Procurement
MICHIGAN STATE UNIVERSITY

RFP916278 University Health and Wellness EHR Q&A

1. **Which EHR system(s) is/are currently used at your health agency?**

   - Athena Health and Titanium
   - Not an EMR, but ORCHARD HARVEST Laboratory Information System

2. **Do you use separate systems for billing or practice management?**

   - No, Athena Health provides billing services via Athena Collector
   - CAPS Counseling does not bill

3. **What's the current budget (existing spend) and budget for this project?**

   - We decline to answer this question as part of the RFP process.

4. **What are the key improvements you are looking for in the new EHR systems?**
   - The ability to online schedule within the EHR as a new patient or fully integrated add on product. Ability to apply subsidized visits for eligible patients and services, while still billing for non-eligible services. And tracking these visits to allow a maximum of 3 per year or 3 per lifetime depending on the clinics.
   - Pronouns that patients can pick that better fit their identity
   - In the demographic/registration section, more options for listing multiple Also Known As (AKA) names.
   - We need a way to define which patients are MSU Student medical records, MSU Student Employee records, MSU Employee records. This is due to the retention time periods.
   - To reiterate above response, the ability to have an in-EMR online scheduling platform that allows students to schedule their very first visit. Also, an online pre-registration process that allows for customizable questions (such as SDOH questions).
   - Integrated dictation and AI note generation.
   - To be able to perform visits specific to specialties, example: allergy. Currently we do many work arounds with our allergy clinic (allergy injection administration) and having the availability to have customized visits is very important.
   - Customization of the check-in and check-out workflows by clinic.
   - For CAPS it would be helpful to have self-scheduling options for students, a patient/client portal system that allows for easy exchange of messages including sending/sharing documents. Protective measures for psychotherapy notes.

5. **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.?

- The Laboratory would need 4 full time access users and 3 per diem access users, mostly for chart-view only, but registration capabilities and the ability to access lab orders to verify info. I would need access to billing to be able to enter charges and do work on laboratory specific claims and charges.
- For non-Lab CHS: 40 Clinicians, 5 of which are half time or less (15 Providers, 20 Nurses/MAs, 3 Dieticians, 1 Radiology Tech, 1 Social Worker); 3 Clerical (1 Admin Assistant, 2 HCRs).
- No external logins.
- EHR manager level access to the EHR, 2 Health Information Technicians
- For CHS clinical support services- 10 HCR clerical users and 3 billing staff with 1 HCR supervisor as well as 1 billing supervisor.
- 45 clinical staff (including 10 Trainees) (4 part-time trainees, Approximately 5? other clinical staff. 5 to 7 clerical staff.
- EMR Support Analyst(s)

6. **How many total clinicians at your health department have NPIs? Are they MDs, PAs, or NPs?**

- At least 6 have an NPI. Only certain providers bill. CAPS has MD, DO, NP, PhD, PsyD, LP, LLP, LPC, LMSW, LBSW
- Additional CAPS has MAs (medical assistants) and a RSST (Registered Social Service Technician)
- CHS has 4 MD, 1 DO, 4 NP, 4 PA.

7. **Do you dispense medications and track medications inventory?**

- We do dispense medications at CHS, currently we track inventory manually.
- CAPS does not dispense medications.

8. **Which Labs are a "must" requirement to interface with the EHR?**

- The CHS laboratory- ORCHARD HARVEST, the ability to manage our own compendium within the EMR so that any changes and updates can be made as needed.

9. **Which other Interfaces (e.g. HIE, Immunization Registry etc.) are a "must" to connect with the new EHR?**

- Hospitals in the area, UofM Sparrow, McLaren, ETC.
- MCIR – Michigan Care Improvement Registry - (State of Michigan Immunization Registry).
- We use ARIS for radiology, also MAPS for controlled substance prescription review.
- CCAPS/CCMH

10. **Do you have any other systems which are a "must" to integrate with the new EHR?**

- All of the above listed.
- Must interface with zoom or teams to be able to record, transfer and delete confidential recordings that are not part of the clinical record.
- MSU SSO Okta MFA, SIS

11. When do you hope to select/implement the new EHR?

- Ideally, implementation would be Summer of 2027.

12. Does our company need to be licensed in your state prior to RFP submission?

- Suppliers must comply with all applicable federal and state laws, including HIPAA and applicable security requirements. The awarded supplier must be legally authorized to conduct business in the State of Michigan prior to contract execution. Suppliers that are not currently authorized to conduct business in the State of Michigan should indicate this in their proposal.

13. Can you provide sample reports, forms, notes, etc.?

- We will not be providing this as part of the RFP.

14. Do any of your clinicians prescribe controlled substances?

- Yes, all 12 primary care medical providers prescribe controlled substances.
- 6 psychiatric providers (DOs, MDs, & NP)

15. How many front desk check in locations do you have?

- 1) Occupational Health, 2) Primary Care/GYN 3) Lab
- 1) 3rd Floor of Olin 2) Union Location

16. How many fax lines do you have?

- We have 1 in the lab, do not want it integrated.
- Multiple fax numbers that the EHR will need the capability of routing the fax documents to the correct location/EHR user within the EHR.
- We have all of our clinics with specific fax numbers to feed directly into the EHR. We also have 2 manual fax lines for our Phone Information Nurse and Allergy clinics.
- CAPS has one fax line that is directly connected to Athena which is 517-353-5582 and our Fax server number is 517- 884-7350

17. **Is your goal to have the two administrative units share a database (patients have a single record, all users have a single log in) or to have CHS and CAPS have their own respective databases (patients having one record in each database, users have a login to only their database)?**

    - 1 database with break the glass feature for behavioral health

18. **Are there any restrictions, whether based on preferences, legality, contracts, or security concerns, that prevent you from partnering with companies providing employment in conflict-prone overseas regions (ie: Iran, Pakistan)?**

    - Privacy and Protection of the patient's health record is always the priority, and we should not provide access to overseas regions.
    - All partner agreements with companies providing employment for support services within the EHR would need to be vetted by MSU IT Security and MSU General Counsel.

19. **Can you provide a list of all reports/criteria required?**

    - Multiple custom reports for each unit using the EHR

20. **Can you please clarify this ask: Section B, EHR Functionality, #17- "Provide what vendor services will be needed to support requirements of the MSU EHR (example: billing, online scheduling, pre-registration)." What details are you hoping to gather?**

    - We are hoping to gather if billing, online scheduling, pre-registration and required form completion are services you provide as part of your service portfolio or if you work frequently with vetted third-party vendors to provide those services for additional cost.

21. **Pricing: Please clarify the total number of users by role/department**

    - Approximately 6 psychiatric providers (DO, MD, NP). Approximately 35 Counseling staff (PhD/PsyD, LLP, LPC, LMSW, LBSW). Approximately 4 care managers (LMSW, LBSW). Several HCR/MA.
    - Answered in question 5

22. **Pricing: Please provide the total number of e-prescribing licenses (# of prescribing providers) that are needed**

    - Answered in question 14
    - I believe that it would be 21 (15 for CHS and 6 for CAPS)

23. **Current EHR Vendor(s): Please indicate the current EHR vendors that are being used and indicate data migration expectations (e.g., PDF files of patient charts, or other data types)**

    - Athena and Titanium

- Answered in question 1

24. Clarify acronyms:

a. CCMH- Center for Collegiate Mental Health - https://ccmh.psu.edu/

b. CCAPS- Counseling Center Assessment of Psychological Symptoms -https://ccmh-s.psu.edu/ccaps-web/

c. CHS - Campus Health Services: https://uhw.msu.edu/health-and-wellbeing-services/medical-care/campus-health-services

d. CAPS - Counseling & Psychiatric Services: https://uhw.msu.edu/health-and-wellbeing-services/mental-health-and-trauma-support/caps

25. Do we have the contracting details correct?

- This is correct. While this is our primary location, some services may be provided in other locations.

a. Legal Name: Board of Trustees of Michigan State University, DBA Michigan State University

b. Tax ID: 38-6005984

c. Address: 463 E Circle Drive, East Lansing, MI 48824-7500

26. Would you please provide volume figures for the following Departments referenced?

a. CHS

- Total Physicians (MD/DO's):
  - 5 MD/DOs
- Total Advanced Practitioners:
  - 8 NP/PAs
- Primary Specialties:
  - Family Practice, Pediatrics, we have had internal medicine in the past
- Number of Service Locations:
  - 1

b. CAPS

- Total Counseling/Psychotherapy Providers:
  - 39 (Including 10 Trainees)

- Number of Service Locations:
    - 5: Olin, Union, East Neighborhood, South Neighborhood, CANR, School of Music/CAL

- Annual collections (Fee for service + self-pay + all others): MSU UHW chooses not to answer this question at the current time.
- Encounter volume per month: MSU UHW chooses not to answer this question at the current time.

27. Is this RFP specific to the Behavioral Health care services or all care services, including BH?

- All care services, including behavioral health.

28. What service areas do you require the system to support? The RFP mentions: *" services within CHS are primary care, gynecology, allergy and immunizations, a clinical laboratory, occupational health, travel medicine, and nutrition."*

- Primary care, gynecology, allergy and immunization, laboratory, occupational health, travel medicine, nutrition, psychiatry, and counseling.
- The laboratory would need to be able to enter patient registration and bill for services outside of a clinic visit. We do a lot of testing for external providers and would need the capability to continue to allow this practice.

29. Does occupational health share the same population as the other services in CHS? Does the population include employees and certain grad students? At our other sites this is sometimes separated as its own partitioned service area/chart. Is that how you would like occupational health configured? It is useful to know ahead of time as we would quote it as its partitioned chart.

- Ideally occupational health would have its own partitioned service area to ensure regulatory compliance with OSHA standards as well as ease record retention burden for these records.

30. The other service area mentioned is CAPS. Can you elaborate on "clinical training and outreach/community engagement"? Is this part of a Psychology Training clinic whose population is the community? If so, is it primarily or exclusively community versus students that are seen? The reason we ask is we often partition these services separately from the rest of CAPS. The portal needs differ between students and community and we can better optimize for each population if this is the case.

- CAPS does not see anyone from the general community- all of our clients/patients are MSU students. Our outreach efforts are available/open to any MSU student, whether they are an active client or patient with CAPS. If someone is not a client/patient, we have the option to create a non-client chart to document the

communication without generating a "chart" for them, like we would for a person actively engaged in counseling, psychiatry or care management services. For example, we record and log outreach by type, population served, and number of attendees. This needs to be tracked in systematic way and logged under a patient/client name. Additionally, for training purposes, we need a central location to document multiple clients/patients that are discussed/reviewed during supervision between staff and trainees.

31. **Can you list out each of the different services that are within scope of this RFP and whether they share information fully or are partitioned fully or partially? We provide the ability to partition the systems so services get their own charts and you can control how data is shared between services if we partition them. We need more details on the services and partitions required to quote this aspect.**

    - Please see question 29
    - As of right now, CAPS psychotherapy notes are not accessible to the medical providers.

32. **User Counts by Service Area and Type** We need to know counts for each service area because in our system the pricing differs between some service areas. For example, student health has more complexity than a counseling service as they require a prescription writer, order entry, immunization registry interfaces and often lab and radiology interfaces. Occupational health and Psychology Training Clinics can also have their own characteristics.

    - CHS: 25,000 Patient Visits; 8,000 Unique patients getting lab draws; 1,300 Visits to Occupational Health
    - CAPS: Per UHW 2025 report, 3,559 unique counseling clients, 696 unique psychiatry patients, 7,831 counseling sessions, 1,339 group therapy sessions, and 2, 641 psychiatry visits.

33. **Student Health User (CHS) Counts**

    ● **The Total Number of Student Health Non-Clinical Users**. The definition of a non-clinical user in our system is a user who will not have access to write chart notes, however these users will be able to see charts if you give them permission. This can include Scheduling-Only users, Site Admins that do not need chart access, and report writing staff. Non-Clinical user licenses cost less than Clinical User Licenses.

        - Answered in question 5

    ● **The Total Number of Student Health Clinical Users.** These users will have chart access and note writing capability. This includes MDs, NPs, RNs, MAs and providers who need to write notes in the clinical chart.

        - Answered in question 5

    ● **The Number of Ordering Providers.** We need to know how many of the Clinical users need to place lab and radiology orders, referrals and write prescriptions. This does not need to include providers who only fulfill standing orders.

- Answered in question 5

● **The Number of ePrescribers.** How many of these Order Entry Clinical Users also require ePrescribing capability? They will need to be registered with Surescripts.

- Answered in question 5

● **The Number of Controlled Substance ePrescribers.** And how many of these ePrescribers also need ePrescribing of Controlled Substances capability. The prescribers will require a special security FOB and will require identity verification.

- Answered in question 5

Counseling (CAPS) User Counts

a) **The Total Number of Counseling Non-Clinical Users**. The definition of a non-clinical user in our system is a user who will not have access to write chart notes, however these users will be able to see charts if you give them permission. This can include Scheduling-Only users, Site Admins that do not need chart access, and report writing staff. Non-Clinical user licenses cost less than Clinical User Licenses.

- Answered in question 5

b) **The Total Number of Counseling Clinical Users.** These users will have chart access and note writing capability. If you have psychiatrists, include them under student health rather than counseling as they require the medical system licenses.

- Answered in question 5

34. Clinical Training and Outreach Community Clinic

a) What population is receiving services. What percentage is local community versus students?

- CAPS sees only students with one exception in the past. Psych will see the spouse of a student, if they also have the MSU Student Health Insurance.

b) The Total Number of Counseling Non-Clinical Users. The definition of a non-clinical user in our system is a user who will not have access to write chart notes, however these users will be able to see charts if you give them permission. This can include Scheduling-Only users, Site Admins that do not need chart access, and report writing staff. Non-Clinical user licenses cost less than Clinical User Licenses.

- Approximately 39 including approx. 10 trainees.

c) The Total Number of Counseling Clinical Users. These users will have chart access and note writing capability. Include any supervisees. If you have psychiatrists, include them under student health rather than counseling as they require the medical system licenses.

- Approximately 29 to 35 counseling users.

d) The Total Number of Trainees. They will have chart access and note writing capability.

- 10 to 13 trainees (4 to 6 part time)

35. Occupational Health

a) What population is receiving Occupational Health services. Should we assume that both students and employees are seen for occupational health services?

- MSU employees and MSU student employees are eligible to receive services in Occupational Health.

b) The Total Number of Non-Clinical Users. The definition of a non-clinical user in our system is a user who will not have access to write chart notes, however these users will be able to see charts if you give them permission. This can include Scheduling-Only users, Site Admins that do not need chart access, and report writing staff. Non-Clinical user licenses cost less than Clinical User Licenses.

- 2 non-clinical users in Occ Health

c) The Total Number of Clinical Users. These users will have chart access and note writing capability. This includes Athletic Trainers etc. If you have psychiatrists, include them under student health rather than counseling as they require the medical system licenses.

- 4 clinical users

d) The Number of Ordering Providers. We need to know how many of the Clinical need to place lab and radiology orders, referrals and write prescriptions.

- Of the 6 staff in Occ Health, 5 need to have the ability to place orders. (This includes the 4 “clinical users” mentioned above and 1 of the “non-clinical users” mentioned above who does not write chart notes but can add orders from a standing orders set.)

*Please do not include users who are already counted in Student Health or Counseling.

36. Other Service Area User Counts (If applicable)

For each other department not covered above: **

a) **The Total Number of Non-Clinical Users**. The definition of a non-clinical user in our system is a user who will not have access to write chart notes, however these users will be able to see charts if you give them permission. This can include Scheduling-Only users, Site Admins that do not need chart access, and report writing staff. Non-Clinical user licenses cost less than Clinical User Licenses.

- Answered in question 5

b) **The Total Number of Clinical Users.** They will have chart access and note writing capability. If you have psychiatrists, include them under student health rather than counseling as they require the medical system licenses.

- Answered in question 5

**Please do not include users who are already counted in Student Health or Counseling.

37. What is the approximate number of patient charts in the current EHR system?

Our storage fees cover your Cyber insurance coverage as well as actual disk storage. The cost for storage is based on the number of patient charts you need stored. We require an approximate count of the number of charts stored in the system. This should be an estimate of the total number of patient charts you currently store assuming you purge to the state required retention requirements. For Michigan it appears this is 7 years for Student Health and CAPS.

You should not count empty charts that have no visits. We assume you purge charts after the state required retention requirements.

Ideally specify the approximate number of charts you will need to store by service area. We need the total number of Medical Charts, Counseling Charts, AT charts plus any other service areas that have charts you need us to store for you. If you have a patient with a Student Health and a Counseling chart it should ideally be counted as 2 charts. If this is hard to determine from your current system just provide whatever is easiest, it will not significantly impact your cost.

If you do not currently purge charts, provide estimates on the assumption you will be purging empty charts and those beyond the legal retention requirements to keep your storage and insurance costs as low as possible. As a rough guide we usually use 4x the annual new student enrollment as an approximate estimate for total chart storage across all services.

38. Visit Counts

We primarily use user counts and chart counts for pricing systems. However, we also collect appointment or visit counts to determine if you have unusual appointment/visit volumes. We can sometimes provide additional concessions based on volumes. Approximately how many visits/appointments do you have in each service area (Student Health, Counseling, AT, etc) in a given year?

- CHS: 25,000 Patient Visits; 8,000 Unique patients getting lab draws; 1,300 Visits to Occupational Health
- CAPS: Per UHW annual report, 7,831 counseling sessions, 1,339 group therapy sessions, 2,641 psychiatry visits, 3,559 unique clients in Counseling, and 696 unique patients in Psychiatry

39. Migration Needs/Details

There can be more than one migration if different service areas are coming from different systems.

We have migration packages for Titanium, Pyramed, Medicat, and eCW. We have also done Athena migrations in the past. We also do custom migrations for systems not listed above, but the price on that differs from packaged existing migrations.

Please provide a list of what migrations you require for each department so we can price them appropriately.

- Migrations from Athena and Titanium

40. Existing Functionality you Currently Have and Use

a) The RFP mentions : *"Demonstrate how community engagement/caps connect and other quasi-clinical functions are documented which may and may not connected to individual patients.?"* Presumably you are asking if we support anonymous client records.

- Anonymous in part. But also Titanium is not just client/patient/student centered. This means that other events (i.e., an outreach) can be recorded and data can be associated with the event in titanium. This is information stored in the record but not attached to any one patient.

b) Do you currently have and use self-check in kiosk functionality?

- No but interested in potential functionality

c) Do you currently have and use appointment text reminders?

- Yes, via Qure4U
- Yes – Titanium and Athena have text functions.

d) How much and in what fashion do you currently use SMS for general outreach? For reminders? For Confirmations? For general communication?

- Appt reminders mainly. Some times general communication.
- We use this function daily to update patients on their online appointment needing rescheduled or the need for them to contact the clinic for any reason.

e) Your internal LIS is Orchard Harvest. What external reference labs is your instance of Orchard connected to that we will need to set up orders for in the EHR?

- All orders flow from EMR through to our ORCHARD system. The samples are collected in our lab and forwarded if needed to external laboratories through requisitions. Orchard is the only LIS that is connected to our EHR for ordering purposes. UMH sparrow has a compendium as well in the current EHR, if a patient is going to an external site for sample collection.

f) For imaging what do you currently have and is it interfaced? What is your typical monthly number of imaging orders? This can affect pricing as vendors will subsidize the setup if the volume justifies it.

- We use an interface with Aris. We average approximately 33 x-ray orders per week.

g) For pharmacy, what do you currently have and is it interfaced?

- We do not have a pharmacy

h) Do you use MAPS/PDMP in your current EHR system?

- Yes, to both.

i) Do you dispense meds within the clinic outside of a pharmacy? Do you currently have and use a dispensary system in the student health clinic? If so please provide details.

- Yes, but our med dispensing is only for administered medication. We do not dispense meds to be taken at a later time.
- CAPS does not dispense meds.

j) Do you currently have and use an inventory management system in the student health clinic for medications or immunizations? If so please provide details.

- Answered in question 7

k) Do you currently have and use any 3rd party reporting tools? If so please provide details.

- Quer4u provides reporting information regarding appointments scheduled online.
-
- Titanium/CCAPS interfaces with CCMH to participate in uploading data to contribute to natioanl data set but to also share local data set.
- We have patient satisfaction surveys that are done by Clio/Medstatix.

l) Do you use a reporting tool within your system or have you purchased a 3rd party reporting tool? If so, which 3rd party reporting tool do you use? Is this tool intended more for data analysts or is it a self-serve tool for directors, clinic managers and clinic administrators?

- Titanium has a reporting tool that select those with access have.

m) Do you currently use any transcription tools such as Dragon Naturally Speaking? If so how many licenses?

- No, but would be interested in an EMR that integrates that. Ideally, one with a native dictation service.

n) Do you currently use any EHR built-in or 3rd party AI tools?

- In the process of initiating that in our current environment.
- CAPS does not use built in or 3rd part AI tools

o) Is your current EHR system interfaced to your Oracle Peoplesoft Student Information System? If so, is that file or message based? If file based are we able to use the existing file exports?

- No, but we would like to discuss possible integrations that may be available with our Student Information System to improve initial registration errors.

p) How do you currently do telehealth visits? Which video vendor do you use? How do you book and start appointments?

- CAPS typically uses HIPAA Zoom.
- CHS uses Athena's built-in telehealth platform.

q) Can you clarify what you mean by: "Demonstrate single-point of access for CAPS utility (with preference to not having to create a new user ID for each student)."

- Titanium allows a student to sign up for an initial consultation appointment by selecting the link and entering their information, etc and then selecting a date and time to schedule. No log in necessary. When they add their information (e.g., Name Student ID), Titanium cross references that with pre-existing charts. They do not have to set up a user account with an ID and password. Having to create a log-in etc will be a barrier to accessing treatment.

41. Health Information Exchange

- *We have requested Health Sciences IT to provide insight on these questions. While we await response, in short, we rely heavily on MiHIN. That is a contract moved to UHW from HCI. There are many interfaces into Athena, and we will need to identify which ones impact UHW.*

a) Can you confirm whether your organization currently participates in MiHIN/GLHC, and if so, which specific services or data feeds you are actively using?

b) Is your use of MiHIN/GLHC limited to laboratory results, or do you also exchange other clinical data types (e.g., ADT, CCD/C-CDA, immunizations, care summaries)?

c) For external laboratory results (e.g., Sparrow Hospital lab?), do you currently receive those results through MiHIN/GLHC, or are they delivered via direct HL7 interfaces today?

d) If you receive results through MiHIN/GLHC, can you clarify which message formats or transaction types are used (e.g., HL7 ORU, C-CDA documents)?

e) Are you expecting all external lab results to route through MiHIN/GLHC, or only certain laboratories?

- No

f) Do you require bidirectional exchange through MiHIN/GLHC (orders and results), or results-only?

g) Are there any other direct hospital interfaces we should be aware of?

h) Do you have any non-HIE point-to-point Direct Messaging or other Interfaces to any other organizations?

42. Logistics. Do you have specific deployment date requirements for any of the service areas that are driven by existing system agreement expirations? If so, please provide details on the dates.

- No

43. Billing

a) Do you do all of your billing / medical claims processing in-house or does your current vendor do some aspects of this? Do you need your new vendor to do any claims processing?

- Billing is managed via Athena Collector

b) What are your approximate annual collections?

- We decline to answer that as part of the RFP process.