost accounting system?

**Response:** The Contractor does not need a cost accounting system. The State will handle the cost allocation.

**17. Question:** We would like to execute an NDA prior to sharing Video Clips. Are you willing to sign an NDA?

**Response:** No. For any trade secrets and/or privileged or confidential proprietary information, the Proposer will have the option to provide a redacted version of their proposal in Section 17, Redacted Proposal of the RFP Event.

For additional information, see Number 6, "Confidential Information, Trade Secrets, and Proprietary Information" of the Administrative and General Information Document.

**18. Question:** In 4.0 "Detailed Requirements" of the Scope of Work Document is LDH stating they would like to go-live 18 months after signature? If so, would LDH be amenable to an alternate project implementation start date if the implementation period is shortened creating cost savings?

**Response:** The State looks forward to proposed project plans and are open to reasonable and customary implementation periods.

**19. Question:** In 4.2 "Project Requirements" of the Scope of Work Document would LDH consider rewording "Key personnel must be committed full-time for the duration of the Contract term" to "Key personnel must be committed full-time for the duration of the Contract term unless otherwise discussed and agreed upon by LDH and the contractor"?

**Response:** No.

**20. Question:** In 4.2 "Project Requirements" of the Scope of Work Document there is a requirement for all [Proposer] staff to disclose allocation on this project and any others they may be aligned to. [Proposer] assumes that it is reasonable to show or make available the allocation toward an implementation for LDH and that LDH understands the privacy of [Proposer's] other clients and their allocations in regards to them?

**Response:** In Section 4.2 of the Scope of Work, Project Requirements references requirements of the awarded Contractor. These requirements are not expected to be met as a part of the RFP response.

**21. Question:** In 4.3 "System" of the Scope of Work Document there is a statement in regards to environments and requirements for those environments. [Proposer] typically has multiple environments/domains that would encompass the tasks listed as requirements. For our understandings, is the state expecting each environment to fulfill each of these requirements or just that there is an environment available that fulfills these requirements (i.e. multiple environments that in total fulfill these requirements)?

**Response:** Multiple environments to fulfill these requirements is acceptable.

**22. Question:** On section 4.4 number 11 page 8 of the Scope of Work Document can LDH clarify to what extent they would anticipate [Proposer's] assistance?

**Response:** For the purposes of this RFP transition assistance includes, but is not limited to, providing detailed technical documentation on the following:

- Database design
- Schemas
- File types

Additionally it includes, but is not limited to:

- Complete exports of all databases containing patient demographics, labs, medical records data, insurance and billing information.
- Complete exports of all image files related to the aforementioned database files.
- Providing reasonable and timely access to technical and subject matter experts related to all aforementioned items to insure a successful transition to another EHR.

**23. Question:** On page 11 of the Scope of Work Document there is a statement "Milestones will be defined, at a minimum, in implementation, customization, configuration, data conversion, training, interfaces documentation, and user manual development with a payment model established." Can you please clarify the statement?

**Response:** See changes to this in Addendum Number 21.

**24. Question:** 6.4.3 "Staffing Changes" of the Scope of Work Document it states "The State reserves the right to approve all individuals assigned to this project." Would the state be amenable to changing the verbiage to "review" all individuals assigned to the project?

**Response:** See changes to this in Addendum Number 21.

**25. Question:** Can you confirm the following programs fall under the Scope of Work in the RFP? Please identify any other programs not listed below that should be inclusive with responses.

- Well-Ahead
  - Diabetes Management & Prevention
  - Early Childhood
  - Heart Disease Management & Prevention
  - Obesity Management and Prevention
  - School Health
  - Tobacco Cessation

- Adult and Child Immunizations
- Women’s Reproductive Health/ Family Planning FPAR 2.0
- Breast & Cervical Cancer
- Mental Health
- Communicable Disease
  - Ryan White HIV
  - STD
  - Refugee Health
  - Wise woman
- Dental
- Maternal Health
- TB
- Adult Health
- Child Health
- Telehealth
- Targeted Case Management

**Response:** The following services are within the Scope of Work for this RFP:

- Well-Ahead
  - Diabetes Management & Prevention
  - Heart Disease Management & Prevention
  - Obesity Management and Prevention
  - Tobacco Cessation
  - Adult and Child Immunizations
  - Women’s Reproductive Health/ Family Planning FPAR 2.0
  - STD
  - Refugee Health
  - Wise woman
- TB
- Child Health
- Telehealth
- TelePRep
- Community Health program
- Immunization program
- Children’s Special Health services, includes multiple specialties such as orthopedics, neurology, cleft lip and palate, social services, nutritionists and more.

Note, the State is continuously onboarding LDH/Office of Public Health (OPH) services offered into the electronic health record to better serve our patient population and expand our capacity.

**26. Question:** Can you please confirm the following required interfaces? Please note any additional not listed that would be required.

- OPH State Lab (bi-directional)
- LabCorp (HL-7 bi-directional)
- Quest (HL-7 bi-directional)



- CPL (HL-7 bi-directional)
- LINKS
- QSP Medication Inventory

**Response:** See Section 4.1 of the Scope of Work, Technical Requirements, #3 for details.

**27. Question:** Can you please clarify if OPH has an internal billing team to perform claim submission, denial management, posting, etc. with the software or would they prefer the electronic health record solution provider assume these tasks?

**Response:** LDH/OPH does not have an “internal” billing team. A billing vendor is used.

**28. Question:** Can you please confirm the name of current legacy practice management and electronic health record solution in use at OPH? Does OPH desire to have patient demographic and clinical data migrated from existing solution to new software? What file format can we expect to receive from OPH to migrate?

**Response:** LDH/OPH’s current practice management and electronic health record solution is Intergy, a product of Greenway Health, LLC. Yes, patient demographic and clinical data will need to be migrated from existing solution to the new software. The file format will be pipe-delimited, as we understand.

**29. Question:** Can you list the most common insurance payers the State works with for claim submission?

**Response:** The current MCOs are Humana Healthy Horizons, Healthy Blue, Louisiana Healthcare Connections, Aetna Better Health, American Caritas, and United Healthcare. For Commercial there’s Blue Cross Blue Shield (BCBS).

**30. Question:** If Dental is in scope, can you confirm the total number of Dentists that would need access to the application? How many locations have dental services?

**Response:** Dental Services are not provided.

**31. Question:** How many providers would need access to telehealth?

**Response:** Approximately 30 providers will need access to telehealth.

**32. Question:** Does OPH prescribe controlled substances to patients? If yes, how many providers would need this capability? Is PDMP a requirement?

**Response:** LDH/OPH currently does not prescribe controlled substances through the electronic health record.

**33. Question:** Is case management a requirement in the response? If yes, how many case workers would need access to the application? What programs would be utilizing the targeted case management solution?

**Response:** LDH/OPH currently has separate systems for case management and would like to explore the option of consolidating and modernizing multiple disparate systems. LDH/OPH's current case management systems are for Community Health Program, Tuberculosis Program, Genetics and Newborn Screening, Children's Special Health Services and exploring onboarding more in the future.

**34. Question:** Is electronic faxing desired? If so, how many locations and fax numbers would be required?

**Response:** LDH/OPH currently have fax numbers at every site, but do not have e-fax via the EHR. There are 64 locations and the State is open to exploring electronic faxing through proposals.

**35. Question:** Is Business Intelligence (ad hoc reporting) required?

**Response:** Yes, see Section 4.4 of the Scope of Work, Contractor.

**36. Question:** Can you please list the standard reports OPH would want exportable from the new software, i.e. FPAR 2.0?

**Response:** Examples of standard reports LDH/OPH would want exportable from the new software include but are not limited to: user role assignments, login activity, basic standard audit reports, clinical reports such as encounters by location/program/provider/appointment type, lab orders not resulted, orders not signed, encounters not signed, Family Planning Annual Report (FPAR) following the FPAR 2.0 OPA criteria (at the link below). <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report/fpar2>

Other examples are:

Lab results by lab order code;

Current Procedural Terminology (CPT) code utilization by date range/appointment type/provider/program/location;

Medcin or System Nomenclature of Medicine (SNOMED) code by date range/appointment type/provider/program/location

Many of LDH/OPH reports are ad-hoc based on the needs of individual programs for grant reports, requests from the legislature, etc. Access to a reporting platform to build out reports as new requests are received would be needed.

**37. Question:** Is OPH looking for a cloud solution or on-premise?

**Response:** A cloud solution.

**38. Question:** Are Single Sign On and Multi-Factor Authentication required?

**Response:** See Section 4.1 of the Scope of Work, Technical Requirements #3 for details.

**39. Question:** Is medication inventory management a requirement? If yes, please confirm the number of location and administrative staff count who would be responsible for maintaining the inventory.

**Response:** No, medication inventory management is not a requirement but preference will be given to Proposal responses that include all desirable components. There are 64 Public Health Units with medication inventory managed by central state pharmacy with approximately five (5) pharmacy employees at this time.

**40. Question:** Has funding been secured for this project? Is \$5 Million the cap for purchasing and implementing a solution?

**Response:** Yes, funding is secured with a \$5 Million cap.

**41. Question:** Do you use separate systems for billing or practice management?

**Response:** Yes, we currently use separate systems for billing and practice management.

**42. Question:** What are the key improvements you are looking for in the new EHR systems?

**Response:** All details described in the Request for Proposal (RFP) are key. Additional highlights for key improvements are, but not limited to: enhanced standardization to include reducing/eliminating need for duplicate data entry, streamlined entry of information that is documented in the chart or received from outside sources and concise and standardized information display that is easily read and interpreted upon review. Applicable workflows related to public health clinical activities, staff access to generate meaningful reports related to continuity of care of their patients (ex: run report for upcoming or overdue 3 month hormone injection); clear and concise presentation of records via portal for clients view; ability to search patient with wildcard character or with multiple search parameters such as last name and date of birth.

**43. Question:** What other EHR systems have you already previewed (via demo) related to this RFP?

**Response:** In 2019, the State previewed by demonstration the following vendor products by way of a Request for Information (RFI):

- Patagonia Health
- Streamline
- CDP
- Virence
- DSS Incorporated
- Harris Coordinated Care Solutions
- OCHIN
- Centricity

**44. Question:** We define system users as each individual user login/password. How many total users will require access to the system? Of this total, how many are clinicians, clerical and billing staff and how many are full time vs. part time? Additionally, are any of the required logins external logins such as Community Health Workers (CHW), First Responders, etc.?

**Response:** Currently, there are 500 concurrent users. Of those concurrent users, there are approximately 50 clinicians, 200 nurses, 200 clerical, and 11 billing staff.

**45. Question:** Do you dispense medications and track medications inventory?

**Response:** Yes, LDH/OPH dispense medications from State Pharmacy to the clinics. The State is interested in seeing a solution with pharmacy inventory management capabilities, via integration with QSI Pharmacy Inventory System. See Scope of Work, Section 4.1.1, Integration capabilities.

**46. Question:** Which Labs are a “must” requirement to interface with the EHR?

**Response:** See Scope of Work, Section 4.1.1, Integration capabilities.

**47. Question:** Which other Interfaces (e.g. HIE, Immunization Registry etc.) are a “must” to connect to with the new EHR?

**Response:** See Scope of Work, Section 4.1.1, Integration capabilities.

**48. Question:** Do you have any other systems which are a “must” to integrate with the new EHR?

**Response:** See Scope of Work, Section 4.1.1, Integration capabilities.

**49. Question:** When do you hope to select/implement the new EHR?

**Response:** Selection is anticipated to take place by the first quarter of 2024 and implemented by the third quarter of 2025.

**50. Question:** Do Vendors / Suppliers need to be licensed in your state prior to RFP submission?

**Response:** No, the successful proposer will need to be licensed prior to contract execution.

**51. Question:** Can you provide sample reports, forms, notes, etc.

**Response:** See Attachments I-V for samples.

**52. Question:** Do you provide Mental or Behavioral Health services? If so, please summarize services.

**Response:** Regional social workers provide advanced-level social work services for Children’s Special Health Services (CSHS) and Genetics medical clinics, and Reproductive Health patients meeting specific criteria. Services include, but are not limited to:

- Behavioral health assessments completed in the EHR, diagnoses, individual and/or family therapy, if needed.
- Developing and implementing complex individualized treatment plans to address identified needs, problems, and behavioral or emotional reactions of patients and families.
- Provides care coordination and transition services to transition aged youth.

**53. Question:** What is the proposed budget or budget range for this project? The front page of LESA has a range of \$1m to \$5m, although the scope appears significantly larger than that amount.

**Response:** The funding for this project is capped at \$5 Million.

**54. Question:** If you are not able to provide a proposed budget range in the very near future, will you consider extending the deadline for proposals to allow for ample time for vendors to craft a scope that fits the proposed budget?

**Response:** See response to question 54.

**55. Question:** Please provide user counts for Schedule D of the Price Schedule Attachment.

**Response:** Based on the sealed cost model for this RFP, this information cannot be disclosed at this time.

**56. Question:** Please confirm how many full-time providers (licensed to write prescriptions, 20+ hours per week) will access the EHR.

**Response:** There are approximately 30 full-time providers prescribing. Numbers provided are an estimate and not a commitment to purchase a specific number of licenses.

**57. Question:** Please confirm how many part-time providers (10-20 hours per week) will access the EHR.

**Response:** There are approximately five (5) part-time providers prescribing. Numbers provided are an estimate and not a commitment to purchase a specific number of licenses.

**58. Question:** Please confirm the number of overall named users.

**Response:** There are approximately 500 concurrent users. Numbers provided are an estimate and not a commitment to purchase a specific number of licenses.

**59. Question:** How many providers will use telehealth/virtual visits?

**Response:** There are approximately 30 providers for telehealth services. Numbers provided are an estimate and not a commitment to purchase a specific number of licenses.

**60. Question:** How many support users (users that will assist the Provider with scheduling and connecting the patient for the visit) will use telehealth/virtual visits?

**Response:** There are approximately 500 concurrent users. Of those concurrent users, there are approximately 50 clinicians, 30 telehealth providers, 200 nurses, and 200 clerical staff that will support all services. Numbers provided just an estimate and not a commitment to purchase a specific number of licenses.

**61. Question:** Please confirm the number of lab vendors by name requiring a bi-directional interface.

**Response:** See Scope of Work, Section 4.1.1, Integration capabilities.

**62. Question:** The RFP states that there are 64 locations, but also refers to “more than 64 locations” on page 8 of the Scope of Work. Can you please confirm how many locations will be using the system?

**Response:** At this time, there are 64 locations.

**63. Question:** What is the required end-user training model: train-the-trainer or full end-user training?

**Response:** The State has deployed a training plan that involved all users receiving prerequisite training through a web-based learning platform provided by the vendor. Superusers then received hands-on and in-person training at one (1) central location. Furthermore, superusers received guidance and support from Central office and vendor to deploy hands-on and in person training to all users prior to go-live. Please detail your training plan in the submission for consideration based on your experience of deploying multiple locations.

**64. Question:** Will travel expenses be reimbursed?

**Response:** Travel costs shall be included in the total contract amount.

**65. Question:** What funds are committed to funding the EHR project?

**Response:** The funding source will be determined during contract negotiations.

**66. Question:** What is the name of the existing EHR?

**Response:** Intergy a Greenway Health, LLC

**67. Question:** Is a radiology interface required? Please identify all radiology vendors.

**Response:** No.

**68. Question:** Who is the SSO vendor?

**Response:** The current Single Sign-On (SSO) vendor is Broadcom.

**69. Question:** Please provide a network map and description of internet connectivity.

**Response:** This information is unavailable.

**70. Question:** How do users access the current EHR system?

**Response:** Citrix Workspace, but this is not a requirement for the new system.

**71. Question:** Section 1.2 of the RFP: Administrative and General Information; RFP Page 1; Proposal Submittal; Will the State allow for an Executive Summary to be included at the front of bidders' responses? Executive Summaries are a standard practice for proposal responses, but there is not currently a section provided. Where would the State prefer bidders to include this in our responses?

**Response:** Yes. Proposers can include their Executive Summaries with their cover letter in section 7.1.

**72. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 11; System Performance; How many total named and concurrent users does the State expect to utilize the new EHR? Can the State please provide a further demographic breakdown of users per site:

Prescribers

- Number of MD/DO
- Number of Nurse Practitioner
- Number of Physician Assistant
- Number of Prescribers needing capability to prescribe controlled substances

Non-Prescribers

- Number of Techs/CNAs
- Number of other clinical providers with breakdowns
- Number of billing staff
- Number of intake / clerical staff

**Response:** Based on the sealed cost model for this RFP, this information cannot be disclosed at this time.

**73. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Contractor; How many locations does the State expect to roll the new EHR out to? Does the State wish to have onsite resources at each location at go-live or at a central location?

**Response:** A total of 64 locations will be deployed. Resource dissemination can be described in the project plan submissions based on the vendor's prior experience deploying multiple locations.

**74. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; System Performance; Does the State plan to utilize the new EHR in a disconnected state, with no connection to the internet? Or does the State provide staff with internet connectivity as needed? How many expected users does the health department expect to utilize the new EHR in a disconnected state?

**Response:** The State is open to new and innovated solutions that would allow for temporary disconnected use.

**75. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Contractor; How many users are expected to be trained? How many locations will training be held at?

**Response:** The State anticipates to train approximately 400 users state-wide and logistics can be negotiated with the Contractor to determine the best training deployment strategy. In the past, the State has deployed web-based learning to all users as a prerequisite and one (1) location in person for superusers, utilizing train-the-trainer model.

**76. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Integration Capabilities; Is the State willing to use the proposed solutions inventory system, instead of QS1.

**Response:** The State is open to evaluate any proposed inventory management solutions.

**77. Question:** Section 1.2 of the RFP: Administrative and General Information; RFP Page 1; Proposal Submittal; The section indicates that Bidders have the option of submitting proposals through LESA, but we would ask for more clarity of this section, as the Hard Copy area is shaded.

Could the State please confirm whether it would prefer responses through LESA or if it requires a hard copy submission for this solicitation?

**Response:** Proposers are strongly encouraged to submit their proposal electronically via LESA by answering all questions and attaching additional documentation as requested. However, Proposers may submit their proposal via Hard Copy to the Office of State Procurement.

**78. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 11; What is the name/product/version is the State's current solution/EHR?

**Response:** Intergy a product of Greenway Health, LLC.

**79. Question:** Section 1.2 of the RFP: Administrative and General Information: RFP Page 5: Approach and Methodology: e.4.a (i.-vii.); The information requested is not provided without a signed NDA from the client. Please confirm the State will sign an NDA prior to bidders' submittals of their responses.

**Response:** See response to question 17.



**80. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 1; Background; Please list all programs and services that will be required to be captured within the solution.

**Response:** See response to question #25; Reproductive Health services, Tuberculosis services, STD/STI and TelePrep services, Community Health program, Immunization program, Children's Special Health services includes multiple specialties such as orthopedics, neurology, cleft lip and palate, social services, nutritionists and more. Note, we are continuously onboarding LDH/OPH services offered into the electronic health record to better serve our patient population and expand our capacity.

**81. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Integration Capabilities; This requirement indicates "Other laboratory provider(s)". In the price schedule the State does not appear to be asking for pricing connections to other laboratories.

- What other laboratories does the State want connections with?
- What are the names of the laboratories?
- How would the State like vendors to provide pricing on additional laboratories that are unknown at this time?
- Are all lab connections Outbound and Inbound (Orders & Results)?

**Response:** See Scope of Work, Section 4.1.1, item 4.1.1 1. C. Other Laboratory Providers means it is the expectation of the State that the Proposers be able and willing to integrate, either via existing API or custom development, with any laboratory provider the State may identify a need for integration and partnership with in the future. At this time all known partners are listed in A-H.

**82. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Integration Capabilities; The State is asking for interfaces with Clinical Pathology Laboratories. The price schedule does not ask for vendor costs.

- What are the CPL's State want connections with?
- What are the names of the CPL's?
- Are connections expecting Outbound and Inbound exchanges (Orders and Results)?
- How would the State like vendors to provide pricing on a CPL's that are unknown at this time?

**Response:** Clinical Pathology Laboratories (CPL) is not an umbrella term. It references a specific company. Their website is <http://www.cpllabs.com>. For all integrations the expectation is a bi-direction near real time integration without the use of third party software or the need to leave the EHR, and utilize an additional software or website.

**83. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Integration Capabilities; This requirement requests interfaces for more than one HIE, but the price schedule only has a singular line item.

- Where should bidders provide pricing for additional HIE's?
- What are the other HIE's the State is considering?
- Has the State confirmed with each HIE that they are willing to work with bidders to ensure successful connections?

**Response:** The State is not currently connected to a Health Information Exchange (HIE) but open to exploring this with a new solution. Pricing for additional HIE's may be submitted in Section 15.1 of the RFP Event: Price Schedule, Schedule G tab.

- 84. Question:** Section 12.2 of RFP: RFP for Certified EHR Technology and Revenue Cycle Management for OPH (Excel Export); Approach and Methodology tab; Column F is locked and does not allow for bidders to provide narrative on their solution's technical approach. Is this an error, or is there another place the State would like the required narrative responses to be provided by Bidders?

**Response:** Each question may be designated a different answer type. For Section 12.2 specifically, the response must be submitted as an attachment. You will need to upload your response as an attachment in the RFP Event, as there is not an option to upload the attachment through the excel spreadsheet.

- 85. Question:** Section 2.1 of the RFP: Scope of Work (& Service Level Agreement); RFP Page 11(& RFP Page 2); System Performance (& Performance Expectations); Industry standard uptime guarantees from the largest cloud providers is 99.9%. It is also non-standard to bifurcate these standards between the overall period and normal business hours. We would respectfully ask the State to amend this requirement to meet a single overall standard of 99.9%.

**Response:** The State will not amend the 99.99% requirement for uptime. Please keep in mind that planned downtime does not count against the uptime guarantee. The State does not find over 60 hours of unplanned downtime as an acceptable level of service.

- 86. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 12; Incident Management; How many people currently support the current EHR?

**Response:** The State has a core team of five (5) full-time dedicated staff for EHR support, plus approximately an additional 20 LDH/OPH staff that support the EHR goals and objectives for the State.

- 87. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 12; Incident Management; How many people are expected on the State's side to support the new EHR?

**Response:** The State has a core team of five (5) full-time dedicated staff for EHR support, plus approximately an additional 20 LDH/OPH staff that support the EHR goals and objectives for the State.

- 88. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 4; Deliverables; What deployment methodology does the State wish to roll out to all locations? (i.e.. Big Bang or Phased) If Phased approach, how many deployment cycles does the State wish to have?

**Response:** The State is open to consider all proposed methods of deployment.

- 89. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 3; Deliverables; Please list all Performance Measures that wish to be captured for Measure Reporting.

**Response:** The State will not list all performance measures as an exhaustive list. It is the expectation that a Proposer be able to report on all reasonable and customary measures, to include but not limited to, patient satisfaction, health outcomes, clinical effectiveness, productivity, communication and outreach, population health, measures that demonstrate compliance with standards and regulatory entities.

90. **Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 3; Deliverables; Will the State allow for a VPN connection for a reporting server to be in place rather than an on-site database for a nightly refresh.

**Response:** No, the SOW specifically requires the on-site database; allowing the Virtual Private Network (VPN) connection may affect downstream requirements.

91. **Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Integration Capabilities; Can the State please provide the HL7 specification for the interoperability with the State StarLIMS System?

**Response:** StarLIMS utilizes Health Level Seven (HL7) Version 2.5.1.

92. **Question:** Section 1.2 of the RFP: Administrative and General Information; RFP Page 4; System, Support, and Hardware; If a proposing vendor has an integrated telehealth solution, does the State wish for the vendor to propose? If so, how many telehealth visits (hours) per month should be included in this proposal?

**Response:** Yes, please propose integrated telehealth solution. The State currently averages 200 visits per month with potential to decrease or expand these services.

93. **Question:** Section 1.2 of the RFP: Administrative and General Information; RFP Page 4; What SAML 2.0 Identity Management solution does the State utilize today?

**Response:** Identity Manager for Consumers and Business Users, Identity Suite, Single Sign On – version 12.x. are utilized.

94. **Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 2; Deliverables; Is the State expecting the Contractor to train all of its end users, or will the Contractor be able to employ the train-the-trainer model? In this model, the Contractor will train a designated subset of your users – Super Users – who will then train all of your end users.

**Response:** The State has deployed a training plan that involved all users receiving prerequisite training through a web-based learning platform provided by the vendor. Superusers then receives hands-on and in-person training at one (1) central location. Then superusers receives guidance and support from Central office and vendor to deploy hands-on and in person training to all users prior to go-live. Please detail your training plan in the submission for consideration based on your experience of deploying multiple locations.

95. **Question:** Section 1.2 of the RFP: Administrative and General Information; RFP Page 9; Hardware Capability; Is the State requesting Signature Pads, Barcode Scanners, and Label

Printers to be included in the response and cost? If the Signature Pads, Barcode Scanners, and Label Printers need to be included, what quantity is needed for each?

**Response:** The ideal solution will utilize readily available third party peripherals that can be easily obtained from multiple resale outlets. If the Proposer utilizes custom hardware or custom configurations of third party peripherals that would require a minimum of two (2) of each unit for every parish health unit with the option to purchase additional units at cost.

**96. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 1; Background; Does the State provide dental services? If So:

How many dental sites? How many dental mobile sites?

How many concurrent users would be utilizing the Dental capabilities?

Can the State please provide a further demographic breakdown of users?

- Number of Dentists

- Number of Dental Hygienists

- Number of Dental Assistants

- Number of Front Desk Staff

- Number of Dental Practice Managers

Does the State currently utilize a Dental Practice solution? If so, what solution is being utilized?

Does the State currently utilize a dental imaging software? If so, what software?

What are the current image acquisition devices, makes, and models that the State will utilize with the Dental capabilities in the new solution? I.E. Panorex Machines, are the Pans 2D or 3D, Sensors, PSP Systems, intraoral cameras.

**Response:** See response to question 30.

**97. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 3; Deliverables; The State is asking for the FPAR report as of 2020. With OPA moving to FPAR 2.0 reporting requirements, does the State intend on moving to the new FPAR 2.0 requirements prior to go live on the new EHR?

**Response:** The State currently uses FPAR 2.0.

**98. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 4; Deliverables; On-Site Database - Is the States intent to have a local Database in the event the hosted solution is offline? Client will connect via ODBC over a near-real time myInsight reporting server (replication of the production DB) and query desired data on client desired intervals.

**Response:** The State intends to use a local database copy for highly customized and specialized reporting needs as necessary.

**99. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Deliverables; Section 4.1 Item 6. Can the state please provide the specific State regulations and guidelines required for compliance?

**Response:** This requirement evolves and changes over time. Contractor will be notified of the required regulations.

**100. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Deliverables; 4.1.5 The link is not working for the document. Contractor follows the NIST CVSS scoring systems for vulnerabilities and CMS guidelines for remediation. Does the states document align with NIST & CVSS?

**Response:** The Office of Technology Services' Information Security Policy (OTS ISP) follows various National Institute of Standards and Technology (NIST), Fair Information Practices (FIPs), Publication 1075 and others in order to meet various federal and state regulatory requirements. It is the vendor's responsibility to ensure their processes and polices meet or exceeds the OTS ISP found at the following link:

<https://www.doa.la.gov/media/wvmhsr1r/informationsecuritypolicy-v-1-0-3.pdf>

**101. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 1; Background; Does the State wish to include Employee Health Services Program within the deliverable programs for the EHR?

**Response:** The State is open to exploring Employee Health Services as a deliverable for the EHR.

**102. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Deliverables; Does the State have a project escalation process in place?

**Response:** Yes, the State has a project escalation process in place.

**103. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Deliverables; Is the State bringing on an IV&V vendor for this process?

**Response:** The State has considered bringing on an Independent Verification and Validation (IV&V) vendor. However, at this time, a decision has not been made.

**104. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Integration Capabilities; Please describe the intended use case for the integration between LAWIN and the new EHR?

**Response:** Women, Infants, and Children (WIC) service is extended for qualifying patients within the EHR, and it is administered to patients at clinic service sites. Patients having registered for WIC service is to be identified in the EHR.

**105. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Integration Capabilities; Can the State please provide the HL7 specification for the interoperability with the State LAWIN System?

**Response:** Health Level Seven (HL7) Version 2.5.1.

**106. Question:** Section 2.1 of RFP; Scope of Work; RFP Page 8; Contractor; Please describer the State's requirement for user guide documentation for how the software solves problems.

**Response:** Examples would be documentation for how the system manages lab results for orders received but unable to match to a particular order/patient, or what the system does with a task or messaging request received by system for a user who is no longer active.

**107. Question:** Section 2.1 of RFP; Scope of Work; RFP Page 10; Performance Requirements; How long does the State wish to have the Vendor Project Team engaged after Post-Go-Live, prior to Maintenance and Operation.

**Response:** The State anticipates the Vendor Project Team to be engaged 6 (six) months post-go-live, contingent upon performance and deliverables, upon receipt of closeout report.

**108. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 11; Deliverables; What calculations does the State wish to convert into the new EHR?

**Response:** While not a complete list, examples would be age, time since last visit, balance owed, percent of poverty, sliding scale fees etc. Please see Section 4.1.4., Quality Assurance and Control.

**109. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 11; Deliverables; Please define all data that the State wishes to convert into the new EHR.

**Response:** Minimum expectations would be migration of all demographic information in read, write, edit, and view with view only clinical data. The State prefers to convert and migrate clinical data in read, write, edit, and view.

**110. Question:** Section 8.1 of RFP: Service Level Agreement; Page 1; Performance Requirements 1.1; The Bidder requests that the last sentence, "The State reserves the right to add new Service Level Agreements" be amended with the following language, "...as approved by both parties".

**Response:** Any Service Level Agreements (SLAs) will be included in the contract and changes or additions will require an amendment agreed to by both parties.

**111. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 5; Section 4.1.1; Integrated Capabilities; "Relevant HIEs (to be determined before Contract signing)" If the RFP is to serve as the Scope of Work in the contract, all HIE connections will need to be identified and included for response. Please provide list of all HIE connections requested.

**Response:** The State is not currently connected to an HIE but open to exploring this with a new solution.

**112. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 10; Section 6.0; Performance Metrics; Statement on the Transition/Turnover Plan being due two months Post Live contradicts the statement on page 3 where the plan is indicated being due with the RFP response. Please clarify which section is correct.

**Response:** In accordance with Section 3.0 Deliverables, the Transition/Turnover Plan will need to be submitted to LDH in response to this RFP.

**113. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 1; Overview; Of the 1.5 Million records currently stored, what portion of those hold data that needs to be migrated for viewing the last three years of data?

**Response:** All records will need to be migrated.

**114. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 6; Quality Assurance and Control; How many distinct workflows does the State intend to capture within the new EHR?

**Response:** Our front office and clinical workflows are largely standardized, but may have variations based on program. For example, the Reproductive Health (RH) Program requires income collection for application of sliding scale fee, but this information is not required for other programs. The RH Program may require full capture of all vitals, but immunizations may only require temperature. See question 25 for the various programs currently operated by LDH/OPH.

**115. Question:** Section 8.1 of RFP: Hardware/Software Environment Attachment; Page 1; Section 1.0; Hardware and Operating System Software; In the Scope of Work the State asks for a Cloud Based SaaS offering. In this document the State says the system is to be installed and operated on the State data processing facility. Please confirm that the State is looking for a Contractor hosted Cloud based SaaS solution.

**Response:** Yes, the State is seeking a Contractor hosted Cloud based SaaS solution.

**116. Question:** Section 1.2 of the RFP: Administrative and General Information; RFP Page 5; Approach and Methodology; Please describe what the State means by "Macro Creation".

**Response:** Any software functionality, if available, for creating shortcuts or macros to accomplish common, repetitive tasks automatically.

**117. Question:** Section 1.2 of the RFP: Administrative and General Information; RFP Page 4; The requested video clips require a signed NDA from the State. Please confirm the State will sign an NDA prior to bidders' submittal of their responses.

**Response:** See response to question 17.

**118. Question:** Section 1.2 of the RFP: Administrative and General Information; RFP Page 4; To protect bidders' IP, please confirm videos may be shared via a link.

**Response:** Yes, a WORD or PDF document may be provided with a link.

## **MOOT QUESTIONS**

The following questions were submitted by prospective Proposers related to the Revenue Cycle Management (RCM) solution set by the State in the original RFP. The RFP has been amended via addendum to remove the Revenue Cycle Management solution component. Therefore, these questions are moot.

1. **Question:** Please explain exactly what you are looking for regarding RCM. Are you planning on outsourcing services including: Coding, Billing, Claim Submissions, Collections, Accounts Receivable, Legacy Wind-Down from Nextgen, or any type of revenue support within the new platform or are you looking for a solution that provides a Practice Management / Billing solution where you conduct all Revenue Cycle Management activities in-house as mentioned above? If you are looking to outsource, more information is needed to generate a quote for RCM services:
  - Copies of an Aged-Trial-Balance with date range breakouts: 0-30, 31-60, 61-90 etc. and by financial class.
  - Self-pay
  - Commercial
  - Worker comp, etc with number of accounts.
  - Volumes by Specialty: by month for 1 year
  - Platform utilizing: Legacy Wind-down from Nextgen
  - Current staffing model in place now
2. **Question:** Please provide clarification concerning the RCM requirements. Do you require RCM software, billing services, or both?
3. **Question:** The RFP states that “The solution shall be an Electronic Health Record with a fully integrated Revenue Cycle Management (RCM) component, or an Electronic Health Record with an integrated 3rd party Revenue Cycle Management Company.” Is the State interested in proposals that offer an EHR with integrated RCM functionality to enable the State to perform billing functions, but do not offer to perform billing functions for the state (SOW 4.4.9 and 4.4.10)?
4. **Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.
  - a. **Charges, Payments, Collections**
    - i. Last 2 years Charges
    - ii. Last 2 years Payments
    - iii. Last 2 years Adjustments
    - iv. Last two years total amount of claims
    - v. Provide date range used
5. **Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.
  - a. **Insurance Eligibility & Benefit Verification**
    - i. Is Vendor being considered to provide these services? (Y/N)  
If yes, outline the scope.
    - ii. What are the average number of monthly visits?
    - iii. Confirm if this is pre-appointment verification or post-appointment.
6. **Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.



- a. **Prior Authorization (Pre-Cert) or Retro Authorization**
  - i. Is Vendor being considered to provide these services? (Y/N)  
If yes, define the scope – confirm if this is Prior or Retro-Authorization scope.
  - ii. Provide average number of New Auth requests per Month
  - iii. Provide average number of follow-ups to be done for New Auth request before an Auth is obtained.
  - iv. Expected TAT (Turn Around Time) for obtaining an Auth.
- 7. **Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.
  - a. **Demographic Entry**
    - i. Is Vendor being considered to provide these services? (Y/N)  
If yes, please define the scope.
    - ii. What are the average number of New Patients Visits per Month which requires demographic entry?
- 8. **Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.
  - a. **Coding**
    - i. Is Vendor being considered to provide these services? (Y/N)  
If yes, please define the scope – Is this Full Coding or Coding Review only?
    - ii. Provide the average number of charts per month. If this is a multiple specialty practice, then please provide the volume for each Specialty:
    - iii. What type of Coding is required (Profee or Facility)?
    - iv. Do you need certified coders, or would Vendor certified coders be OK.
    - v. What is the name of the Coding platform?
    - vi. What is the process for pending Charts which require additional/missing information?
- 9. **Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.
  - a. **Charge Entry**
    - i. Is Vendor being considered to provide these services? (Y/N)  
If yes, please define the scope – Is this a Charge Review or Charge Creation/Entry process?
    - ii. What is the average number of Claims billed per Month?
    - iii. What are average Charges per Month (dollar amount)?
    - iv. What is the average number of CPT's per claim?
    - v. What is the expected TAT for Charge Entry process?
    - vi. What percentage of charges are integrated to flow automatically into Billing system vs the percentage of charges which require manual entry?
    - vii. Scrubbing: Is the PM inbuilt with CCI edits for scrubbing and it needs to be done before Charge Submission?
    - viii. Share Charge Details report for the last 3 months.
- 10. **Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.
  - a. **Clearinghouse & Payer Rejections**
    - i. Is Vendor being considered to provide these services? (Y/N)  
If yes, please define the scope.
    - ii. Average number of CH and Payer Rejections per monthly.

- iii. What is the expected TAT for addressing a CH & Payer Rejection?
- iv. What is percentage of clean claims?
- v. What percentage of claims are electronic vs paper submissions?
- vi. Is the Billing application enabled with CCI edits? Is there a scrubber used currently?

**11. Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.

**a. Payment Posting**

- i. Is Vendor being considered to provide these services? (Y/N)  
If yes, please define the scope.
- ii. What is the average monthly Collection/Payment amount?
- iii. Can you share the Payment Summary Report for the last 3 months?
- iv. What is the percentage split of claims into ERAs posting vs Manual posting or Lockbox posting?
- v. What is the expected TAT for completing a Payment Batch and posting an ERA file?
- vi. Please provide the payment received types.
  - 1. ERA with Paper Check
    - a. (Y/N)
    - b. Volume (\$)
    - c. Frequency (D/W/M)
  - 2. ERA with EFT
    - a. (Y/N)
    - b. Volume (\$)
    - c. Frequency (D/W/M)
  - 3. Copays
    - a. (Y/N)
    - b. Volume (\$)
    - c. Frequency (D/W/M)
- vii. Will Vendor have access to Lock-Box and Bank Statements?

**12. Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.

**a. Correspondence**

- i. How will we get access to Correspondences and EOBs?
- ii. What is the average volume of scans per day?

**13. Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.

**a. Accounts Receivables – Insurance**

- i. Is Vendor being considered to provide these services? (Y/N)  
If yes, please define the scope.
- ii. Please share current ATB – including claim count, current balances, by Insurance.
- iii. Share payment trend file for past 12 months including claim details, Insurance total charge, payment amounts, paid dates, denials, denial dates, adjustment/Write offs taken, current balance (NCR or GCR?), current insurance and disposition.
- iv. Is Vendor responsible for all AR or only for some ageing/payer buckets?

- v. What is the average number of denials per month?
  - vi. What is the percentage of claims which get paid straight through without requiring any intervention?
  - vii. Which of these processes would you prefer – appeal to be printed at Client printer directly and mailed by client or payer OR printed at Vendor location & dispatched to client or payer?
  - viii. Is there a target per expected AR days?
- 14. Question:** If billing staffing services are required in this proposal, please provide responses to the questions outlined below.
- a. Patient Calling – Soft collections
    - i. Is Vendor being considered to provide these services (Y/N)?  
If yes, please define the scope.
    - ii. What are the average number of patient calls made per month?
    - iii. Please share policies related to patient calling which include guideline such as how many times a patient can/should be called, what hours, dunning cycle, etc.
    - iv. Is Patient calling required both English and Spanish?
      - 1. English speaking only (Y/N)
      - 2. Spanish Speaking only (Y/N)
      - 3. Both English and Spanish speaking (Y/N)
    - v. What is the expected productivity per user/day?
- 15. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Revenue Cycle Management; What is the LDH's Annual Gross Revenue?
- 16. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Revenue Cycle Management; What is LDH's Annual Net Revenue?
- 17. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Revenue Cycle Management; What is LDH's Annual Net Collections?
- 18. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Revenue Cycle Management; What is LDH's Annual Claim Volume?
- 19. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Revenue Cycle Management; What is LDH's Annual Insurance Eligibility Verification Volume?
- 20. Question:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Revenue Cycle Management; What is LDH's Average Denial Rate (%)?
- 21. Questions:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Revenue Cycle Management; What is LDH's Average Clean Claim Rate (%)?
- 22. Questions:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Revenue Cycle Management; How many Billable NPIs does LDH currently have? Please note this is not the # of rendering provider NPIs, but the # of billing NPIs for the organization that are input on claim form 837p (box 33a) or 837i (box 1).
- 23. Questions:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Revenue Cycle Management; Netsmart recommends our integrated RevConnect clearinghouse solution for electronic processing of eligibility verification, claims, scrubbing, remittances, etc. Would LDH like us to include proposal and pricing info for this solution that is not required but connects directly with our EHR billing workflows?
- 24. Questions:** Section 2.1 of the RFP: Scope of Work; RFP Page 8; Revenue Cycle Management; What is LDH's Payer Mix?

## LOUISIANA DEPARTMENT OF HEALTH-Office of Public Health

## Client Referral Form

Date of Visit: <<mm-dd-yyyy>>	Client's Name: <<Patient_Full_Name>>
REFERRED BY:<<Provider_Full_Name>>	Client's EHR Patient #: <<Patient_Number>>
Health Unit:	DOB:<<DOB>>
Address: <<Practice_ID>><<Practice_Name>> <<Practice_City_State_Zip>>	Client's Address: <<Street_Address_1>><<Street_Address_2>> <<City_State_Zip>>
Telephone: <<Practice_Phone>>	Client's Telephone #: Home:<<Home_Phone>> Mobile: <<Mobile_Phone>>; Work: <<Work_Phone>>
Fax: _____	Client's Email:
Insurance Information: <<Ins_Name>> <<Insurance_ID>> <<Ins_Subscriber>><<	Insurance Information (cont): <<Ins_Group_Num>> <<Ins_Start_Dt>> <<Ins_Address>><<Ins_City_State_Zip>>

I give my permission to share medical information on the client above between the Office of Public Health and \_\_\_\_\_ (referral facility).

Client/Guardian Signature: \_\_\_\_\_

Referred To: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Appointment needed:  First available  1 month  2 months  Other: \_\_\_\_\_

**TO BE COMPLETED BY PROVIDER ACCEPTING THE REFERRAL**

Finding/Recommendation: \_\_\_\_\_

Return Appointment Given:  YES  NO Date of Appointment: \_\_\_\_\_

Print Name of Examining Clinician \_\_\_\_\_

Signature of Examining Clinician \_\_\_\_\_

**Please return this form to the Referring Health Unit via secure fax.**

Health Unit Point of Contact: Name: \_\_\_\_\_ FAX: \_\_\_\_\_



## Louisiana Maternal, Infant, and Early Childhood Home Visiting

### Referral Form: Nurse-Family Partnership and Parents as Teachers

If you feel a pregnant woman or family would benefit from family support and coaching services in their home, please fax or email this form to the Nurse-Family Partnership or Parents as Teachers team in their community. See the back of this form for program information and eligibility criteria.

**Referral Date:** <<mm-dd-yyyy>> **Contact Person:** <<Provider\_Full\_Name>>

**Referring Agency:** <<Facility\_Name>> <<Facility\_Address>> <<Facility\_Phone>>

**Please ensure pregnant mom or parent/caregiver is aware of referral.**  
**If pregnant mom meets requirements, MIECHV staff will contact patient.**

**Pregnant Mother or Parent/Caregiver Information:**

**Name:** <<Patient\_Full\_Name>> **Date of Birth:** <<DOB>>

**Address:** <<Street\_Address\_1>><<Street\_Address\_2>><<City\_State\_Zip>>

**Parish:** \_\_\_\_\_

**Phone Number: Home:**<<Home\_Phone>> **Mobile:** <<Mobile\_Phone>> **Work:** <<Work\_Phone>>

**Preferred method for initial contact:**  Home Phone  Mobile Phone  Work Phone  Letter

**Currently pregnant?**  Yes  No **Due Date:** \_\_\_\_\_ **First time mom\*?**  Yes  No

*\*Please inquire about possible eligibility for special circumstances, such as death of baby or loss of custody within 30 days of birth.*

**Have children?**  Yes  No **How many children?** \_\_\_\_\_ **Children's ages?** \_\_\_\_\_

**Eligible or receiving one or more of following (check all that may apply):**

Medicaid  WIC  SNAP  TANF  SSI

**Notes:** \_\_\_\_\_

### Referral Submission:

Fax completed form to home visiting team at **318-545-0603**

If you have questions or would like additional information please call **318-545-0136**.

### For MIECHV Program Use Only

Referral Received:

ETO Entered:

HV Received Referral:

1st phone:

2nd Phone:

Letter Mailed:

3rd Call:

Dismissal Date:

Notes: \_\_\_\_\_

Referral Disposition: (Please Circle)

1. Enrolled in model (NFP/PAT)
2. Refused participation
3. Unable to locate
4. Did not meet model criteria
5. Did not meet local criteria
6. Program full
7. Already enrolled in another program
8. Unable to serve client due to language
9. Miscarried/fetal death
10. Insufficient referral information

**LOUISIANA DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH  
REPRODUCTIVE HEALTH PROGRAM**

<<mm-dd-yyyy>>

I, <<Patient\_Full\_Name>> had a pregnancy test completed today at \_\_\_\_\_ Parish Health Unit . I understand this test is not always 100% correct and that I should make an appointment with the family planning clinic, prenatal clinic, or private provider for a medical examination to confirm my pregnancy test results.

<<mm-dd-yyyy>>

LMP:

EDC:

**Pregnancy Test Result**

- Positive
- Negative

Family Planning Appointment given  
    <<Next\_Appt\_Date>><<Next\_Appt\_Time>>

Prenatal Appointment Referral Made  
    <<Ref\_Provider\_Name>><<Ref\_Address>><<Ref\_City\_State\_Zip>><<Ref\_Phone>>

Patient chooses to make her own referral

MIECHV referral completed and faxed to 504-568-3503 ATTN: MIECHV Program

Multivitamins with Folic Acid given

<<Provider\_Full\_Name>>

# NEW PARENTS: WANT AN EXPERT IN YOUR CORNER?!

Everyone needs support! Our family support and coaching program gives you an expert partner in your corner to help you with:



PREGNANCY



PARENTING



NEWBORN CARE



FINANCES &  
LIFE GOALS

...AND MUCH MORE!

## WE'VE WORKED WITH OVER 20,000 LOUISIANA FAMILIES

When you join the program, you're paired with a nurse or parent educator who will work side-by-side with your family to help achieve the goals you set for yourselves. Our program is always:

- ✓ Built around your needs – we come to you!
- ✓ Confidential, voluntary, and no cost.

## WHICH SERVICE ARE YOU ELIGIBLE FOR?

### Nurse-Family Partnership (NFP)

Serves families from pregnancy until the child turns 2

- Must be a first time mom
- Less than 29 weeks pregnant
- Mom-to-be eligible for Medicaid, WIC, TANF or SSI



### Parents as Teachers (PAT)

Serves families from pregnancy until the child reaches Kindergarten

- Must live in Northern Louisiana or the New Orleans area
- Mom-to-be eligible for Medicaid, WIC, TANF or SSI or child 24 months or younger eligible for Medicaid, WIC, TANF or SSI
- Priority given to families with children aged 12 months or younger



## READY TO GET STARTED?

Contact us at:

For more information about this and other Bureau of Family Health Programs, visit [PartnersforFamilyHealth.org](http://PartnersforFamilyHealth.org) or call 1-800-251-BABY

09-2018

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John Bel Edwards  
GOVERNOR



Stephen R. Russo, JD  
SECRETARY

# State of Louisiana

Louisiana Department of Health  
Office of Public Health

## CHILDREN'S SPECIAL HEALTH SERVICES Appointment Letter

Child/Youth Name: <<Patient\_Full\_Name>> DOB: <<DOB>>  
Clinic: <<Appt\_Location\_Desc>> Appointment Date:<<Appt\_Date>>  
Time:<<Appt\_Time>>

The above named child/youth is scheduled to attend the Children's Special Health Services clinic

located at <<Appt\_Location\_Address>><<Appt\_Location\_City\_State\_Zip>> on the date and time indicated above.

Please be prepared to spend several hours at the clinic. Appointments are scheduled in advance. Please make every effort to attend on the appointed date and time as it may be several months before another appointment can be rescheduled. If you cannot attend, please contact this office at the telephone number listed below.

### The Following Items must be Brought to Clinic:

1. Social Security Card (parents/legal guardian and child/youth)
2. Medicaid Card or Healthy Louisiana Plan ( formerly Bayou Health),if eligible
3. Medicare Card (if eligible)
4. Health Insurance Card (if eligible)
5. Braces and other equipment (for orthopedic & neurology clinics)
6. Hearing Aids and Ear Molds (for audiology & otology clinics)
7. Eyeglasses (for ophthalmology clinic)

**New Patients not covered by Medicaid or Healthy Louisiana Plans (formerly Bayou Health) must also bring proof of income to the 1<sup>st</sup> appointment and as requested**

1. Proof of income for the past three (3) months. Check stubs or letter from employer (consecutive and most recent for each employed parent/legal guardian), or
2. Federal Income Tax Form for previous year.

\Center for Preventive and Community Health ▪ Children's Special Health Services

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ ▪ Fax #: \_\_\_\_\_ ▪ [WWW.DHHLA.GOV](http://WWW.DHHLA.GOV)  
"An Equal Opportunity Employer"





# State of Louisiana

Department of Health  
Office of Public Health  
Tuberculosis Control Program

## VOLUNTARY PATIENT COMPLIANCE AGREEMENT

<<Patient\_Number>>  
<<Patient\_Full\_Name>>  
<<Street\_Address\_1>>  
<<City\_State\_Zip>>  
<<DOB>>

Parish \_\_\_\_\_ Date Therapy Regimen Begins \_\_\_\_\_

Note for Patient: All statements are to be read to patient (or patient may read)

1. You are being treated for suspected tuberculosis; therefor it is essential that medication is taken as prescribed.
2. To avoid long-term isolation or quarantine, you will be expected to follow your medication therapy schedule. No dose of medication is to be missed.
3. State law requires that the Office of Public Health assist you in controlling your disease. The only way to cure your disease is by regular use of anti-tuberculosis medication.
4. The following therapy schedule requires that you report to \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_ to receive your medication  
under supervision.

You are expected to call and report any difficulties in keeping your appointments. **Failure to comply with these guidelines may result in quarantine, involuntary confinement at a hospital or possible criminal charges for violations of quarantine.**

**I agree that I understand the above therapy schedule and will make every effort to comply with the full course of my prescribed therapy regimen.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Public Health Nurse or Disease Intervention Specialist \_\_\_\_\_

Copy Received by Patient (Initial) \_\_\_\_\_

LOUISIANA DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH

<<Practice\_Name>>  
<<Practice\_Address>>  
<<Practice\_City\_State\_Zip>>  
<<Practice\_Phone>>

<<Appt\_Date>>

Re: <<Patient\_Full\_Name>>  
DOB: <<DOB>>

To Whom It May Concern,

<<Mr\_Mrs>> <<Last\_Name>> was evaluated in my office <<mm-dd-yyyy>>.

Return to Work Status:

- Not able to return to work
- Able to return to work with restrictions
  - No lifting over:  
 0 Lbs  10 Lbs.       20 Lbs.       \_\_\_ Lbs.
  - No pushing or pulling over \_\_\_ Lbs.
  - No working over :  
 \_\_\_ Hrs/Day     \_\_\_ Days/week
  - No Reaching Overhead       No Jumping
  - No Bending                       No Climbing
  - No Squatting
  - No Walking/standing/sitting over \_\_\_ Min/Hrs.
  - Other
- Able to return to work without restrictions

Comments:

If there are any further questions regarding this patient, please do not hesitate to call me at <<Provider\_Phone>>.

Sincerely,

<<Provider\_Full\_Name>>