**QUESTIONS AND ANSWERS FOR THE EHR RFP
BHSA – June 2022**

**Can you provide a spreadsheet or hierarchy of all authorities and the sites for each? We would like to get an idea of how the 60 sites map to the 32 authorities.**

**BHSA is currently set-up as the Parent Organization with each of the 32 agencies being a child and each of the 58 sites being the grandchild level. If there is a better way to set this up then we would be open to that.**

|  |  |  |
| --- | --- | --- |
| **Agency** | **County** | **# of Sites in County** |
| Aiken Center | Aiken | 1 |
| Anderson / Oconee Behavioral Health Services | Anderson | 1 |
|  | Oconee | 1 |
| Axis 1 Center of Barnwell | Barnwell | 1 |
| Beaufort County Alcohol and Drug Abuse Dept. | Beaufort | 2 |
| Behavioral Health Services of Pickens County | Pickens | 1 |
| Charleston Center | Charleston | 1 |
| Cherokee County Commission on Alcohol & Drug Abuse | Cherokee | 1 |
| Clarendon Behavioral Health Services | Clarendon | 1 |
| Colleton County Commission on Alcohol and Drug Abuse dba Pillars 4 Hope | Colleton | 1 |
| Counseling Services of Lancaster | Lancaster | 1 |
| Dorchester Alcohol & Drug Commission | Dorchester | 1 |
| Ernest E. Kennedy Center | Berkeley | 2 |
| Fairfield Behavioral Health Services | Fairfield | 1 |
| Circle Park Behavioral Health Services | Florence | 2 |
| GateWay Counseling Center | Laurens | 1 |
| Georgetown County Alcohol & Drug Abuse Commission | Georgetown | 1 |
| The Phoenix Center | Greenville | 4 |
| Cornerstone | Abbeville | 1 |
|  | Edgefield | 1 |
|  | Greenwood | 1 |
|  | McCormick | 1 |
| Hazel Pittman Center | Chester | 1 |
| Keystone Substance Abuse Services | York | 2 |
| LRADAC - Lexington Richland Alcohol and Drug Abuse Council | Lexington | 2 |
|  | Richland | 1 |
| New Life Center | Allendale | 1 |
|  | Hampton | 1 |
|  | Jasper | 1 |
| Rubicon Inc. | Darlington | 1 |
| Shoreline Behavioral Health Services | Horry | 2 |
| Sumter Behavioral Health Services | Sumter | 3 |
| The ALPHA Center | Chesterfield | 1 |
|  | Kershaw | 1 |
|  | Lee | 1 |
| The Forrester Center for Behavioral Health | Spartanburg | 1 |
| Tri-County Commission on Alcohol and Drug Abuse | Bamberg | 1 |
|  | Calhoun | 1 |
|  | Orangeburg | 2 |
| Trinity Behavioral Care | Dillon | 1 |
|  | Marion | 1 |
|  | Marlboro | 1 |
| Union County Commission on Alcohol & Drug Abuse | Union | 1 |
| Westview Behavioral Health Services | Newberry | 1 |
|  | Saluda | 1 |
| Williamsburg County Department on Alcohol & Drug Abuse | Williamsburg | 1 |
|  |  | 58 |

**Please also provide a breakdown of the following items per Authority. If it is not possible to answer all items, the bolded items would be the most beneficial to providing an accurate response to your requirements.**

 **# of counties served - 46**

 **# of sites served - 58**

 **# of named users (# of users that need a login to the EHR) – 1,049**

**# of concurrent users (maximum # of users that would be accessing the EHR at the same time) - All**

 **# of bed-based sites - 8**

 **# of inpatient hospital beds (if any)**

 **Tri-County Commission on Alcohol & Drug Abuse – 15 beds**

 **# of detox beds**

**Charleston – Total beds 16**

**Phoenix Center – Total beds 16**

**LRADAC – 16 beds**

**York – 8 beds**

 **# of beds per bed-based site or total # of beds per authority**

 **Charleston – Total beds 48 (16 Detox, 32 residential)**

**Phoenix Center – Total beds 32 beds (16 Detox, 16 residential)**

**LRADAC – 16 beds (16 Detox)**

**York – 14 beds (8 Detox, 6 residential)**

**Sumter – 13 beds (residential)**

**Florence (Circle Park) – 16 beds (residential)**

**Horry – Is licensed for beds but currently not in operation**

**Tri-County Commission on Alcohol & Drug Abuse – 15 beds (residential but set up as a psych inpatient hospital)**

 **# of methadone dispensing sites -1**

 **# of telehealth providers – All have the ability and need capability**

 **# of telehealth hours per month – Currently up to approximately 3000 claims per month, or 4,000 hours per month.**

 **Specific lab vendors that you need to connect with Dominion, Wintox, Mako, In-House labs at two agencies**

**Do you have users that would need disconnected EHR access in the field? If yes, how many sites have mobile programs/users and how many users would you estimate? – Would prefer connected access in the field. Disconnected access is OK but each agency would need this and would depend on the number of clinicians / staff that go out in the field. We don’t have that option now so this answer is difficult to find. I would assume anywhere from 2-10 per agency.**

**How many prescribers do you have across all authorities? 24 physicians and 3 physician assistants**

**How many non-prescribers (i.e., staff that prep medication orders/prescriptions) across all authorities? Please refer to staff count in table below.**

**How many psychiatrists to you have that document E&M services? 2 psychiatrists.**

**How many primary care doctors do you have that document E&M services? 25**

**Do you need to connect to syndromic surveillance registry? Do not know.**

**How many billable NPIs do you have? (Billing NPT, not rendering) – All rendering providers have a NPI, as well as the agency. Will need varying billing set-up to bill by agency NPI to include rendering NPI number and the ability to bill by staff NPI when billing Medicare and other payers. Several hundred more providers to include physicians, PAs, nursing services, licensed individuals, etc.**

**What is your estimated claim volume per month (across all payers, all sites)? Including Self Pay and Grant Payers approximately 50,000**

**How many sites have onsite or dedicated pharmacies? – 5 agencies have onsite pharmacies, one that is dispensing.**

**Who owns these pharmacies? – The agencies**

**Are these pharmacies licensed as inpatient, outpatient, or both? The pharmacies are mostly for the withdrawal management programs, and one is for the methadone clinic.**

**Do you dispense medications at any of your sites other than MAT meds/methadone? Please see previous.**

**Do you require ASAM Continuum integration? - Yes**

**Do clinicians use voice dictation technology? If so, how many? – Some agencies do use Dragon Software. Please provide reference to any voice dictation software currently integrated with your software.**

**Is there a need to connect to one or multiple HIEs? Yes, SCHIEx and UniteUs.**

**For implementation of the EHR, is BHSA considering all authorities and sites to go-live at the same time (big bang)? Or a phased approach (i.e., a subset of authorities first)? We have experience with a tiered / phase-in approach.**

**Is there a desire for each Authority to have its own instance of the EHR or do you envision a master/multi-tenant deployment that is centralized managed and supported but partitioned appropriately per Authority? master/multi-tenant deployment that is centralized managed and supported but partitioned appropriately per Authority although some will have unique needs. We need the ability to create forms / programs / etc. that are allowed for certain organizations.**

**Will there be a centralized team who will manage implementation and ongoing support for the project/solution similar to what you have in place today? - Yes**

**How large is this team? – We have a EHR Committee and a dedicated staff person**

**How will this project be funded? –**

**In the requirements section EHR Critical Requirements Summary, Reporting and Data, can you expand on the last bullet “full local data exporting”? Each agency will need the ability to export their local (agency specific) data.**

**Do you have an existing Data Warehouse environment or do you require one? We currently have access to our entire Data Warehouse.**

**1. Within the RFP document, it list employee/staff count at “over 1,000”. Is it possible to**

**provide a breakdown of the composition of staff? i.e. total number of users including**

**breakdown by role; physician, RN, therapist, scheduling, billing, etc.**

|  |  |
| --- | --- |
| Accountant | 4 |
| Addictions Specialist | 2 |
| Administrative Assistant | 33 |
| Administrative Specialist | 13 |
| Administrative Supervisor | 5 |
| ADSAP Instructor | 11 |
| Agency Assistant Director | 3 |
| Agency Director | 14 |
| Alcohol Structured Group Leader | 3 |
| Assistant Case Manager | 1 |
| Bookkeeper | 2 |
| Building Manager | 1 |
| Case Manager | 14 |
| Certified Nursing Assistant | 7 |
| Clerk | 4 |
| Clinical Supervisor | 12 |
| Computer Network Administrator | 1 |
| Consultant | 2 |
| Corporate Compliance Officer | 1 |
| Counselor | 301 |
| Counselor Aide | 2 |
| Data Coordinator/Data Manager | 15 |
| Detox Facility Director | 1 |
| Detox Technician | 10 |
| Dietary Personnel | 5 |
| Director Adult Services | 1 |
| Director of Adolescent Services | 1 |
| Director of Education / Prevention Services | 2 |
| Director of IOP | 1 |
| Director of Outpatient Services | 2 |
| Director of Residential Services | 1 |
| Education / Prevention Specialist | 7 |
| Executive Assistant | 2 |
| Financial Officer | 13 |
| Intake Coordinator | 5 |
| Intervention Specialist | 3 |
| Lifeskills Activities Coordinator | 1 |
| Nurse | 47 |
| Office Manager | 4 |
| Other | 22 |
| Patient Advocate | 1 |
| Patient Care Tech | 7 |
| Peer Support | 50 |
| Personnel Officer | 2 |
| Pharmacist | 1 |
| Physician | 24 |
| Physician's Assistant | 3 |
| Program Manager | 6 |
| Project Assistant | 1 |
| Project Director | 2 |
| Quality Assurance Specialist | 6 |
| Receptionist | 24 |
| Research Assistant | 1 |
| Research Coordinator | 1 |
| Residential / Technical Assistant | 16 |
| Secretary | 7 |
| Treatment Director | 18 |
| UR Coordinator | 2 |
| Not Completed / unknown |  733 |

**2. Are the total number of “statewide” users know that would need access to all 32**

**agencies data? BHSA and DAODAS staff, with the potential of committee members needing access for a limited time, could be up to 10-12.**

**3. How many prescribing providers? We currently have 23 subscribers to DrFirst.**

**4. Do all prescribing providers prescribe controlled substance? We have 18 doing online controlled substance prescribing.**

**5. Billing questions**

**a. How many providers do you need to put the rendering NPI in box 24J**

**b. How many of those providers are billing under 30 claims a month - None**

**c. Does BHSA use UB04 billing, etc. - Yes**

**6. Does BHSA currently require state reporting/submission electronically? – Currently we pull reports, save and then upload to the DAODAS system. Or DAODAS pulls reports and submits to the federal government. We would like to improve upon this process.**

**7. How many service programs does BHSA of South Carolina have within the 60**

**sites/locations? – Please see previous answer on page 1.**

**8. Do any/all providers utilize Telehealth? – All have the option and the ability should be incorporated into the EHR for ease of use for the patient and the counselor / staff.**

**9. What are the top three (3) pain points with the current EHR System that should be**

**resolved in the new system?**

* **Better Reporting options**
* **Patient Portal with intake forms, consent forms, appointment requests / reminders, bill payment, etc.**
* **Improvements (efficiency, ease of use) for documenting clinical services and communicating with other staff about patient care, along with the ability to work with agencies in the system on patient care to include sharing of records with consents.**

**10. With what systems will the new EHR System be expected to interface/integrate:**

 **SAMHSA GPRA**

**a. Laboratories (i.e. LabCorp, Quest, etc.), including Radiology? If yes, please**

**provide the names of the labs? – LabCorp, Dominion, Quest, in-house labs at LRADAC and Charleston Center, Mako**

**b. HIE’s? – SCHIEx, UniteUs**

**11. Will you require data migration from legacy system? - Yes**

**a. If yes: Demographics only OR demographics and charts – Prefer both**

**b. How many gigabytes of data will you be bringing into the system? – We currently have 2,000 in our document library, which doesn’t include the charts.**