

**Proposer's Name:** \_\_\_\_\_

**RFP No:** DMH-1109B2

## **APPENDIX B.3 VENDOR INFORMATION RESPONSE**



**Integrated Behavioral Health  
Information System**



Capitalized terms used in this Appendix B.3 without definition herein shall have the meanings given to such terms in the body of Appendix E (Sample Agreement), Appendix A (Statement of Work) or Appendix F (Glossary).

## INSTRUCTIONS

This Appendix B.3 requests vendor-specific information to determine if Proposer's organization has the experience, staff and financial capability to perform the required Work as a corporation or other entity. This information will be validated in accordance with the evaluation criteria set forth in Section 6.0 (Selection Process and Evaluation Criteria) of this RFP.

Proposer shall provide and submit all information in each section as requested in this Appendix B.3 and submit all sections of this Appendix B.3. Failure to respond completely or accurately, as determined in County's sole judgment, may result in a Proposer being found non-responsive. This form is designed to automatically expand for questions requiring descriptions or explanations. If additional space is needed, please attach additional sheets with a corresponding reference to questions.

The following questions are asked without limiting the requirements of Appendix D (Maintenance and Support Services), as to which if any changes are to be proposed through the exception process set forth in RFP Section 5.7.9 (Acceptance of or Exceptions to Appendix E (Sample Agreement), Appendix D (Maintenance and Support Services) and requirements of Appendix A (Statement of Work) (Section E)) of this RFP.

**Note: The top of each page of a proposal which a Proposer considers to contain confidential information and desires not to be considered a public record must be clearly marked as set forth in Section 4.17 (Notice to Proposers Regarding the Public Records Act) of this RFP. Marking all or unduly large portions of a response in such a manner may result in such designation being disregarded at County's sole discretion.**

### 1.0 GENERAL VENDOR INFORMATION:

- 1.1 Provide your company name and the address of your corporate headquarters.

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Website: \_\_\_\_\_

- 1.2 Provide the name, title, address, telephone, facsimile number and email address of the person responsible for this RFP response.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_



1.3 Provide the name, title and telephone number of the person(s) authorized to negotiate and sign contracts in relation to this proposal as set forth in Exhibit 1 (Proposer's Organization Questionnaire/Affidavit) to Appendix V (County Required Forms) of this RFP.

<u>Name</u>	<u>Title</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Vendor Viability

### 2.0 VENDOR PROFILE:

2.1 In what year was your company founded? \_\_\_\_\_

2.2 Is your company publicly traded? If publicly traded, provide the following information:

What exchange: \_\_\_\_\_

Designate your stock symbol: \_\_\_\_\_

2.3 Provide a list of your current executive management staff. Provide details of all changes in key executive management in your company during the last three (3) years.

<u>Executive Management Staff</u>	<u>Description of Changes</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2.4 Provide the total number of company's sites, number of employees, and number of employees at each site.

Total number of sites: \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Site Name	City	State	Country	Total No. Employees



2.5 Which office would be primarily tasked with the service and support of DMH for support of the proposed System?

2.6 Provide a breakdown of the number of employees who are directly associated with the proposed System Software:

**No. of Employees:**

- System Analysis and Programming: \_\_\_\_\_
- Quality Assurance (test): \_\_\_\_\_
- Sales and Marketing: \_\_\_\_\_
- Installation: \_\_\_\_\_
- Customer Support: \_\_\_\_\_
- Management: \_\_\_\_\_
- Research and Development: \_\_\_\_\_
- List other positions and number of employees, as applicable: \_\_\_\_\_

2.7 Provide a breakdown of the number of employees with a clinical background who are directly associated with the proposed System Software:

**No. of Employees:**

- Physicians: \_\_\_\_\_
- Psychiatrists: \_\_\_\_\_
- Psychologists: \_\_\_\_\_
- RNs: \_\_\_\_\_
- Other Clinicians: \_\_\_\_\_

2.8 Provide PDF copies of your **audited** financial statements for fiscal years 2008, 2007 and 2006, prepared in compliance with Generally Accepted Accounting Principles (GAAP). Income tax returns **shall not** be accepted to meet these requirements.

Are copies of your audited financial statements attached?    **Yes**     **No**

2.9 If you are a division of a larger company, explain the primary business (by revenue source) of your parent company. Mark N/A if not applicable.



**2.10** Provide a list of any acquisitions that your company has completed within the last two (2) years that relate to the rights for the proposed System Software, including name of the acquired company and rationale for acquisition.

Name of acquired company: \_\_\_\_\_

Rationale for acquisition: \_\_\_\_\_

**2.11** Provide a list of any divestitures that your company has completed within the last two (2) years including name of divested company and rationale for divestiture.

Name of divested company: \_\_\_\_\_

Rationale for divestiture: \_\_\_\_\_

**2.12** What is the mission and vision of your organization?

\_\_\_\_\_

**2.13** Describe your vision for the future of information systems in a behavioral health environment.

\_\_\_\_\_

**2.14** How many public sector behavioral health agency customers do you currently serve?

\_\_\_\_\_

**2.15** What percent of your customer base (in numbers of customers) is represented by public sector customers?

\_\_\_\_\_

**2.16** What are both the short-term and long-term goals for product development within your organization for the proposed System Software or any proposed successor software?

Short-term goals: \_\_\_\_\_

Long-term goals: \_\_\_\_\_

**2.17** What percentage of total company revenue does the proposed System Software represent?

\_\_\_\_\_



**3.0 PRODUCT OVERVIEW:**

**3.1** Did you respond to the State of California Department of Mental Health (SDMH) Behavioral Health Electronic Health Record Request for Information (BH-EHR RFI) in 2008?

\_\_\_\_\_

If so, has any functionality changed since you responded? Please briefly list those changes in functionality.

\_\_\_\_\_

If not, why not?

**3.2** Do you plan to obtain and maintain certification from the Certification Commission for Healthcare Information Technology (CCHIT) when available?

\_\_\_\_\_

If not, why not?

**3.3** For each separately sold System Component contained in the proposed System, provide the information required by the table below. Proposer shall insert additional rows, as necessary.

Component Title	Date of Initial Release of Component	Identify whether acquired or developed	If acquired,			Number of patches issued in prior two (2) years	Description of Enhancements Included (include next scheduled release)
			Specify Source	Date of Purchase	Date of Latest Release		



**3.4** In the table below, identify the number of production customers and production sites where Components listed in Section 3.3 above are currently installed in production status. Indicate the number of customers for each Component who are in the process of implementing the Component and indicate in the last column, the number of customers who are using the most current version or release of that particular Component. Proposer shall insert additional rows, as necessary.

Component Title	No. of Current Production Customer	No. of Current Production Sites	No. of Customers in-process of Implementation	No. of Customers on Current Version

**3.5** In the following table, list proposed Component(s) in response to County's requirements identified in Appendix B.1 (Functional Requirements Response) of this RFP and identify how many current customers have used the proposed Component(s) for the purpose listed in Column one (1).

Component Title	Name of Component that performs the function	No. of Customers who use Component for stated functionality
1. Contact Management		
2. Screening/Triage		
3. Intake		
4. Assessment		
5. Authorization Management		
6. Appointment Scheduling		
7. Billing/Accts Receivable		
8. Claims Processing		
9. Treatment Planning		
10. Case Management		
11. Service Capture		
12. Client Registration		
13. Eligibility Management		
14. Caseload Management		
15. Order Communication		
16. Progress Notes Management		



**4.0 CALIFORNIA MEDI-CAL (MEDICAID) AND MEDICARE CLAIMS EXPERIENCE**

**4.1** What is your plan to keep the products that you are proposing to implement at DMH current with federal and California State regulations?

\_\_\_\_\_

**4.2** Are any of the proposed EHR products currently installed in any other California County Mental Health agency? Respond Yes or No. If yes, which Counties?

\_\_\_\_\_

**4.3** Are any of the proposed billing products currently installed in any other California County Mental Health agency? Respond Yes or No. If yes, which Counties?

\_\_\_\_\_

**4.4** Indicate your experience with Medi-Cal claims processing by completing the following table. Identify the number of customer sites that are currently using any proposed System Components to produce Medicaid and Medi-Cal claims. Provide an estimate of the monthly total claims volume for those sites. Only list customer sites that are in production.

	<b>Medi-Cal Claims (non-Behavioral Health)</b>	<b>Medi-Cal Mental Health Claims</b>	<b>Medicaid Claims (outside of CA)</b>	<b>Medicaid Mental Health Claims (outside of CA)</b>
Number of customer sites				
Number of claims per month				

**4.5** Indicate your experience with Medicare claims by completing the following table. Identify the number of customer sites that are currently using any proposed System Components to produce Medicare claims. Provide an estimate of the monthly total claims volume for those sites. Only list customer sites that are in production.

	<b>Medicare Claims (non-Behavioral Health)</b>	<b>Medicare Claims for Mental Health Services</b>	<b>Medicare – Medi-Cal Crossover Claims</b>	<b>Medicare – Medicaid Crossover Claims (outside of CA)</b>
Number of customer sites				
Number of claims per month				



4.6 Provide the average number of claims processed per month for the largest installation using your System Software for billing and claims, as indicated below. Mark N/A if an installation is not applicable.

Category	Average Number of Claims per Month
Short / Doyle Medi-Cal claims	
Medi-Cal Mental Health Fee for Service claims	
Medi-Cal claims	
Medicare (In California) claims	
Medicaid (Outside of California) claims	
Medicare (Outside of California) claims	

## Vendor Relationship

### 5.0 RELEASE AND ENHANCEMENT MANAGEMENT:

5.1 Describe your company's software release approach for new releases, specifically addressing:

<u>Area</u>	<u>Approach</u>
Schedules for major releases:	_____
Schedules for minor releases:	_____
Beta testing of releases:	_____
New release documentation:	_____
New release support:	_____
Customer involvement:	_____
Incorporation of Enhancements into scheduled releases:	_____

5.2 Provide your company's definition of a:

Major release: \_\_\_\_\_

Minor release: \_\_\_\_\_

5.3 Describe how your company initiates Enhancements.

5.4 Describe the customer's role in initiating, prioritizing, designing, beta testing and scheduling Enhancements as applicable.

5.5 How many Enhancements do you typically release in a calendar year?



**5.6** Complete the following table by providing the number of major and minor proposed Baseline Application Software product releases you made available to your general customer base for the following time periods.

<u>Year</u>	<u>No. of Major Releases</u>	<u>No. of Minor Releases</u>
2007:	_____	_____
2008:	_____	_____
2009:	_____	_____
planned for 2010:	_____	_____

**5.7** Describe your three-year product development plan for the proposed System Software. Provide the scheduled delivery dates for each new product or Component and the relationship of the new product or Component to the System being proposed in this response.

\_\_\_\_\_

**5.8** Describe customer impact of software Enhancements distributed in the last eighteen (18) months and the customer impacts of these releases.

\_\_\_\_\_

**5.9** Describe the software Enhancements for any proposed System Software releases planned to be distributed by your company in the next eighteen (18) months and the customer impacts of these releases.

\_\_\_\_\_

**5.10** Describe plans to discontinue or commence the use of any proposed Third Party Software, if applicable. Mark N/A if not applicable.

\_\_\_\_\_

**6.0 CUSTOMER SERVICES AND PRODUCTION SUPPORT:**

**6.1** Describe your company's support organization, addressing specifically:  
Number of support personnel by title: (e.g., programmer, support rep, account rep, etc.)

\_\_\_\_\_

Training and experience of personnel responding to calls:

\_\_\_\_\_

Customer support standards: routing and escalation procedures of calls:

\_\_\_\_\_

Call tracking, resolution and call monitoring procedures:

\_\_\_\_\_

**6.2** Who specifically will have responsibility for the DMH account?

\_\_\_\_\_

And, in what city is this person located?

\_\_\_\_\_



6.3 Does your company provide toll-free customer support access? Yes  No

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6.4 For your company, list your standard support offering in days and hours include support schedules for holidays and after-hours.

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6.5 Describe the procedure for initiating a support request.

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6.6 What is the average time from the initiation of a call until a trained support personnel representative responds for software support?

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6.7 What statistics regarding your support services do you provide to your customers? At what frequency do you provide them?

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6.8 With what percentage of your customers do you have service level agreements?

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6.9 What notification do you provide customers of software defects or other Deficiencies identified by support personnel or other customers?

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6.10 Do you make your corporate incident tracking log and problem report log available to your customers? Please describe in detail.

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6.11 What is your requirement for customer upgrade frequency that will avoid limiting, jeopardizing or otherwise impacting support or maintenance agreements?

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6.12 For your company are there any limits to the number of back releases supported?

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## 7.0 CUSTOMER INFORMATION:

7.1 List the last three (3) customers who have stopped using any of the Components that you are proposing to implement at DMH, along with a brief explanation of the reason(s) why, if known. Provide the name, title, address, telephone and email address of the person County may contact. (If there are fewer than three (3) customers that meet this criteria, please state that in your response and provide the requested information for as many as possible.)

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- 7.2** Provide the names of three (3) customers who postponed the go-live date of any Component (any version) of your proposed System by more than ninety (90) days within the last two (2) years.

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Explain the causes for the delay, how the decision was made and the corrective action taken.

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Did the customer fully implement the Component?

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How did you support the customer?

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- 7.3** Have any of your System Software customers, during the last three (3) years, cancelled a contract or license with you for any Component in your proposed System prior to, during, or after installation of your System? If so, explain circumstances.

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Specify customer and location.

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## **8.0 IMPLEMENTATION SUPPORT:**

- 8.1** Specifically, describe the proposed System configuration process indicating the typical responsibilities of both the customer and your organization.

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- 8.2** Give an example, if any, where your product implementation process resulted in process improvement for the customer.

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- 8.3** What is your recommended approach to Conversion of paper patient charts?

- 
- 8.4** Describe your Project Management Methodology (PMM) implementation methodology and support tools used on projects of similar size and scope of County's.
-



## 9.0 TRAINING SUPPORT:

9.1 Provide a current list/catalogue of all standard customer training and education courses your company offers, detailing course name, content description, cost, locations, basic skill levels required by customer staff prior to training, and prerequisites. Identify courses as prerequisites, required, or recommended, as applicable in relation to other courses.

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9.2 Describe the User training documentation provided with the proposed System. Do training materials include lesson plans, training exercises and scenarios which test configuration concepts being taught and descriptions of features? Provide a sample (approximately five (5) through ten (10) pages).

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9.3 How many hours of training do you recommend for a clinician, who is PC literate, to become proficient at locating a client chart, reviewing it and updating it with a progress note and service to bill?

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9.4 Describe your training approach for application, technical and User staff when implementing a major new release.

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9.5 Does your company offer any computer-based training options?   **Yes**    **No**   
If yes, describe: \_\_\_\_\_

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9.6 Describe the technical and application Documentation provided with the proposed System. Provide a sample of each (approximately five (5) through ten (10) pages).

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9.7 When are technical and User Documentation Updates made available to all customers after a new software release?

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9.8 When was the last major Update to the Documentation made available to your customers?

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9.9 When is User on-line help available after each release?

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**9.10** Provide a list and brief description of all standard reports available with the proposed System.

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**9.11** What official and unofficial User groups exist for your products?

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**9.12** How does your company work with User groups?

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**9.13** How are User groups involved in your product development process?

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**9.14** Describe any regularly held seminars or User group meetings available to either application or technical Users of your proposed System.

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