



DATE: July 1, 2015

TO: Prospective Proposers- VIA EMAIL

FROM: Lisandra Reid
Contracts Officer

RE: Request for Proposal (RFP) No. 15-18
Type of Service: ICD10-Implementation: Remediation, Testing & Go-Live Support

Addendum No. 3

The IFB is amended only as set forth in this Addendum No.3, consisting of Twelve (12) pages.

- Attached are the Questions and Answers, Attachment 1(SUNY DMC Assessment and Plan Summary Information (6 pages)) and Attachment 2 (list of New York State Certified MWBE that would like to be considered as partners to fulfill the MWBE Requirement for this procurement).
- All other terms and conditions of the RFP dated June18, 2015 and previous Addendums remain in full force and effect.

Thank you for your attention to this matter. We look forward to your participation in this process to help us identify an appropriate contractor to provide these important services. Please call me at (718) 270-1453 if you have any questions.

Immediately upon receiving this Addendum No. 3, please acknowledge such receipt by providing the information requested below and returning this page only via email to lisandra.reid@downstate.edu or fax at 718-270-3342

Vendor's Name

Contact Person

Date

DMC Materials Management webpage: <http://www.downstate.edu/procurement/vendors.html>

RFP 15-18: Q & A

1. Q: Will Deloitte the vendor that was awarded the 15-13 ICD-10 Assessment RFP be allowed to bid on the 15-18 RFP Remediation & Testing & Go-Live RFP as well?

Response: Any qualified vendor can respond to the RFP.

2. Q: Section 2, First Paragraph

As part of Downstate's assessment in preparing for ICD-10, a plan is currently in development. SUNYDMC refers to this as Phase I. Has Phase I been completed? If not, what is the expected completion date?

Response: The Assessment Phase of our initiative should be finished at the end of this coming week. However, core information from our assessment analysis has been completed and that contains information we believe should assist you in responding completely. That information is being released by DMC Procurement to all who indicated they would propose to this current RFP. Please see Attachment #1(SUMY-DMC Assessment and Plan Summary Information-6 pages)

3. Q: Section 2, Question 2

The Vendor will oversee the development of clinical documentation and/or coding data within said clinical systems; oversee or help create HL7 messages for the DMC Interface Engine (Cerner Open Engine); and work with DMC's Integration team to transform the clinical systems documentation and coding information into acceptably formatted records in order to insure acceptance by the DMC Master EMR (HealthBridge), and the 3M System. Is the vendor actually creating HL7 messages?

Response: DMC IT executive management will provide overall management and guidance for the project. As to the Interfacing of systems, while the vendor may provide the analysis of what is required to be moved, transformed etc., the DMC IT Integration team will create all HL7 messages and drive testing of same.

4. Q: Section 2, Question 3

The Vendor will work with SUNY-DMC HealthBridge Team to support the capture of all feeder Clinical systems documentation (where this can be accomplished without compromising the September 30 Live date).

Can SUNY-DMC provide a listing of all "feeder" Clinical Systems that are currently used to capture clinical documentation for HealthBridge?

What are the protocols that lead to the decision of whether it will or will not compromise the Sept 30 go live date?

Response: With regard to the first question, we believe an analysis of the clinical documentation is necessary to insure that appropriate information will remain available to Medical Records for coding. It would also confirm the completeness of what information is being captured outside the clinical documentation. We do not believe it impairs the date at all as it should easily be discovered.

In response to the second question, a list of the involved clinical applications was included in the published RFP(Page 9). Note that DMC IT standard change control, release management, and system development lifecycle will be followed to ensure the system integrity.

5. Section 2, Question 5

At the outset of the engagement, the Vendor will identify risks and potential impacts on stakeholders and manage the remediation of such risks from an IT perspective. This will apply to all IT operational and transitional activities. If Phase I has been completed, has SUNY-DMC identified any risks or impacts? If so, can they be shared?

Response: The Application system had been identified and the list provided to you previously. This list includes all the systems requiring remediation – and in our recent assessment have been broken into Tier 1 and Tier 2 systems. The stratification and criticality is defined in the documentation from our assessment to date and is being provided to you by DMC Procurement under separate cover.

6. Q: Section 2, Question 6

The Vendor will provide a post-live quality review and audit of compliance, for all of the impacted systems and activities, through at least October 30, 2015 and at the discretion of DMC potentially extend the quality review through November 30, 2015. Does DMC anticipate that they may need to extend the quality review beyond Nov 30, 2015?

Response: No, we do not believe we will require assistance with that matter beyond November 30, 2015.

7. Q: Section 2, Question 7

The expected deliverables include validation and/or change suggestions to the existing plan...What's the existing plan? Will we be able to view it prior to the proposal due date?

Response: The plan has not been completed at this time. As part of the on-boarding process of the firm awarded the engagement, our plan will be reviewed in a team environment with DMC. We do not anticipate any significant changes to our plan at that point, but will welcome any suggestions that will help insure that we meet our deadlines.

8. Q: Page 10, Question 2

Proposed structure for the Vendor ICD-10 Remediation Team. Note DMC IT management will work with the selected vendor to determine how we merge some, or all of the DMC Specialty ICD-10 Organization. What comprises the "DMC Specialty ICD-10 Organization"?

Response: That DMC IT ICD-10 organization chart was included in the RFP(final page of RFP). It delineated the DMC IT team, structure and members. It also showed the reporting relationship of the selected vendor within that team.

9. Q:Page 10, Question 4

List of all known IT Systems detailing their Vendor Release level compliance with ICD-10. Note this does not mean that we have tested these Applications. But the certified releases have been installed. See Exhibits. As part of the scope, will the vendor need to complete testing of untested Applications?

Response: Testing will be done by a specialty team comprised of DMC IT and vendor resources. As mentioned earlier DMC Change, Release and Production migration policies will be followed. In summary, we expect the selected vendor will work closely with DMC IT to test all systems including working collaboratively to finalize a testing strategy.

10. Q: Will this be a partial award or will SUNY be looking to award the entire project to one firm?
Response: Our strategy has been, and remains, to award this phase of the project to a single firm for reasons of productivity, process management, and in order to meet our implementation goals to meet our October 1st Go Live commitment.
11. Q: There is a designation for Small Businesses on the Bidder Information sheet. Is there a goal to fill a portion of this RFP with a small business similar to the Women Owned or Minority Owned businesses?
Response: The responding vendors must comply with the New York requirements regarding these matters.
12. What previous documentation education and training for ICD 10 have providers received? And when?
Response: ICD10 training is beyond the scope of this RFP. Plans have been developed and training is being done with Providers, etc. outside of IT. An internal group, led by our Compliance function is leading that initiative. A comprehensive training plan has been developed and is in progress at this time.
13. What previous software has been utilized for ICD-10 education, training, and analytics? Being utilized at this time?
Response: The 3M ICD-10 training tools are at the heart of the coding and training initiatives.
14. Will online software programs be the primary source of ICD-10 documentation education for clinicians? If not what will be the principal form of remediation education planned for providers?
Response: Training will be primarily through a variety of mediums – including online, classroom and one on one training.
15. Are the plans for overseeing remediation processes, testing protocols, test processes, and management for software remediation to include updating or complete replacement of what is currently in place? Is any software to the above specifics in place at this time? Being utilized at this time?
Response: No complete replacement of systems is anticipated. Those that required it have been upgraded. System release upgrades have been completed with a few remaining to be done. Those not completed are low risk systems. DMC IT has also placed a freeze on all involved systems for any changes, upgrades, enhancements, that are outside the ICD-10 scope.
16. What are the current components of your clinical systems documentation and coding information software format?
Response: DMC IT uses Microsoft tools for all systems documentation – except where our systems generate documentation in other formats. However if your question is all coding done from IT systems, the answer is no – some percentage of the materials used by coders is paper based.
17. Do you desire for all of your provider ICD-10 education to be in an online, on-demand format? If not, how? Is any direct provider education being provided through this RFP?

Response: As indicated above, ICD-10 training is not within the scope of this RFP. It is being handled outside the IT function as it is being approached and managed as an Operations and Compliance challenge.

18. Is the tool requested for review and evaluation of compliance management reporting to be based on automated, automatic data mining of all, or randomly selected, data input by providers?

Response: It is anticipated to be a hybrid system composed of medical and financial metrics/criteria, with automated extraction tools (i.e. data mining) pushing daily, weekly, etc. information and creating performance reports stratified in a variety of different way for a very diverse group of interested parties and management. Of course we expect some custom automation be developed on the fly dependent upon the nature of the challenges encountered and the information needed to enhance performance measured by all involved.

ATTACHMENT # 1

SUNY DMC Assessment & Plan Summary Information

Downstate Medical Center (DMC) IT initiated activity on our ICD-10 project in the first quarter of 2015. As we approach July 1st, and the remaining project time prior to the October 1, 2015 Go-Live, we paused to complete an assessment of our situation and the need for additional assistance in the remaining project months. That assessment has been completed and we want to share with you the following information relevant to you producing a meaningful proposal.

1. The current DMC IT ICD-10 High Level Plan
2. ICD-10 Readiness Assessment – Application Map
3. Application Inventory Legend Explanations
4. ICD-10 Readiness Assessment - High Level - Tier 1 Application Process Flow
5. ICD-10 Readiness Assessment – Application Tier Rationale

DMC IT is providing this additional information so that you can provide your proposal based upon our latest information.

Our hope is that this additional information will assist you in preparing a more rifled Remediation proposal, which will include the appropriate tools to facilitate testing, the most appropriate resources – both in skill sets and prior experience, and permit you to price those resources based more accurate needs for resources in time.

DMC IT Plan

High Level Timeline

Major Milestone	2015										
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Initial Technical Assessment & Infrastructure Review	■	■	■								
Vendor Contracting		■	■								
Core Billing & Claims Testing			■	■	■						
IT Support For Operation Led Training							■	■	■		
Core Billing Testing - Major Payors						■	■				
HIM - Testing Medical Documentation							■	■	■		
Final Payer Testing						■	■	■	■		
CMS Testing							■				
Integrated & Regression Testing							■	■	■		
Healthbridge - Ambulatory - IMO					■	■	■				
Healthbridge - Inpatient						■	■	■			
Healthbridge Integrated Testing							■	■	■		
Other											
Major Ancillaries System						■	■	■	■		
Minor Ancillaries System						■	■	■	■		
Planning & Assistance RFP -											
Contracting			■	■	■						
Mgmt Consulting Award (for ICD-10)						■					
Final Assessment & Remediation						■	■	■	■		
Go Live - Quality Assurance										■	■

Completed



In Progress

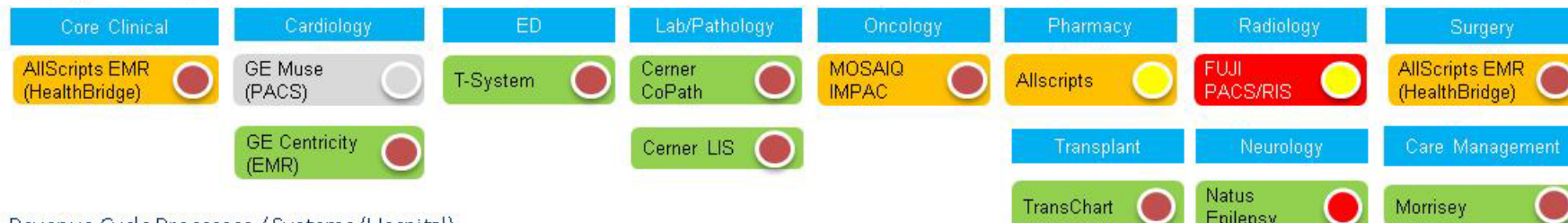


ICD-10 Readiness Assessment

Application Map

This application heat map depicts the DMC assessed technical readiness and ICD-10 impacts for SUNY DMC applications to be ICD-10 compliant by 10/1

Core Applications / Systems



Revenue Cycle Processes / Systems (Hospital)



SUNY-DMC Medical Practices



Research / Decision Support / Quality

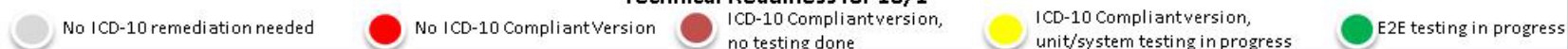


Legend

ICD-10 Impact

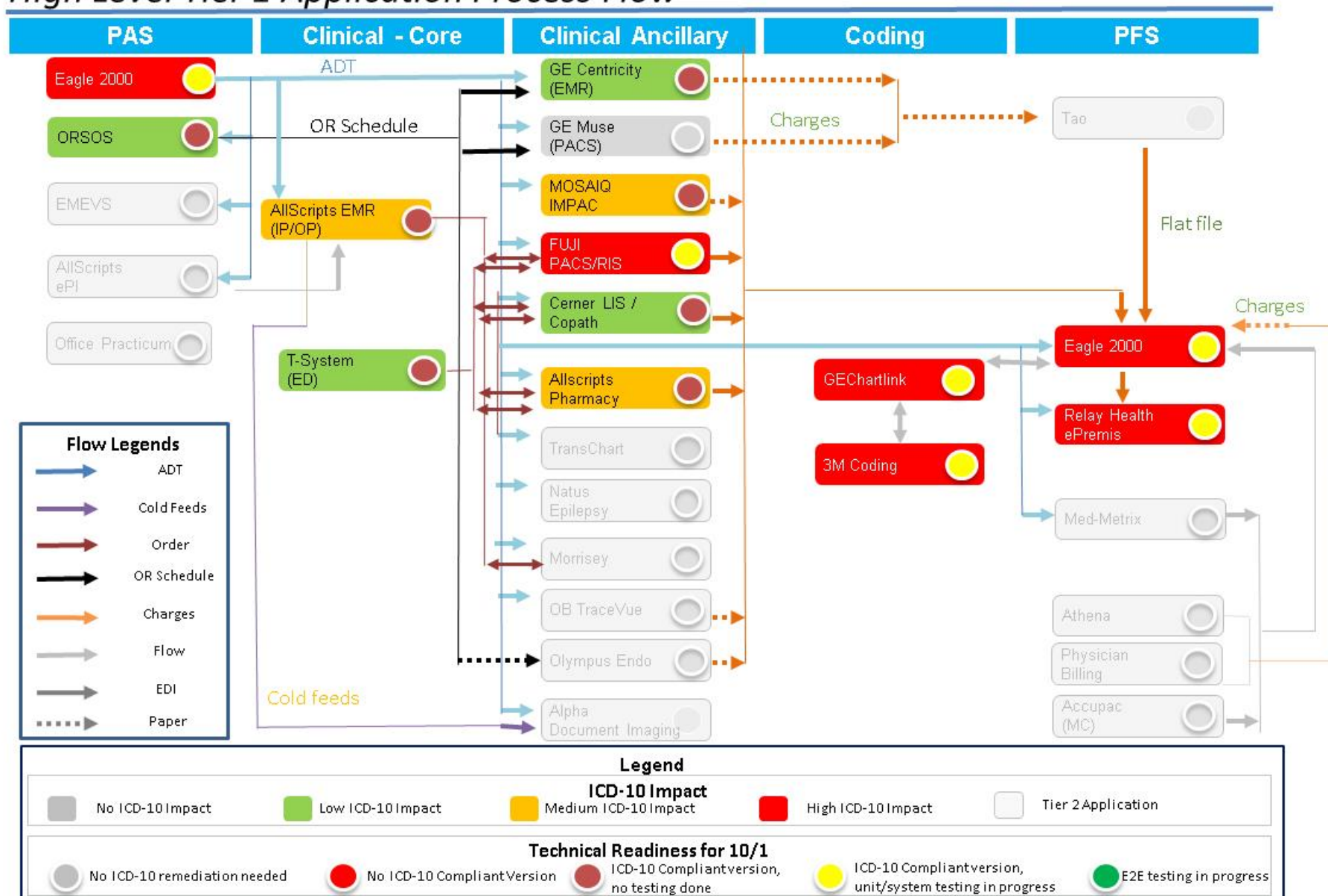


Technical Readiness for 10/1



Application Inventory Legend

<Application Name>		Application does not require ICD-10 remediation		Technical Readiness							
<div>Overview</div> <div> <div> Segment / Process <input type="checkbox"/> Revenue Cycle <input type="checkbox"/> Ancillary <input type="checkbox"/> EMR </div> <div> Sub Process <div><Business Process></div> </div> <div> Description <Description of business use> Application version is ICD-10 compliant but no testing has been performed on the application </div> </div>											
<div>ICD-10 Impact</div> <div> <div> Type of Impact <input type="checkbox"/> None <input type="checkbox"/> Pass Through <input type="checkbox"/> Core </div> <div> Description Significant changes to the application, >50% of employees in a process area are impacted, >50 % of workflows/reports are impacted. Data changes, medium development, 25% to 50% of employees in a process area are impacted, 25% to 50% of workflows/reports are impacted Minimal changes to the application, few employees are impacted and minimal workflow flows/reports are impacted. Application contains ICD codes but not operationally utilized </div> </div>											
<div>Remediation Status</div> <div> <div> Unknown ICD-10 compliant upgrade complete Design Development Unit Testing System Testing System Integrated Testing E2E Testing Upgrade complete and in production </div> <div> Application version is ICD-10 compliant and Unit/System test is in progress Application version is ICD-10 compliant and application is E2E tested with upstream and downstream applications No impact at all </div> </div>											
<div>Key Milestones</div> <table border="1"> <tr> <td>Current Application Version</td> <td>Version X.X</td> </tr> <tr> <td>Minimum Application Version for Compliance</td> <td>Version X.X</td> </tr> </table>			Current Application Version	Version X.X	Minimum Application Version for Compliance	Version X.X	<div>Risk and Issues</div> <table border="1"> <tr> <td><Risk 1></td> <td><Description and Impact></td> </tr> </table>			<Risk 1>	<Description and Impact>
Current Application Version	Version X.X										
Minimum Application Version for Compliance	Version X.X										
<Risk 1>	<Description and Impact>										
<div>Supporting Artifacts</div> <table border="1"> <tr> <td><File Name></td> <td><Description></td> </tr> </table>						<File Name>	<Description>				
<File Name>	<Description>										



ICD-10 Readiness Assessment

Application Tier Rationale

SUNY-DMC is effort and time constrained and must laser focus its remediation activities on those applications that are revenue/cash flow generators for the health care system. Applications have been grouped into two Tiers: support generation of revenue and support care delivery.

	TIER 1	TIER 2
Scope	Support revenue generation for acute care settings	Support care delivery and other care settings
Description	<ul style="list-style-type: none"> Required for testing Required for Acute Care billing (Inpatient, Outpatient and Emergency) Significant revenue impact areas 	<ul style="list-style-type: none"> Required to support care settings Required for billing for private physician practices
Application Types	<ul style="list-style-type: none"> Inpatient and Outpatient Core Revenue Cycle (Charge Capture, Coding, and Billing) Clearinghouses Physician/Provider documentation Inpatient and Outpatient additional revenue cycle (Scheduling, Medical Necessity, Audit) Ancillary (Lab, Rad, Pharmacy) ED, Oncology, Pharmacy, Surgery Order Management 	<ul style="list-style-type: none"> Clinical Documentation (non-physician, Ambulatory) Physician Practice Medical Imaging Perinatal/L&D Reporting Care Management Clinical Documentation Improvement

ATTACHMENT # 2 - LIST OF INTERESTED NYS MWBE's

Name	Phone	Name	E-mail
Gruskay Connectivity	914-715-5983	Holly Gruskay	gruskay.connectivity@gmail.com
Infopeople Corporation	201-452-3032	Laura Goffman	laura@infopeoplecorp.com
Viva USA	847-368-0860 X233	Jacob Verghese	jverghese@viva-it.com
S2 Tech	636-530-9286 x128	Steve Kaufmann	stevek@s2tech.com

Note: Listed above is a list of New York State Certified MWBE'S that are interested in partnering up with Vendors in order to fulfil the required 30% MWBE requirement. Also Vendors can visit:

<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>

to view a list of all available MWBES