

California Institute of Mental Health
California Behavioral Systems Coalition
Phase I Final Report

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Executive Summary

Shared
Problems
and Shared
Solutions

Background

California counties currently utilize a variety of information systems from several vendors. Remarkably, many of these systems have been operational for more than 20 years and are now known as "legacy" systems. These systems have become old and are now using out-of-date hardware and software that needs to be replaced. Originally designed to generate bills and State reports, the next generation of systems needs to also be responsive to HIPAA, clinical needs, complex compliance requirements, managed care, and improved ability to report and use information.

In a time of fiscal austerity and faced with a common need, 27 California Counties have come together to form the California Behavioral Systems (CBS) Coalition. This coalition, which is a project of the California Institute of Mental Health, was formed explicitly to help member counties to reduce costs and efficiently select the next generation of information systems.

The CBS members began their work in January, 2003 and they are now completing the first phase of work. This report presents the results of that work.

By combining forces, CBS Coalition counties chose to share (and thus reduce) the expense of conducting a nation-wide evaluation of information system vendors. The coalition was formed on the assumption that coalition members had many common needs and that these common needs could be the basis of a shared product evaluation process. The stated goal of the coalition has been to assist each county to make a local decision. The product of the coalition is not a single vendor selection. Rather, this shared effort has preserved local county autonomy, allowing each county to select the most suitable vendor.

The coalition currently includes eleven county members and a group of sixteen small counties who have joined as one member. Therefore, the coalition has twelve participating members representing 27 counties.

CBS Cost Control Strategy

One
Process for
Many
Counties

The vendor evaluation process followed all of the traditional steps associated with this type of procurement. A Request for Information (RFI) screening, Request for Proposal (RFP), and product demonstrations were all completed. However, because the Counties are focused on achieving cost-efficiency, we have employed technology tools to help control costs while maintaining an active collaborative effort. Counties participating in the CBS Coalition span the state geographically. Travel budgets are slim to non-existent. To keep the membership active in the entire CBS process, the Coalition has made

extensive use of the *WebEx™* web-based conferencing software.

WebEx is an internet service that allows participants in a traditional voice teleconference to see an active web-based presentation of materials on a personal computer during the teleconference. Thus, each meeting could include the review of PowerPoint presentations or documents during the discussion. Of equal importance, it is possible to view any software product during such discussions. As a result, the Coalition was able to conduct all software demonstrations using *WebEx*. No participants were required to travel to central sites for such activities. Several hundred staff across the State were able to view a wide variety of software demonstrations.

To date, the entire CBS coalition project has required only two face-to-face meetings: 1) a kickoff and training session for workgroups in April, 2003 and 2) a two day decision-making session in September, 2003. All other meetings have been conducted using teleconferencing and *WebEx*. This approach has allowed hundreds of staff to view and evaluate products without any travel.

CBS Structure

Combined
County
Expertise

The CBS Coalition included a team of CIMH consultants working very closely with a policy group known as the CBS Leadership Group. Each of the twelve Coalition members has a representative on this Leadership Group which has approved the project plan and served as the primary decision-making body throughout the project. Each Leadership Group representative serves as the primary liaison to his or her county.

In addition to the Leadership Group, seven specialized workgroups have been created to draw on the expertise of local county specialists. These groups are staffed by county personnel who bring practical experience in each of the following areas:

- Clinical - These staff, primarily clinicians, brought their experience to help evaluate how an electronic clinical record could serve their organization.
- Administrative - These participants have special knowledge and experience regarding the admission, discharge, financial screening, service recording and appointment scheduling functions.
- Billing and Accounting - County billing and accounting staff helped define and evaluate systems that can appropriately maintain, optimize and accurately track revenues, expenses and special funding requirements.
- Internal and External Reporting - Specialists who have direct experience meeting the periodic external, routine and special internal reporting needs of the many constituents within a county behavioral health information system.

- Managed Care - Counties which maintain special managed care units, sent representatives to this workgroup to define requirements and evaluate solutions which addressed key issues such as: access, eligibility, authorization, and claims processing.
- Technical and Security - County technical specialists evaluated the hardware and software solutions proposed by information system vendors.
- Corporate Capacity - This workgroup brings experience dealing with the evaluation of business partners and contracting as well as the evaluation of software vendors. They evaluated issues such as the capacity of the vendor to successfully implement, train and support counties in the future.

CBS Work Process

5 Key Work Processes

The key elements of the work process were:

- A Screening Request for Information (RFI)
- A Request for Proposals (RFP)
- A Customer Satisfaction Survey
- A Series of Software Demonstrations
- Creation of a "*Green Book*" Decision Support Tool

RFI

Starting with a list of 121 potential information system vendors, an email-based *Zoomerang* survey was sent to each vendor to gather data for an initial screening. A group of 44 vendors was selected using criteria approved by the Leadership Group. The large majority of vendors submitting RFIs were passed through the initial screening. Vendors who were approved were sent the subsequent RFP.

RFP

Working with the several workgroups described above, the CIMH consultants prepared and revised a draft RFP to represent the common needs of Coalition members. Each vendor received a detailed RFP which addressed questions posed by each workgroup. In addition, vendors were asked to provide cost estimates based on model counties which were Large, Medium and Small. All vendors were asked to provide cost estimates on a variety of alternatives defined by the Leadership Group.

The key elements of the RFP included:

- Functional Requirements
 - o Access/Call Center
 - o Eligibility Verification
 - o Care Management
 - o Payor/Provider Relations

- o Administrative Workflows
- o Billing and Accounts Receivable
- o Electronic Clinical Records
- o Data Management and Reporting
- o System Interfaces
- Technical Specifications
- Pricing
- Corporate Capacity
- ASP Options (ability to offer services from a vendor-managed remote computer)

A total of fifteen vendors chose to submit RFPs. Each RFP was given an extensive review by Coalition members. All scores were compiled for each vendor. A face-to-face meeting (September 15-16, 2003) was held in Sacramento to select a group of vendor finalists. A total of 7 software products and 8 vendors were selected as vendor finalists. The vendor finalists were *unanimously* selected. Although all counties were not interested in all vendors, it was decided to establish a group of vendors that represented a unanimous selection. Vendors who were eliminated were also done so on a unanimous basis. The vendor finalists were (listing in alphabetical order):

8 Vendor
Finalists

- Anasazi
- CalCis*
- CMHC
- Covansys*
- Creative Socio-Medics
- ECHO
- Raintree
- Uni/Care

* Note: CalCis and Covansys both submitted a proposal to use the CalCis software solution.

Customer Survey

Following the selection of the vendor finalists, each vendor was asked to submit a list of customer names and e-mails to allow a customer satisfaction survey. Lists were provided to CIMH and customers were surveyed on satisfaction with the vendors' software product and implementation services.

Demonstrations

Each vendor was scheduled for six software functional demonstrations in the areas of: Clinical, Administration, Billing, Reporting, Managed Care and Technology. Also, a vendor corporate capacity meeting was scheduled for each of the eight vendors. In total, 50 three-hour sessions were held using *WebEx*. Multiple county staff scored each session. Vendors demonstrated their products following Coalition-designed scenario scripts. Such scripts

allowed each vendor to be scored and compared on a common standard. A total of 1,445 score sheets were produced and all data was compiled.

Decision Support Product - Green Book

Local
Weighting
Decisions
were Made

A key work-product of the Coalition has been the creation of a decision support tool, which has been named the *Green Book*. The CBS *Green Book* is a sophisticated Excel spreadsheet that has been designed to incorporate all of the information that has been collected about each vendor finalist. Of equal importance, the *Green Book* uses the several weighting decisions that have been made by each Coalition member. When all scoring and weighting data have been combined, the *Green Book* can display the relative ranking of each vendor. Ranking is calculated for each Coalition member based on how each member scored and weighted the vendor.

Weighting Decisions

Each member of the Coalition was asked to establish weights for various scoring results, based on local judgments and priorities. The use of weights is designed to allow each Coalition member to decide the relative importance of various pieces of information. For example, members were asked to weight the relative importance of the following list:

- RFP Scores
- Demonstration Scores
- Corporate Capacity Scores
- Pricing Information
- Customer Satisfaction Survey Results
- Local Criteria

By weighting these areas, members may decide to place greater emphasis on corporate capacity and pricing and less emphasis on customer satisfaction survey scores and RFP scores. The following table displays the results of this weighting activity.

County Weights													
Category	County 1	County 2	County 3	County 4	County 5	County 6	County 7	County 8	County 9	County 10	County 11	County 12	
Overall Weighting (Level 1)													
A. RFP Scores	20%	15%	15%	10%	5%	20%	20%	5%	5%	5%	20%	15%	
B. Dem o Scores	45%	30%	30%	35%	60%	25%	20%	50%	40%	30%	15%	30%	
C. Corporate Capacity	20%	25%	25%	10%	0%	20%	20%	20%	25%	25%	30%	30%	
D. Pricing Information	3%	20%	10%	35%	0%	20%	20%	5%	5%	10%	15%	20%	
E. Customer Satisfaction Surv	7%	10%	20%	10%	20%	5%	10%	20%	5%	5%	20%	5%	
F. Local Criteria	5%	0%	0%	0%	15%	10%	10%	0%	20%	25%	0%	0%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Table 1: All-County Weighting

Findings

The following findings summarize your county's efforts as well as the efforts of the entire Coalition.

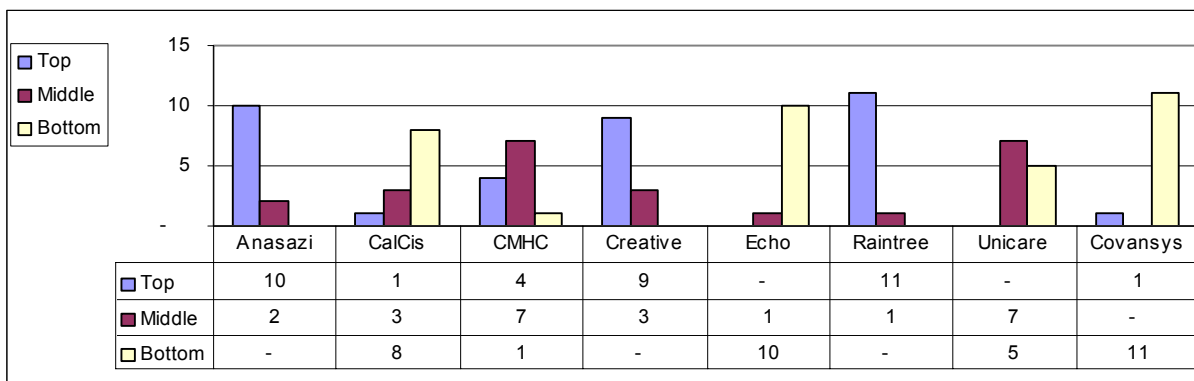
Finding: The Field has been Narrowed

A small group of high scoring vendors is emerging

A review of the detailed tables in this report indicates that there is no "perfect" vendor, nor is there a vendor that is universally preferred by all Coalition members. At the same time a consensus is emerging about a small group of high ranking vendors. Table 2 below, which shows a summary of vendor scoring for each CBS Member, illustrates this trend. Further investigation about vendor strengths and weaknesses will be pursued in Phase II of this project, which is expected to result in contract signing with specific vendors. All of the results in this report represent a snapshot of current information. As new information is gathered and counties have additional time to talk together and reflect on these data, the results will continue to be refined.

Overall Vendor Scores

	Anasazi	CalCis	CMHC	Creative	Echo	Raintree	Unicare	Covansys
Overall Vendor Rank								
County 1	Top	Bottom	Middle	Top	Bottom	Top	Middle	Bottom
County 2	Top	Bottom	Top	Middle	Bottom	Top	Middle	Bottom
County 3	Top	Bottom	Middle	Top	Bottom	Top	Middle	Bottom
County 4	Middle	Bottom	Top	Top	Middle	Top	Bottom	Bottom
County 5	Middle	Top	Bottom	Middle	Bottom	Top	Bottom	Top
County 6	Top	Middle	Top	Top	Bottom	Middle	Bottom	Bottom
County 7	Top	Bottom	Middle	Top	Bottom	Top	Middle	Bottom
County 8	Top	Bottom	Middle	Top	Bottom	Top	Middle	Bottom
County 9	Top	Middle	Middle	Top	Bottom	Top	Bottom	Bottom
County 10	Top	Bottom	Middle	Top	Bottom	Top	Middle	Bottom
County 11	Top	Bottom	Middle	Top		Top	Middle	Bottom
County 12	Top	Middle	Top	Middle	Bottom	Top	Bottom	Bottom



Key: "Top" Vendors were ranked 1, 2 or 3. "Middle" Vendors were ranked 4 or 5. "Bottom" Vendors were ranked 6, 7 or 8.

Table 2: All-County Overall Ranks

Finding: Identification of Your County's "Top" Vendors

A Snapshot of "Today's" results for my County

Through the detailed evaluation and weighting described above, your county's scorers arrived at set of vendor scores and ranks, including the identification of your "Top" Vendors. Table 3 below shows the total points and rank for each vendor under consideration. If your table has blank cells they represent vendors that were removed from final consideration prior to the completion of Phase I.

Note: This table is county-specific and not included in this "generic" report.

Table 3: County-Specific Overall Scores and Ranks

Ten major areas were evaluated

Table 4 represents a "drill down" of ten important areas that were evaluated. "Top" vendors were ranked 1, 2 or 3; "Middle" vendors were ranked 4 or 5; and "Bottom" vendors were ranked 6, 7, or 8. Blank cells represent areas where vendors were not scored or were removed from consideration.

It will be important for your county to examine and reconcile any differences that may exist among different county constituencies prior to vendor contracting in Phase II (e.g. clinicians and billing staff having different conclusions about top, middle and bottom ranking vendors).

Note: This table is county specific and not included in this "generic" report.

Table 4: County-Specific Top, Middle and Bottom Vendors

Finding: Price Ranges for the "Top" Vendors

Initial Pricing for "typical" small, medium, and large counties

Total five-year costs (excluding additional hardware and staff) vary from vendor to vendor. Vendors quoted prices for "typical" small, medium and large counties, including options for local system management (Local) and outsourcing of system management (ASP and ASP Plus).

Table 5 lists the quoted prices for the option(s) your county wishes to pursue. The least expensive vendor received a score of 5.0 points, the most expensive vendor received a score of 2.5 points, and the remaining vendors received scores proportionate to their prices within this 2.5 to 5.0 range.

The prices below will need to be updated for each county based on their specific number of users and local requirements; this will occur in Phase II described in Chapter 4. As counties begin to budget for their new system they will also need to evaluate their existing information technology infrastructure (servers, networks, workstations, staffing, etc.) and add relevant, additional costs to the total cost of a new system.

Note: This table is county specific and not included in this “generic” report.

Table 5: County-Specific Pricing Comparisons

CBS Next Steps Forward

Strategy for
Continued
Cost
Savings

The CBS Coalition has demonstrated the considerable strength that 27 counties can bring to a task. Coalition members have been able to efficiently work together, while at the same involving a large number of their staff in the evaluation of a future system. Also, knowledge about the marketplace continues to be exchanged between counties. Such advantages need not end; instead the Coalition can elect to continue to work in collaboration on Phase II of the CBS Coalition project.

A 5-step Phase II process is being recommended to leverage the “buying power” of multiple counties and maximize resources as counties proceed with their next steps in the procurement process.

Step 1: Counties will come together to exchange local status information and decide on their readiness to move forward with a “best and final” evaluation of leading vendors. New CBS county members may choose to join in this effort.

Step 2: Counties will make additional assessments and evaluation of vendors on an as needed basis. Counties will focus on research needed to identify a small set of best and final vendors. Counties will conduct these assessments individually and/or collaboratively. Counties with common top choices will join together to form Special Interest Groups (SIG’s).

Step 3: Each Special Interest Group will collaborate on tasks such as: Reference calls to current customers; Site visits; Vendor specific requirements documentation; contract template development; and detailed price quotations.

Step 4: Counties will select their vendor(s) of choice for Best and Final contract negotiations using a common contract template. Counties will select from amongst the most suitable collaborative contracting model. Volume discounts will be negotiated for counties with common vendors.

Step 5: Coalition members will pursue a shared contract development process involving appropriate county counsels. Contract models which optimize cost savings for members will be pursued.

The above outline of next steps illustrates the continued opportunities for further cost savings for counties. Following contract signing, the Coalition may additionally choose to continue such cooperative efforts. Such activities may include shared work on project management, implementation, training and operations of new information systems.

Chapter 1: CBS Coalition - The Collaborative Work

27-County collaborative software search

Background

The California Institute of Mental Health (CIMH) California Behavioral Systems (CBS) Coalition was formed in January 2003 by an initial group of 24 California counties with a common need to evaluate alternative behavioral health information systems. Later expanded to 27 counties, the coalition members set out to conduct a careful evaluation of the various information systems in the current marketplace. Typically, each county undertakes such a process, individually using consulting services and local resources. Since such evaluations and subsequent procurements can be very costly, the CBS Coalition was formed to share and thus reduce the cost of such an effort. Coalition members decided on a project cost sharing formula based on county population.

The California Institute of Mental Health has contracted with 11 individual counties and a group of 16 small counties. The 12 coalition members thus represent 27 counties. The current counties participating in the coalition are shown in Table 6.

Individual County Members	Small County Group	
Alameda	Amador	Modoc
Butte	Colusa	Mono
Contra Costa	Del Norte	Napa
Fresno	El Dorado	Nevada
Kern	Glenn	Sutter-Yuba
Marin	Inyo	Shasta
San Diego	Lassen	Calaveras
San Luis Obispo	Madera	San Benito
San Mateo		
Santa Barbara		
Stanislaus		

Table 6: Current CBS Coalition Counties

The coalition participants share five common goals:

Goal 1: The coalition will work together to find systems that meet common needs. Since it was estimated that perhaps as much as 80% of county behavioral health system needs were shared, the coalition decided to pursue these common needs together.

Goal 2: Each county will make its own decision regarding the system and

vendor that best meet local needs. While focusing on shared system requirements, the coalition has also maintained a consistent commitment to individual county decision-making autonomy.

Goal 3: Counties will share their local expertise with all members of the coalition. All counties need not send representatives to each and every activity. All evaluations by county participants have been shared amongst coalition members.

Goal 4: Travel expenses will be kept at an absolute minimum. To reduce such costs, web based meetings have been used extensively.

Goal 5: Counties that select the same vendor may continue to cooperate to achieve advantageous pricing and to continue collaborative efforts to achieve cost efficiencies. It is expected that several counties will select the same vendor for their next generation of information systems. (Please see chapter 4 for a detailed discussion of such future collaboration.)

CBS Coalition Structure and Process

The coalition has been structured to include a large number of county staff with various areas of expertise. A 12-member leadership group and seven specialty workgroups have worked on each phase of the project. Internet based *WebEx* meetings have been used extensively for virtually all work. Following the initial organizing meeting January 13, 2003, only two additional face-to-face meetings have been held. All other meetings have occurred using web-based meetings. [Attachment A – Key Events Calendar](#) contains a listing of major activities leading up to this report.

Primary
direction for
the project
provided by
a 12-person
Leadership
Group

CBS Leadership Group

The Leadership Group sets policy for the coalition. Each of the 12 Leadership Group participants has served as the key liaison to participating counties. Participants have the following responsibilities:

- Serve as principal policy decision makers, representing local county concerns
- Communicate CBS activities to appropriate local staff
- Approve the make-up of various functional workgroups
- Review list of potential vendors
- Review and approve of the initial RFI and screening criteria
- Approve the RFP conceptual design principles
- Review and approve RFP document before final release
- Review and approve selection of Vendor finalists following RFP scoring
- Develop calendar of demonstration events and communicate to local staff
- Participate in web-based demonstrations and meetings with each vendor finalist

- Establish priorities and weighting for vendor scores
- Review and approve CBS reports

The current CBS Leadership Group includes:

County	Member
Alameda	Dennis Kennely
Butte	Duane Henderson
Contra Costa	Steve Hahn-Smith
Fresno	Kannika Toonaachat
Kern	Dan Walters
Marin	Bruce Gurganis, Richard Jang
San Diego	Jorge Pena, Sabrena Marshal
San Luis Obispo	Roger Shipp
San Mateo	Louise Rogers, Pat Miles
Santa Barbara	Al Gately
Small Counties	Mike Cassetta
Stanislaus	Dennis Louis

Table 7: Leadership Group Members

CBS Workgroups

Each coalition member was invited to send a representative to coalition workgroups. Each group was organized around seven high-priority areas critical to California mental health and drug and alcohol programs.¹

All of the workgroups came together in April, 2003 for a series of seminars on their areas of specialization. This was the only face-to-face meeting for the workgroups. All subsequent meetings occurred via *WebEx* meetings. The workgroups provided content expertise for the design of the RFP, the evaluation and scoring of vendor proposals, the design of demonstration scenarios and the subsequent scoring of vendors who were selected as finalists.

The following workgroup “job descriptions” describe the attributes of the workgroup members.

Billing / Accounting

Participants are involved in billing and accounting operations in a member county. Participants bring practical experience and knowledge regarding:

- General ledger accounting functions

- Cost report requirements
- Patient billing
- Medicare, insurance and Medi-Cal billing
- Eligibility determination
- Coordination of benefits
- Compliance issues associated with payors
- Routine billing operations
- Typical problems associated with mental health, drug and alcohol billing
- California specific billing rules (e.g. AB36332, Healthy Families)

Clinical Workflow

Participants are clinicians and specialists in clinical records. They have experience with clinical software or an interest in using technology to improve the documentation, evaluation and delivery of clinical services. Participants bring practical experience and knowledge regarding:

- Assessment
- Progress notes
- Treatment plans
- Medication
- Physical health (e.g. lab results)
- Order entry
- Outcome tracking
- Best practices
- Access to clinical information
- Clinical form development
- Ease of use for clinical staff
- Special system needs of clients and clinicians

Administrative Workflow

Members of this group have a good understanding of the non-clinical collection, retrieval and use of administrative information. They have a working knowledge of client and staff workflows in the various programs as well as problems that hinder data collection and staff productivity. Participants bring practical experience and knowledge regarding:

- Registration of new consumers
- Admission for service
- Service tracking
- Group management and service recording
- Collection of demographic and State-mandated information

- Collection of special data associated with categorical funding
- Scheduling
- Financial screening
- Communication needs among staff, including needs for Alerts

Managed Care

Members of this workgroup typically work within special managed care units. They are familiar with all aspects of managed care operations. They bring practical experience and knowledge in areas such as:

- On-line eligibility determination
- Authorization processes
- Ongoing care management
- Claim adjudication
- Claims payment processing
- Staff and facility credentialing

Vendor Corporate Capacity

Each vendor is a business offering software, installation, support, consultation and maintenance services. Members of the Corporate Capacity workgroup have had experience dealing with the evaluation of business partners and contracting as well as the evaluation of software vendors. They understand issues related to:

- Financial capacity as reflected by financial statements
- Staffing patterns appropriate for adequate vendor service
- Business track record in public sector behavioral health or related areas
- Capacity to develop and maintain products in multiple States and counties
- Implementation experience and resources
- Software development experience and resources
- Capacity for stability and growth
- Recent relevant implementation experience
- Current customer base and customer satisfaction levels
- History and capacity to change as Federal and State requirements change

Security/Technology

Members of this work group have sufficient technical expertise to carefully examine vendor system offerings. The group has had experience with various technology issues such as:

- Network requirements

- Telecommunications capacity
- Internet-based solutions
- Database design and structure
- Documentation
- Software development processes
- Industry standard practices for software vendors
- Human resources needed to support various solutions
- HIPAA security requirements

Internal / External Reporting

Reporting affects all functional areas. Consequently, reporting solutions touch each workgroup. Work group members for Internal/External reporting have experience creating reports, extracting data from current systems and helping users understand the information that has been collected. Members have a current understanding of:

- California reporting requirements for CSI, CAADS, OSHPD
- Meeting external reporting needs for categorical funding
- Reporting needs at various levels including those required by the various workgroups
- Problems associated with reporting from large dynamic data sets
- The types of reporting tools in the marketplace and the needs of report writers
- Skill levels likely to be required by various vendor proposed solutions
- Types of data sets commonly used for reporting (e.g. services, claims, consumer demographics, diagnostic information)
- Common types of ad hoc reporting needs
- Data dictionaries and interpreting database design for reporting

CBS Coalition Work Process

This section describes the six-step process that was used to evaluate software vendors.

Step 1:
Vendor
screening
through a
Request for
Information
(RFI)

RFI Process

The CBS Coalition work process began by assembling a list of 121 potential vendors (see [Attachment B: Master Vendor List](#)). A Request For Information (RFI) questionnaire was prepared and approved by the Leadership Groupⁱⁱ. A call for vendors to submit an RFI response was advertised in local and national newspapers as well as the behavioral health trade press. The RFI was completed by 44 vendors. Vendors submitting RFI responses were screened using the following screening criteria. A vendor needed to meet one criterion to pass the screening.

- The vendor has behavioral health experience in the State of California
- The vendor has behavioral health experience in other States and is large enough to address California's mental health and drug and alcohol requirements
- The vendor provides healthcare software with relevant modules, is large enough to address California's mental health and drug and alcohol requirements, and would be willing to attend a 2-day workshop to learn about those requirements

All vendors submitting an RFI were reviewed by the CBS Leadership Group: 37 met one or more criteria and were sent the CBS Request for Proposal (see [Attachment C: RFP Vendor List](#)).

Step 2:
Vendor
evaluation
through a
Request for
Proposal
(RFP)

RFP Process

The Leadership Group reviewed the basic conceptual design of the planned Request for Proposal (RFP). The CBS workplan called for the rapid development of an RFP which focused on areas of common concern for all CBS members. CBS consultants worked with each work group to prepare and review their RFP section.

RFP Development Process: The coalition established a CIMH web page which included examples of prior California RFPs made available by other counties who had recently issued similar documents. A special training session for workgroup members was held by CBS in Sacramento as a kickoff event for the RFP development process. Following initial workgroup meetings, a draft RFP was prepared by the CBS consultants and circulated to the Leadership Group. Each workgroup focused its attention on sections of the RFP which corresponded to the workgroup's focus. A consultant worked with each workgroup to incorporate coalition feedback into the RFP document.

Following a series of review and revision cycles, the RFP was approved by the Leadership Group and distributed to the 37 vendors who passed the initial RFI screening. The key elements of the RFP included a series of questions regarding the following sections.ⁱⁱⁱ

- Functional Requirements
 - o Access/Call Center
 - o Eligibility Verification
 - o Care Management
 - o Payor/Provider Relations
 - o Administrative Workflows
 - o Billing and Accounts Receivable
 - o Electronic Clinical Records
 - o Data Management and Reporting
- Technology Specifications
 - o System Interfaces

- o Technology
- o Software Design
- o System and Data Security
- Vendor Corporate Capacity
- Pricing

Shortly after the distribution of the RFP (7/14/03), bidders were invited to submit written questions. A bidders' teleconference was held on 7/21/03. All questions (written and by teleconference) were answered via an Addendum to the RFP^{iv}.

Fifteen proposals^v were received by the August 25, 2003 deadline and copies were distributed to Leadership Group members and work group members. All proposals were reviewed and scored by county reviewers. Reviewers evaluated the vendors' product descriptions and responses to the RFP questions, scoring each response.

RFP Scoring: All county scoring data was compiled by CBS consultants and the results distributed to participants. Each coalition member established weighting for sections of the RFP based on local priorities. Weighting allowed members to emphasize particular portions of the RFP.

At a 2-day CBS Coalition face-to-face meeting September 16 and 17, 2003, the results of Coalition member scoring were presented to the Leadership Group. Each of the fifteen proposals and the vendor scores was discussed. During this meeting, vendor finalists were selected. Although all vendors were not of equal interest to CBS members, a unanimous consensus was established to offer each of the vendor finalists an opportunity to demonstrate their system. Seven vendors were eliminated on a unanimous evaluation of their proposals. A total of eight vendor finalists offering seven different software products were selected as vendor finalists.^{vi}

The vendor finalists selected by the Leadership Group are (all listings are by alphabetical order):

- Anasazi
- CalCis*
- CMHC
- Covansys*
- Creative Socio-Medics
- ECHO
- Raintree
- Uni/Care

Note: *Covansys and CalCis corporations both proposed the CalCis product. Since separate proposals were submitted, each vendor was evaluated. However, product scoring has been combined for the CalCis product.

Step 3:
Additional
vendor
evaluation
through
Customer
Satisfaction
Survey

Customer Satisfaction Survey Process

Immediately following the selection of vendor finalists, each vendor was asked to submit a list of current customers to allow a customer satisfaction survey by the CBS Coalition. Each vendor was requested to submit

1. At least 25 customer names for behavioral health customers using the bid product; or
2. Additional names of non-behavioral health customers using the bid product; or
3. Names of customers using a non-bid product

Each vendor submitted a list of customers and their associated e-mail address. Each vendor also submitted a cover letter explaining the nature of their lists.^{vii} An Internet-based *Zoomerang* survey was sent to each customer^{viii}. A total of 963 surveys were distributed with a 29% response rate overall.

In the survey questionnaire, customers were asked to rate their overall satisfaction with the vendor's products and services. They were also queried regarding implementation services. All customer satisfaction data was compiled for use by county reviewers^{ix}. Respondents were asked to volunteer for a 15-minute follow-up telephone interview and a large number provided their names and e-mails for future follow-up. Several vendor customers sent the CBS Coalition e-mail comments in addition to their survey responses.^x

Step 4:
Software
Demonstra-
tions with
Vendor
Finalists

Demonstrations

CBS consultants and work group members prepared a set of detailed demonstration scenarios for use by vendor finalists. The scenarios served as "scripts" to require each vendor to show the same functions. The demonstration scenarios were distributed to the eight vendor finalists in RFP Addendum 2 on September 3, 2003^{xi}.

Scenarios were prepared for:

- Clinical Workflow (5 scenarios)
- Administrative Workflow (6 scenarios)
- Billing and Accounting (7 scenarios)
- Internal & External Reporting (7 scenarios)
- Technical & Security (6 scenarios)
- Managed Care (5 scenarios)

Using the scenarios, each vendor was asked to present its bid product. Each demonstration was held via the *WebEx* conferencing software. A total of forty-two 3-hour web-based demonstrations occurred during the period from October 14, 2003 through November 5, 2003. During each demonstration, county staff scored each vendor's demonstration. Score sheets were

collected and compiled as an element of the vendor's product evaluation.

For Corporate Capacity, each of the eight vendors met via *WebEx* to discuss their history and capabilities with the Corporate Capacity Workgroup members. The corporate capacity discussions focused on the vendors' proposal in their RFP corporate capacity response.

Step 5:
Post-
Demonstra-
tion
Research

Vendor Follow-up

Following the product demonstrations and corporate capacity discussions, vendors were sent various follow-up questions to help coalition members better understand the vendor finalists' products. The follow-up questions and vendor responses were distributed to the relevant workgroup.^{xii}

In addition, follow-up questions regarding pricing estimates were submitted to each vendor. Where pricing estimates appeared excessively low or where pricing estimates were missing vendors were requested to revise and/or further explain their price offerings.^{xiii}

Step 6:
Develop-
ment of a
Decision
Support
Tool

CBS Decision Support Tool Development (*Green Book*)

A key deliverable for the CBS Coalition has been the creation of a decision support tool, named the *Green Book*.

Suggesting the green bar paper used by accountants in the days before electronic spreadsheets, the *Green Book* is a unique tool designed to help coalition members use the large volume of data which has been compiled over the course of the CBS project.

The *Green Book* is an Excel spreadsheet designed to incorporate all of the local numeric scores that have been created for:

- RFP scores for Functionality & Technology
- Demonstration Scores associated with function and technology
- RFP Corporate Capacity scores
- Pricing information based on final RFP pricing submissions
- Customer Satisfaction data
- Locally defined criteria which may optionally be added by coalition members

A vital portion of the *Green Book* is the use of weighting. Weighting allows each coalition member to decide the relative importance of each scoring category. Each coalition member has developed weights appropriate to local priorities. For example, using the *Green Book* weights, a local county participant in the coalition may decide to emphasize demonstration scores over the RFP scoring. Or, as new information is collected, corporate capacity may be emphasized over consumer satisfaction data. The weights may be set and revised as local priorities dictate.

The *Green Book* is designed to be dynamic. Consequently the re-adjustment of weights is expected as a normal use of this work product. As weights are

adjusted, the relative ranking of vendors will automatically be adjusted. If weights are set in accordance with local priorities, the ranking of vendors will reflect these local priorities.

A separate *Green Book* spreadsheet tool has been created for each county. A side-by side comparison of all coalition members, weighting and resulting ranking is presented in Chapter 2 of this report. By reviewing Chapter 2 comparisons, individual counties can consider how their assessment of the vendors is similar to or different from other members of the coalition. In Chapter 3, a detailed presentation of your county results is available for review. Finally, in Chapter 4, a summary of CBS Coalition next steps is presented for your consideration.

Chapter 2: CBS Coalition All-County Results

The CBS Coalition has provided a structure to allow 27 counties to share the costs and labor involved in evaluating various alternatives in the information system marketplace. As discussed in Chapter 1, the coalition has collected an extensive body of information about each of the vendor finalists. A large number of county staff have participated in this process, allowing each county to expand its cadre of local experts. In fact, CBS coalition participants are now very knowledgeable about the behavioral health information system marketplace.

The process for weighting and scoring each vendor on several dimensions has produced different vendor ranking for different counties. The following comparisons of vendor rankings across coalition members demonstrate that there is indeed no perfect system. Each system has strengths and weaknesses. In some areas there is strong consensus for ranking amongst counties. In other areas, judgments are quite diverse. This is entirely expected and is consistent with the CBS goal to preserve local decision-making autonomy throughout this process.

The comparison of each of the 12 members' scores is a very important part of local decision making. Local decision-making involves understanding which of the coalition members are likely to partner in future purchasing decisions. Many counties wish to continue to be part of a collaborative effort. To maintain such collaboration, it is important to look carefully at the judgments of each coalition member.

As with all judgments, it is expected that these evaluations will change as new information is gathered and colleagues discuss alternatives within and amongst counties. The *Green Book* tool, which is provided to each coalition member, allows for such changes. Adjustments to weightings, addition of local criteria all will contribute to a dynamic use of this information.

This chapter reviews the body of data collected by the CBS coalition in the following categories.

- Overall Vendor Scores (Level 1 data)
- Components of the Overall Scores (Level 2 data)
 - o Software Functionality
 - o Technology and Security
 - o Corporate Capacity
 - o Pricing Analysis
 - o Customer Satisfaction
 - o Local Criteria
- County Weighting Decisions

Overall Vendor Scores

Finding: The Field has been Narrowed

A review of the detailed tables in this report indicates that there is no "perfect" vendor, nor is there a vendor that is universally preferred by all Coalition members. At the same time a consensus is emerging about a small group of high ranking vendors. Table 2 below, which shows a summary of vendor scoring for each CBS Member, illustrates this trend. Further investigation about vendor strengths and weaknesses will be pursued in Phase II of this project, which is expected to result in contract signing with specific vendors. All of the results in this report represent a snapshot of current information. As new information is gathered and counties have additional time to talk together and reflect on these data, counties are expected to continue updating their *Green Books* until they have finalized the vendor with whom they will contract.

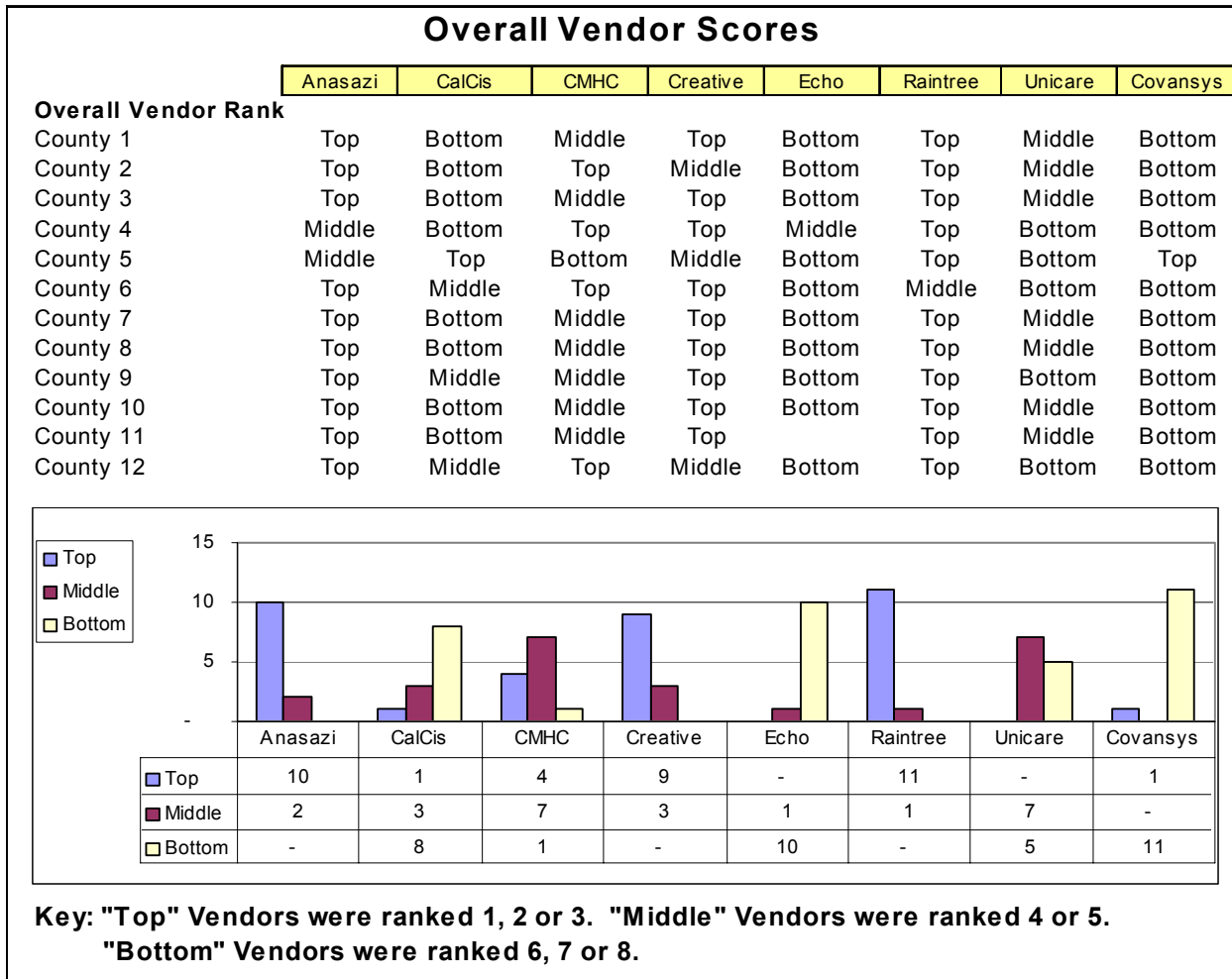


Table 2: All-County Overall Ranks

Components of the Overall Scores

Software Functionality

This section illustrates the counties' judgments regarding how well the various software packages perform. To evaluate these functions, the CBS Workgroups read through RFP responses and participated in focused software demonstrations. Each county provided specific weighting for the RFP and Demonstration Scoring, which is reflected in the results below.

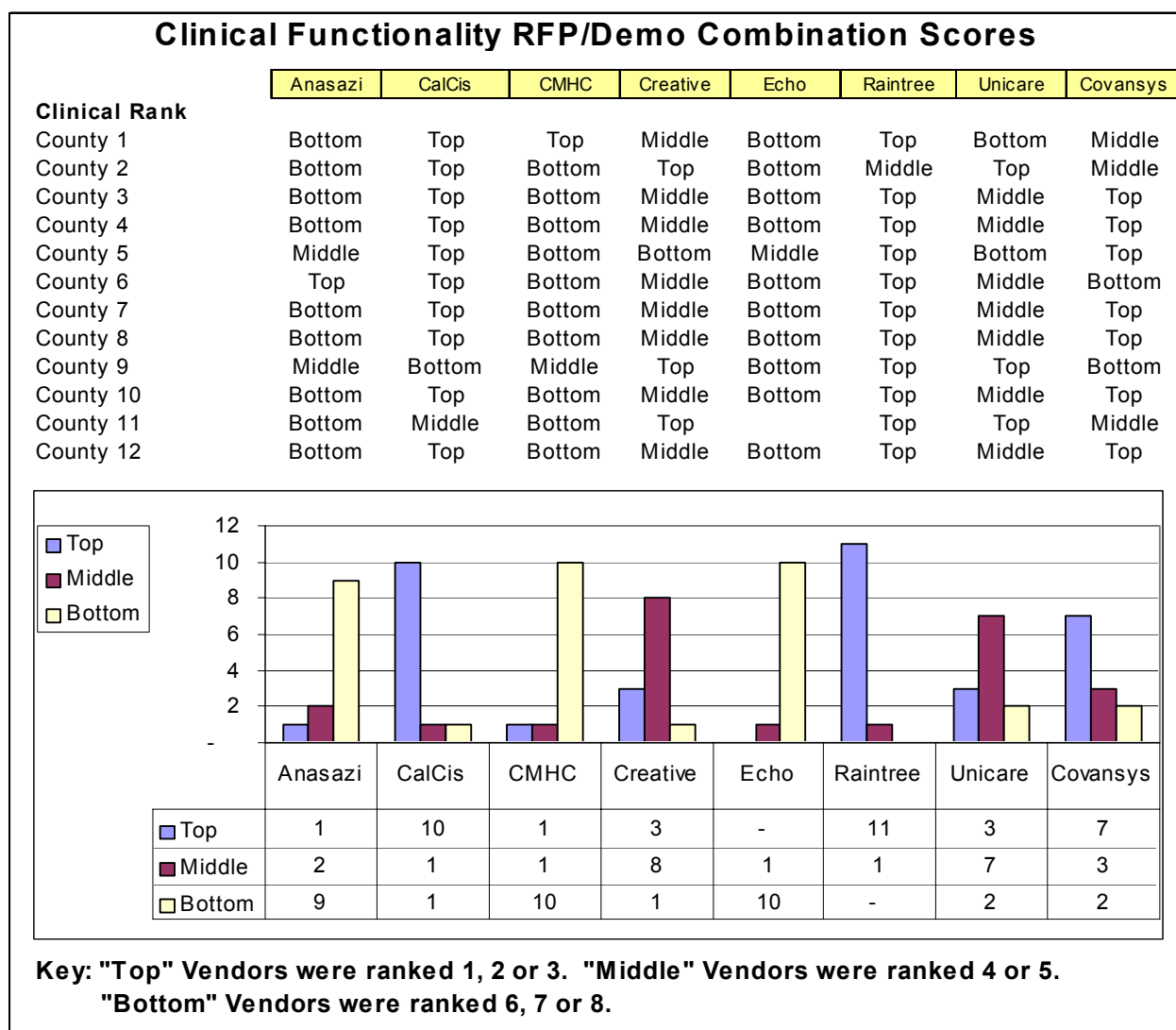
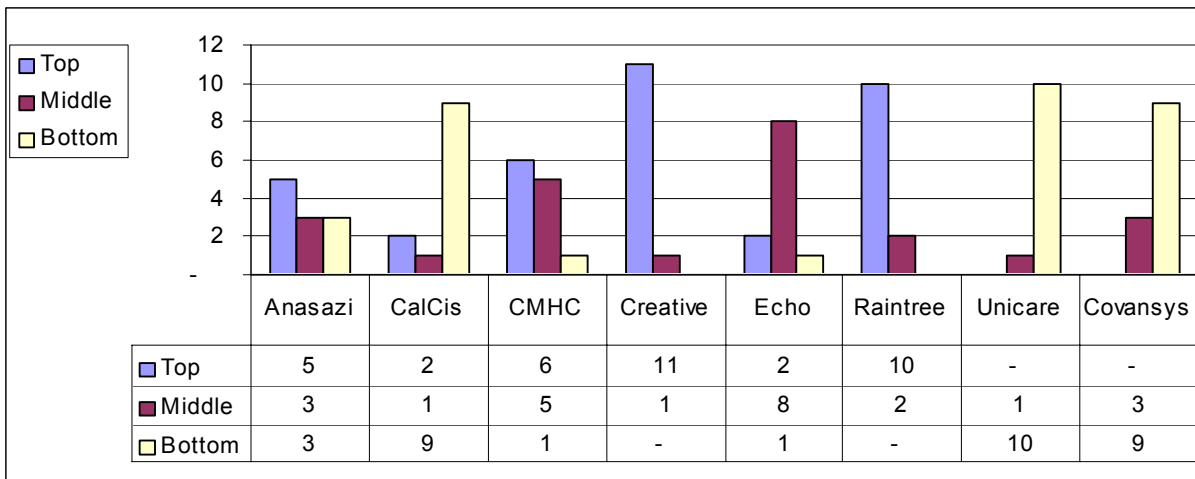


Table 8: All-County Clinical Functionality RFP/Demo Combination Scores

Billing Functionality RFP/Demo Combination Scores

	Anasazi	CalCis	CMHC	Creative	Echo	Raintree	Unicare	Covansys
Billing Rank								
County 1	Bottom	Bottom	Middle	Top	Top	Top	Middle	Bottom
County 2	Top	Bottom	Middle	Top	Middle	Top	Bottom	Bottom
County 3	Middle	Bottom	Top	Top	Middle	Top	Bottom	Bottom
County 4	Top	Bottom	Middle	Top	Middle	Top	Bottom	Bottom
County 5		Top	Top	Middle	Bottom	Top		Middle
County 6	Bottom	Middle	Bottom	Top	Top	Top	Bottom	Middle
County 7	Middle	Bottom	Top	Top	Middle	Top	Bottom	Bottom
County 8	Top	Bottom	Middle	Top	Middle	Top	Bottom	Bottom
County 9	Top	Bottom	Top	Top	Middle	Middle	Bottom	Bottom
County 10	Top	Bottom	Middle	Top	Middle	Top	Bottom	Bottom
County 11	Bottom	Top	Top	Top		Middle	Bottom	Middle
County 12	Middle	Bottom	Top	Top	Middle	Top	Bottom	Bottom

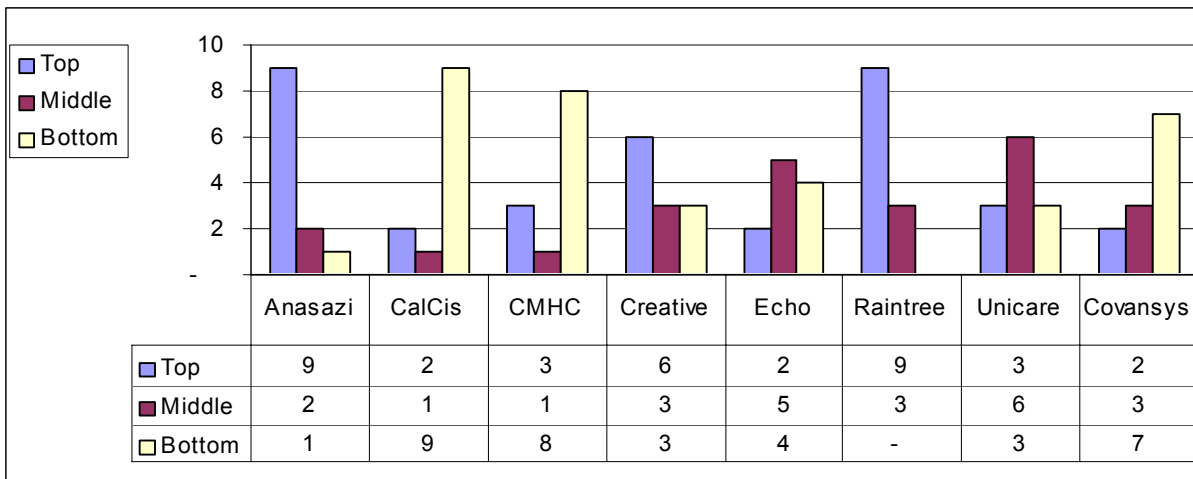


Key: "Top" Vendors were ranked 1, 2 or 3. "Middle" Vendors were ranked 4 or 5. "Bottom" Vendors were ranked 6, 7 or 8.

Table 9: All-County Billing Functionality RFP/Demo Combination Scores

Administrative Functionality RFP/Demo Combination Scores

	Anasazi	CalCis	CMHC	Creative	Echo	Raintree	Unicare	Covansys
Administrative Rank								
County 1	Middle	Bottom	Bottom	Middle	Top	Top	Top	Bottom
County 2	Top	Bottom	Top	Bottom	Middle	Top	Middle	Bottom
County 3	Top	Bottom	Bottom	Top	Bottom	Top	Middle	Middle
County 4	Top	Bottom	Top	Top	Bottom	Middle	Middle	Bottom
County 5	Middle	Top	Bottom	Bottom	Middle	Top	Bottom	Top
County 6	Top	Middle	Middle	Bottom	Bottom	Top	Bottom	Top
County 7	Top	Bottom	Bottom	Top	Bottom	Top	Middle	Middle
County 8	Top	Bottom	Bottom	Top	Middle	Top	Middle	Bottom
County 9	Top	Bottom	Top	Middle	Top	Middle	Bottom	Bottom
County 10	Top	Bottom	Bottom	Top	Middle	Top	Middle	Bottom
County 11	Bottom	Top	Bottom	Top		Middle	Top	Middle
County 12	Top	Bottom	Bottom	Middle	Middle	Top	Top	Bottom

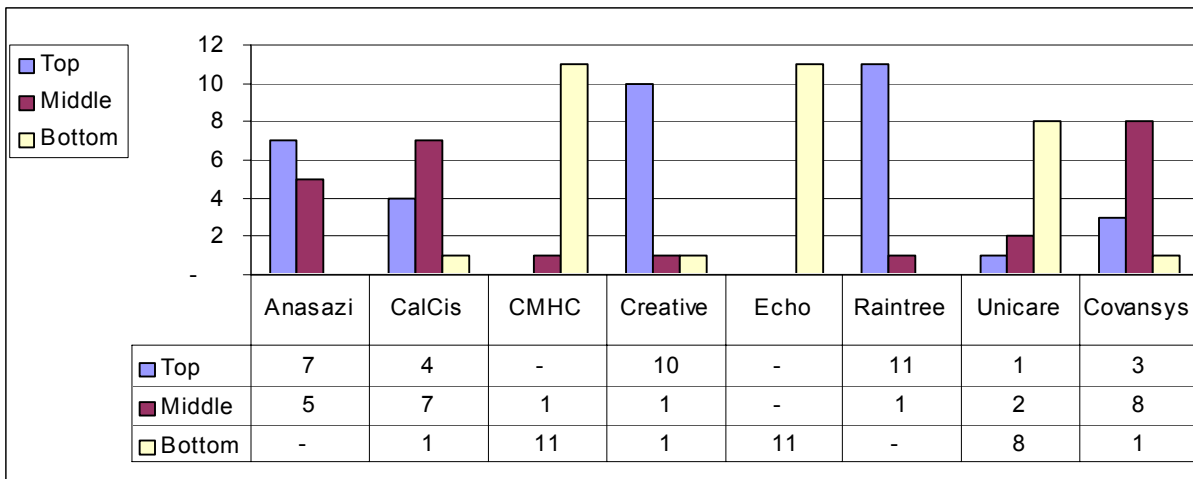


Key: "Top" Vendors were ranked 1, 2 or 3. "Middle" Vendors were ranked 4 or 5. "Bottom" Vendors were ranked 6, 7 or 8.

Table 10: All-County Administrative Functionality RFP/Demo Combination Scores

Managed Care Functionality RFP/Demo Combination Scores

	Anasazi	CalCis	CMHC	Creative	Echo	Raintree	Unicare	Covansys
Managed Care Rank								
County 1	Top	Middle	Middle	Top	Bottom	Top	Bottom	Middle
County 2	Middle	Top	Bottom	Top	Bottom	Top	Bottom	Middle
County 3	Top	Middle	Bottom	Top	Bottom	Top	Bottom	Middle
County 4	Top	Middle	Bottom	Top	Bottom	Top	Bottom	Middle
County 5	Middle	Top	Bottom	Bottom	Bottom	Top	Middle	Top
County 6	Top	Bottom	Bottom	Top	Bottom	Top	Middle	Middle
County 7	Top	Middle	Bottom	Top	Bottom	Top	Bottom	Middle
County 8	Top	Middle	Bottom	Top	Bottom	Top	Bottom	Middle
County 9	Middle	Top	Bottom	Top	Bottom	Middle		Top
County 10	Top	Middle	Bottom	Top	Bottom	Top	Bottom	Middle
County 11	Middle	Middle	Bottom	Top		Top	Top	Bottom
County 12	Middle	Top	Bottom	Middle	Bottom	Top	Bottom	Top

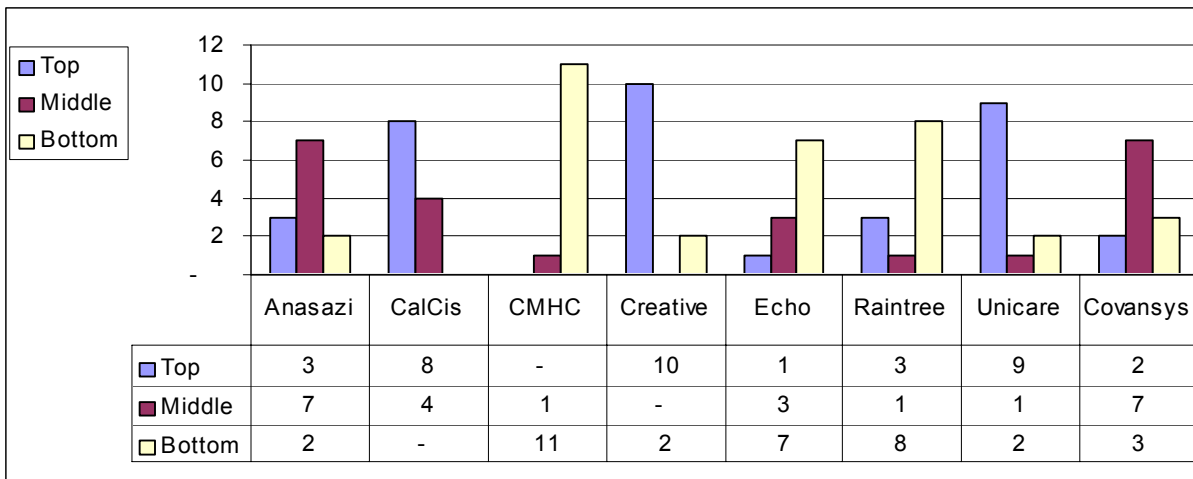


Key: "Top" Vendors were ranked 1, 2 or 3. "Middle" Vendors were ranked 4 or 5. "Bottom" Vendors were ranked 6, 7 or 8.

Table 11: All-County Managed Care Functionality RFP/Demo Combination Scores

Reporting Functionality RFP/Demo Combination Scores

	Anasazi	CalCis	CMHC	Creative	Echo	Raintree	Unicare	Covansys
Reporting Rank								
County 1	Bottom	Top	Bottom	Bottom	Middle	Top	Top	Middle
County 2	Top	Middle	Bottom	Top	Middle	Bottom	Top	Bottom
County 3	Middle	Top	Bottom	Top	Bottom	Bottom	Top	Middle
County 4	Middle	Top	Bottom	Top	Bottom	Bottom	Top	Middle
County 5	Middle	Top	Middle	Bottom	Bottom	Top	Bottom	Top
County 6	Top	Middle	Bottom	Top	Middle	Bottom	Top	Bottom
County 7	Middle	Top	Bottom	Top	Bottom	Bottom	Top	Middle
County 8	Top	Middle	Bottom	Top	Bottom	Bottom	Top	Middle
County 9	Middle	Top	Bottom	Top	Bottom	Top	Bottom	Middle
County 10	Middle	Top	Bottom	Top	Bottom	Bottom	Top	Middle
County 11	Middle	Top	Bottom	Top		Bottom	Middle	Top
County 12	Bottom	Middle	Bottom	Top	Top	Middle	Top	Bottom



Key: "Top" Vendors were ranked 1, 2 or 3. "Middle" Vendors were ranked 4 or 5. "Bottom" Vendors were ranked 6, 7 or 8.

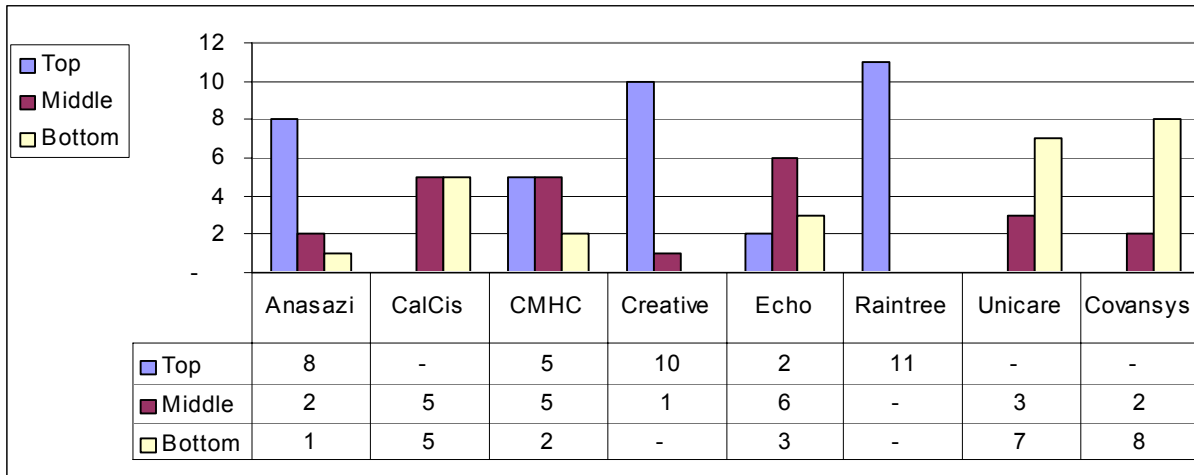
Table 12: All-County Reporting Functionality RFP/Demo Combination Scores

Technology and Security

A workgroup of local county technology experts reviewed RFP responses and software demonstrations including discussions with vendor technical experts. This section illustrates the counties' judgments regarding how well the vendors address technology and related security issues. Each county provided specific weighting for the RFP and Demonstration Scoring, which is reflected in the results below.

Technology RFP/Demo Combination Scores

	Anasazi	CalCis	CMHC	Creative	Echo	Raintree	Unicare	Covansys
Technology Rank								
County 1	Middle	Bottom	Top	Top	Bottom	Top	Middle	Bottom
County 2	Top		Middle	Top	Middle	Top	Bottom	
County 3	Top	Middle	Middle	Top	Bottom	Top	Bottom	Bottom
County 4	Top	Bottom	Middle	Top	Middle	Top	Bottom	Bottom
County 5			Top		Top	Top	Middle	
County 6	Top	Bottom	Bottom	Top	Middle	Top	Middle	Bottom
County 7	Top	Middle	Top	Top	Middle			Bottom
County 8	Top	Bottom	Middle	Top	Middle	Top	Bottom	Bottom
County 9	Middle	Middle	Top	Top	Bottom	Top	Bottom	Middle
County 10	Top	Bottom	Middle	Top	Middle	Top	Bottom	Bottom
County 11	Top	Middle	Bottom	Top		Top		Middle
County 12	Bottom	Middle	Top	Middle	Top	Top	Bottom	Bottom



Key: "Top" Vendors were ranked 1, 2 or 3. "Middle" Vendors were ranked 4 or 5. "Bottom" Vendors were ranked 6, 7 or 8.

Table 13: All-County Technology RFP/Demo Combination Scores

Corporate Capacity

A workgroup of county staff rated a wide array of corporate capacity elements designed to evaluate if the vendor could actually configure, develop, implement, train staff and support a new system. Evaluations included a rating of the vendor's proposal in this area and follow-up discussions with each vendor finalist's executive team.

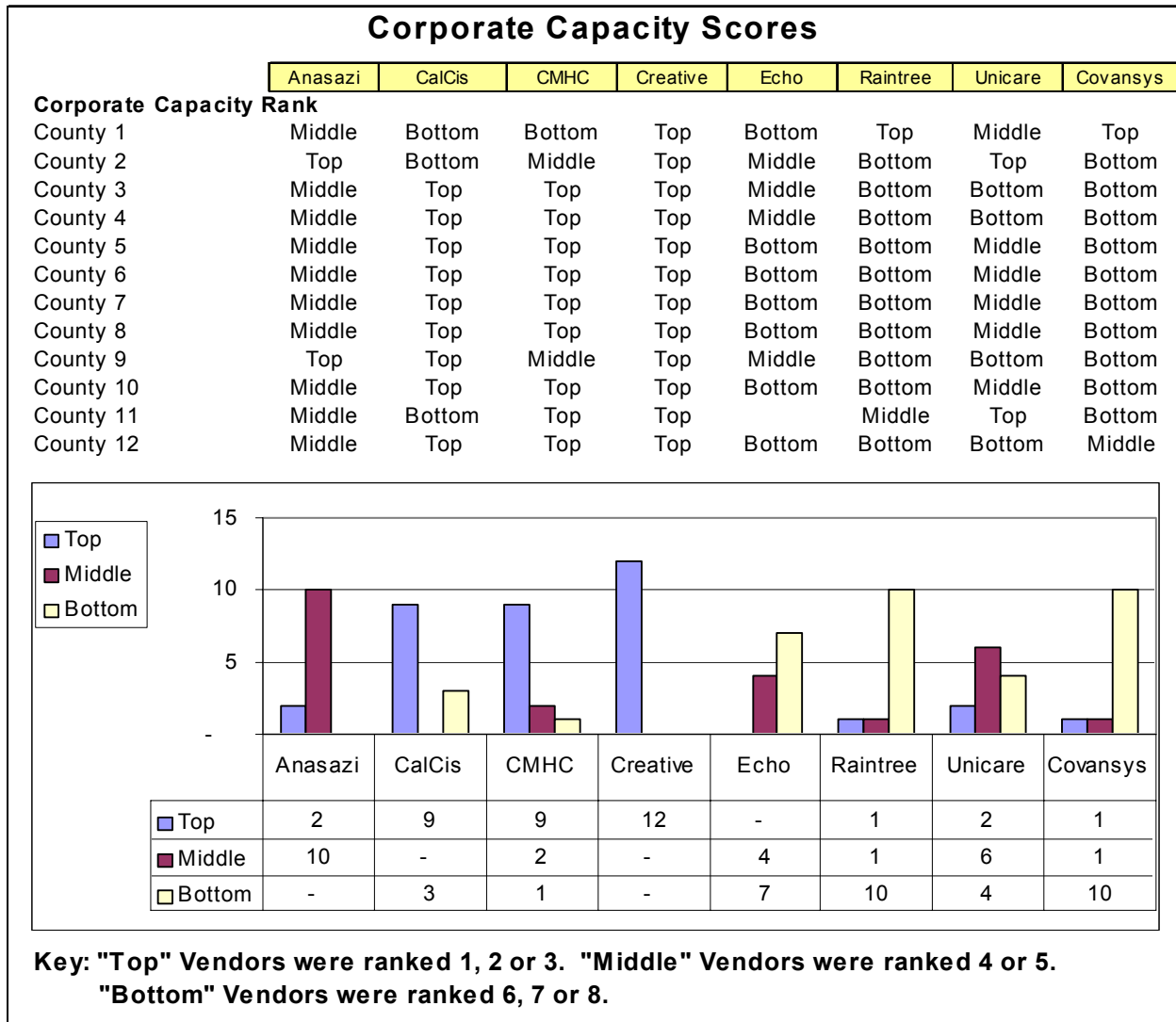


Table 14: All-County Corporate Capacity Scores

Pricing Analysis

As part of their proposals, all vendors were asked to provide detailed price information for three types of model counties - a typical small, medium and large county. Pricing was also provided for locally hosted, ASP and ASP+ (service bureau) alternatives. Each CBS member has selected which of these alternatives are suitable for his or her county. The following table displays all prices for all options. Zero dollar amounts reflect pricing scenarios where the vendor did not bid.

CBS "Green Book" Pricing Analysis								
Description	1. Anasazi	2. CalCis	3. CMHC	4. Creative	5. Echo	6. Raintree	7. Unicare	8. Covansys
Pricing Information - Total Five-Year Costs								
Small Local	\$241,532	\$488,000	\$329,416	\$290,804	\$416,910	\$317,332	\$562,330	\$488,000
Small ASP	\$301,532	\$449,000	\$393,672	\$375,515	\$469,500	\$346,561	\$2,919,489	\$449,000
Small ASP Plus	\$0	\$0	\$478,072	\$468,300	\$680,750	\$546,561	\$0	\$0
Medium Local	\$842,983	\$3,470,250	\$918,608	\$1,886,604	\$1,557,073	\$1,585,853	\$2,984,262	\$3,470,250
Medium ASP	\$1,427,983	\$3,566,875	\$2,979,708	\$3,331,535	\$2,570,350	\$2,098,515	\$5,820,908	\$3,566,875
Medium ASP Plus	\$0	\$0	\$4,721,908	\$0	\$3,000,050	\$2,498,515	\$0	\$0
Large Local	\$2,867,391	\$7,315,750	\$1,914,380	\$5,112,655	\$3,580,651	\$4,243,628	\$6,282,926	\$7,315,750
Large ASP	\$5,043,591	\$7,491,950	\$7,883,424	\$8,581,878	\$7,005,000	\$5,600,096	\$10,082,873	\$7,491,950
Large ASP Plus	\$0	\$0	\$12,641,524	\$0	\$8,150,000	\$6,225,096	\$0	\$0
Pricing Information - Scores and Ranking								
Small Local	5.00	2.79	3.83	4.26	3.16	3.95	2.50	2.79
Small ASP	5.00	4.08	4.35	4.45	4.00	4.64	2.50	4.08
Small ASP Plus	-	-	4.90	5.00	3.44	4.28	-	-
Medium Local	5.00	2.50	4.73	3.17	3.49	3.45	2.63	2.50
Medium ASP	5.00	3.01	3.27	3.11	3.53	3.94	2.50	3.01
Medium ASP Plus	-	-	2.67	-	4.17	5.00	-	-
Large Local	3.87	2.50	5.00	2.88	3.42	3.14	2.65	2.50
Large ASP	5.00	3.37	3.20	2.94	3.60	4.50	2.50	3.37
Large ASP Plus	-	-	2.50	-	3.84	5.00	-	-
Total	4.81	3.04	3.83	3.69	3.63	4.21	2.55	3.04
Rank (this section)	1	6	3	4	5	2	8	6

Table 15: All-County Pricing Scores

Customer Satisfaction

A single customer satisfaction survey was done on behalf of the entire CBS coalition. The results for each vendor are available for use by each CBS member according to the weighting they elect to use.

CBS Vendor Customer Satisfaction Scores									
	Anasazi	CalCis	CMHC	Creative	Echo	Raintree	Unicare	Covansys	Total
Total Surveys Sent	74	65	398	30	267	25	32	22	913
Total Responses	38	14	104	19	44	14	19	11	263
Response Rate	51%	22%	26%	63%	16%	56%	59%	50%	29%
Software Capabilities/ Enhancements Questions	3.74	3.47	3.52	4.19	3.02	4.06	3.80	4.11	3.68
Rank	5	7	6	1	8	3	4	2	
Implementation Questions	4.04	3.84	3.80	4.11	3.23	3.89	3.92	3.91	3.83
Rank	2	6	7	1	8	5	3	4	
Overall Average	3.88	3.63	3.65	4.17	3.11	4.02	3.86	4.05	3.68
Rank	4	7	6	1	8	3	5	2	

Vendor	Software Capabilities & Enhancements Average	Implementation Average	Overall Average
Anasazi	3.74	4.04	3.88
CalCis	3.47	3.84	3.63
CMHC	3.52	3.80	3.65
CSM	4.19	4.11	4.17
Echo	3.02	3.23	3.11
Raintree	4.06	3.89	4.02
Unicare	3.80	3.92	3.86
Covansys	4.11	3.91	4.05
Average	3.68	3.83	3.68

Table 16: All-County Customer Satisfaction Scores

Local Criteria

The final set of data in this section contains local criteria in the following two areas.

Standard User Interface, Ease of Use and Ease of Training: At the conclusion of each software demonstration the reviewers scored these three measures. These scores have been included as an optional scoring item.

Ability to Complete Software When Needed: This is an optional scoring item that requires the CBS member to make an overall estimate of the probability of success by the vendor. This is clearly a judgment based on a review of the entire body of knowledge assembled during the CBS evaluation process.

Each CBS member may, at its option, add additional criteria, which may pertain to local needs

The following table shows the county decisions regarding the use and weighting of these local criteria.

Use of Local Criteria			
	Overall Weighting of Local Criteria	Demo Overview Scores Weighting	Ability to Complete
County 1	5%	50%	50%
County 2	0%	n/a	n/a
County 3	0%	n/a	n/a
County 4	0%	n/a	n/a
County 5	15%	20%	80%
County 6	10%	80%	20%
County 7	7%	20%	80%
County 8	0%	n/a	n/a
County 9	20%	100%	0%
County 10	25%	0%	0%
County 11	0%	n/a	n/a
County 12	0%	n/a	n/a

Table 17: All-County Use of Local Criteria

County Weighting Decisions

Weighting decisions have been made by each coalition member. These weights, when combined with vendor scores in each data category, produce a rank for each vendor. The weights reflect a decision by each coalition member regarding the relative importance of various types of scoring data. The following table illustrates how each member set various weights.

County Weights												
Category	County 1	County 2	County 3	County 4	County 5	County 6	County 7	County 8	County 9	County 10	County 11	County 12
Overall Weighting (Level 1)												
A. RFP Scores	20%	15%	15%	10%	5%	20%	12%	5%	5%	5%	20%	15%
B. Demo Scores	45%	30%	30%	35%	60%	25%	35%	50%	40%	30%	15%	30%
C. Corporate Capacity	20%	25%	25%	10%	0%	20%	21%	20%	25%	25%	30%	30%
D. Pricing Information	3%	20%	10%	35%	0%	20%	13%	5%	5%	10%	15%	20%
E. Customer Satisfaction Survey	7%	10%	20%	10%	20%	5%	12%	20%	5%	5%	20%	5%
F. Local Criteria	5%	0%	0%	0%	15%	10%	7%	0%	20%	25%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
RFP Scores (Level 2)												
2.0 Functional Requirements	35%	30%	30%	20%	35%	48%	32%	30%	30%	20%	45%	30%
3.0 Technical Specifications	20%	20%	20%	10%	25%	25%	21%	30%	20%	30%	40%	20%
5.5 Pricing Questions	0%	0%	10%	10%	0%	3%	7%	3%	0%	10%	15%	0%
3.4 ASP Options	0%	0%	0%	20%	0%	0%	0%	0%	0%	10%	0%	0%
Demo Scores (Level 2)												
Clinical	15%	25%	15%	25%	16.7%	16.7%	18.1%	16.7%	16.7%	15%	16.7%	20%
Technology	5%	15%	15%	10%	16.7%	16.7%	14.0%	16.7%	16.7%	20%	10%	12%
Reporting	5%	10%	15%	15%	16.7%	16.7%	13.9%	16.7%	16.7%	10%	16.7%	14%
Billing	25%	30%	20%	25%	16.7%	16.7%	20.8%	16.7%	16.7%	25%	16.7%	20%
Administrative	25%	15%	15%	15%	16.6%	16.6%	16.8%	16.6%	16.6%	15%	16.6%	16%
Managed Care	25%	5%	20%	10%	16.6%	16.6%	16.4%	16.6%	16.6%	15%	20%	18%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%

Table 18: County-Specific Level 1 and 2 Weights

Chapter 3: County-Specific Green Book Results

Not included in this “generic” report.

Chapter 4: Next Steps

The CBS Coalition has demonstrated the considerable strength that 27 counties can bring to a task. Coalition members have been able to work together, while at the same time involving a large number of their staff in the evaluation of a future system. Also, knowledge has been continuously exchanged between counties throughout this process. Such advantages need not end; instead, the Coalition can elect to continue to work in collaboration on future tasks.

Reviewing the level of agreement amongst counties shown in Chapter 2, we see that a large number of counties have a common interest in a small group of leading vendors. While, there is certainly not unanimity, the process has identified which vendors will receive further assessment by each county. With this in mind, this chapter describes a five-step Phase II process that can leverage the “buying power” of multiple counties and maximize resources as counties proceed with procuring new systems.

Phase II Action Items for the CBS Coalition

Step 1:
Counties meet together to confirm the Phase II work plan

Kick-Off and Status Check

Counties will meet in a face-to-face discussion to decide what additional research is needed to select vendors for “best and final” research. CBS members will review the Phase II work plan. The meeting will include a debriefing on county-focused planning efforts and feedback from directors from each county. Counties with common interest in vendors will have an opportunity to caucus.

Step 2:
Counties do further research on “maybe” vendors as needed to confirm their leading vendors

Pre-Best and Final Research

Counties will make additional assessments and evaluation of vendors according to local requirements. Counties will focus on research needed to identify a small set of best and final vendors. Counties will conduct these assessments individually and/or collaboratively. These vendor assessments may include telephone interviews, face-to-face meetings, web based meetings as needed. Each county will confirm its own list of leading vendors. Counties with common top choices will join together to form Special Interest Groups (SIG’s).

Step 3:
Complete Best and Final Vendor Activities

Best and Final Activities

The several Special Interest Groups (SIG’s) will work cooperatively on the following tasks:

- a. SIG Reference calls – Using a standard interview protocol, members will contact customer references assembled from RFP’s and Surveys.

Results of reference calls will be documented and circulated amongst SIG members.

- b. SIG Site Visits - Using a standard protocol customer site visits will be organized and conducted without vendor participation. Following site visits, vendors will be debriefed on findings.
- c. SIG Gap Analysis – A series of SIG work meetings with vendors will be held to confirm any gaps between local requirements, the RFP and what is actually in the vendor’s software. Vendor software will be compared to current workflows as per county requirements. Each such gap will be documented to allow vendors to provide hours and pricing information on each requirement.
- d. Contract Template Development – A common software contract template will be developed for use with all vendors. Activities will include: 1) legal review of collaborative alternatives including current and/or future JPAs; 2) Training for county staff on contract parameters and key issues in software contracting. 3) Collaboration and consultation with county counsels for each county.
- e. SIG Pricing – Vendors will provide county specific pricing based on updated county requirements as developed during the Gap analysis (c. above)
- f. Vendor Negotiations – SIG meetings will be held with each vendor to review issues raised during B&F research and to review county-specific implementation plans.

Step 4:
Counties
select
vendor of
choice

Vendor Selection

Using all the information developed during the first 3 steps, each county will select their vendor(s) of choice. SIG’s will meet to confirm the best collaboration strategies including contract negotiations, as appropriate, and competitive pricing opportunities.

Step 5: Final
negotiations,
contract
development
and signing

Contract Finalization and Signing

Coalition members will pursue a shared contract development process involving county counsels as appropriate. Contract models which optimize cost savings for members will be pursued. Such savings may include lower pricing for aggregate purchasing, shared training and other implementation activities, and shared development costs identified during the gap analysis.

Potential Phase III CBS Coalition Activities

Following the final selection and the contracting process, opportunities remain for multi-county collaboration. Counties may achieve additional cost savings with the following collaborative work:

Implementation Project Management

Assuming that multiple counties select a common vendor, it will be extremely important to develop a cross-county project management structure in addition to the internal county project management structure. This type of coordination can result in a single voice and a single master project plan that can significantly increase the probability of success.

Implementation Quality Assurance

After the contract is signed, the vendor and the county has put together teams to do the “heavy lifting” that is required for a successful implementation, it is often advisable for an independent third party to provide an oversight quality assurance role to monitor the timelines, the completion of the deliverables, do ongoing problem solving and provide conflict resolution services. There is a strong correlation between the creation of this role and on-time, on-budget results.

Shared Operations Costs

It is possible that Counties may want to set up one or more arrangements to share operations costs. This might include using a Host County (or a Host Vendor) with several other counties serving as "clients" of the host. This would involve developing the contractual relationships between and among participating counties and identification of specific responsibilities for Vendor/Host County and participating counties.

Attachment A: Key Events Calendar

Date	Key Events
1/22/03	CBS Coalition Organizing Meeting – Sacramento, CA
3/27/03	Workgroups Formed
4/25/03	County specific data sheets collected
5/5/03	RFI distributed via e-mail and Internet based survey
5/12-5/13/03	RFP Workgroup Training
5/19/03	RFI deadline
6/6/03	RFI Responses reviewed, vendors selected to receive RFP
7/14/03	RFP released
7/21/03	Bidders Teleconference
8/25/03	RFP responses received
9/12/03	RFP scoring completed by workgroups
9/15- 9/16/03	RFP finalists selected – Sacramento, CA
9/19/03	Customer satisfaction survey distributed
9/28/03	Customer satisfaction survey results compiled
10/6/- 11/03/03	Vendor demonstrations & scoring by work groups (50 web meetings)
11/3-11/12/03	Vendor follow-up questions & answers distributed to workgroups
11/21/03	First draft of report initial review and correction
1/7/03	Final Phase I Report draft distributed
1/9/03	Final Phase I Report distributed
1/9/03	Vendor comment on final report requested

Attachment B: Master Vendor List

#	COMPANY	CITY	STATE
1	A4 Health Systems	Cary	NC
2	ABSolute Intergrated Solutions	Norfolk	VA
3	Accumedic Computer Systems, Inc.	Great Neck	NY
4	Adia Information Management Corp.	Ann Arbor	MI
5	Allscripts Healthcare Solutions	Libertyville	IL
6	American Healthcare Software Enterprises Inc.	South Burlington	VT
7	Anasazi Software, Inc.	Phoenix	AZ
8	Askesis Development Group Inc.	Pittsburgh	PA
9	Axolotl Corporation	Mountain View	CA
10	BPL Sytems/Leitch	Burbank	CA
11	CalCiS	Napa	CA
12	California Software Laboratories	Pleasanton	CA
13	Caminar Software	San Mateo	CA
14	CareFacts Informations Systems	St. Paul	MN
15	Cerner Corp.	Kansas City	MO
16	CHARTCARE Inc.	Calgary	AB
17	Civerex Systems, Inc.	Huntsville	AL
18	Claimsnet.com	Dallas	TX
19	CMHC Systems, Inc.	Dublin	OH
20	Cogent Integrated Solutions Inc.	Vancouver	BC
21	Community Care Systems	Madison	WI
22	Comprehensive Behavioral Care	Tampa	FL
23	Compu-Care Management & Systems, Inc.	Austin	TX
24	Computer and Allied Technology Solutions, Inc.	Fremont	CA
25	Confer Software Inc. now Quovadx	Englewood	CO
26	Covansys	Sacramento	CA
27	Creative Socio-Medics Corp.	Islip	NY
28	CSC	San Francisco	CA
29	Data Critical Corp.	Casle Rock	CO
30	Datec Corporation	Fremont	CA
31	Deloitte Consulting, LP	Rancho Cordova	CA
32	E*Health Line.com, Inc.	Sacramento	CA
33	Echo Management Group	Oakland	CA
34	Eclipsys Corporation	Newport	CA
35	Eldorado Computing Inc.	Stockton	CA
36	Empire Technologies Solution	San Benardino	CA
37	Epic Systems Corp.	Madison	WI
38	Esprit HealthLLC	Chicago	IL
39	Experior Corp.	Fort Wayne	IN
40	FACTS Services Inc.	Coral Gables	FL
41	GE Medical Systems Information Technologies (Millbrook)	Napa	CA
42	Geneva Software Company, Inc.	Greensboro	NC
43	Global Network Services	San Mateo	CA
44	Global Vision Technologies		
45	Greenway Medical Technologies	Carrollton	GA
46	Credible Wireless	Washington	DC

#	COMPANY	CITY	STATE
47	Health Care Software Inc.	Farmingdale	NJ
48	Health Management Systems, Inc.	Sacramento	CA
49	HealthCare Data Inc.	Morgantown	IN
50	Healthfrontier (Canada)	Mississauga	ON
51	HealthTrans	Greenwood Village	CO
52	HealthTrio	Riverside	CA
53	IDX Systems Corp.	Burlington	VT
54	IMA Technologies	Sacramento	CA
55	iMedica Corp.	Mountain View	CA
56	IMPEL Strategic Solutions	Fort Collins	CO
57	IMRAC Corp.	Nashville	TN
58	InfoMC, Inc.,	Plymouth Meeting	PA
59	Input, Inc.	Chantilly	VA
60	Intelligent Medical Systems Inc.	Alpine	TX
61	IntelliMed	West Vancouver	BC
62	Intra Nexus, Inc.	Exton	PA
63	JMJ Technologies Inc.	Atlanta	GA
64	KingsView	Fresno	CA
65	Krassons, Inc.	Corte Madera	CA
66	Landacorp Inc.	Raleigh	NC
67	Lavender & Wyatt Systems, Inc.	Little Rock	AR
68	Linnaeus Inc.	Duluth	GA
69	M2 Information Systems Inc.	Edmonds	WA
70	Maji Technologies, Inc.	Falls Church	VA
71	Managed Care Software Inc.	Columbus	OH
72	McKessonHBOC (Corp. HQ)	San Francisco	CA
73	MD/Win Corp.	Raleigh	NC
74	Mdinteractive	Brookline	MA
75	Mdserve.com Inc.	Stafford	TX
76	Medcom Information Systems Inc.	Hoffman Estates	IL
77	Medical Communication Systems, Inc	Old Bridge	NJ
78	Medical Information Technology, Inc.	Westwood	MA
79	Medical Manager Health Systems/WebMD	Santa Clara	CA
80	Medical Software Specialties, Inc.	High Point	NC
81	Mitchell Humphrey	St. Louis	MO
82	MicroFour Inc.	Amarillo	TX
83	Misys Health Care (Medic)	Raleigh	NC
84	MS*Health Software Corporation	Hacettstown	NJ
85	NetSol International, Inc.	Calabasas	CA
86	NextGen	Horsham	PA
87	Noteworthy Medical Systems Inc.	Cleveland	OH
88	Ormed Information Systems	Edmonton	AB
89	Patient Care Technologies Inc.	Atlanta	GA
90	Per-Se Technologies, Inc.	Atlanta	GA
91	Physician Micro Systems Inc.	Seattle	WA
92	Pinpoint Solutions Corporation	San Mateo	CA
93	Protelica, Incorporated	Oakland	CA
94	PSI Systems, Inc.	Palo Alto	CA

#	COMPANY	CITY	STATE
95	QCSI	Phoenix	AZ
96	QuadraMed Corporation	Irvine	CA
97	Qualifacts	Nashville	TN
98	Raintree Systems	Vista	CA
99	RAM Technologies Inc.	Fort Washington	PA
100	Science Applications International Corporation	Walnut Creek	CA
101	Search Software America	Old Greenwich	CT
102	Secure Health Systems	Burlington	VT
103	Sequest Technologies, Inc.	Lisle	IL
104	Siemens Medical Solutions Health Services Corp.	Malvern	PA
105	Simione Central (Now CareCentric)	Atlanta	GA
106	Synergistic Office Solutions, Inc	Claramont	FL
107	STAT! Systems Inc.	Berkeley	CA
108	Stealth Network Communications	Pleasanton	CA
109	Surgical Information Systems	Alpharetta	GA
110	Techlink Systems, Inc.	San Francisco	CA
111	TechniCare	Moreno Valley	CA
112	The Axean Group	Orinda	CA
113	The Trizetto Group, Inc.	Greenwood Village	CO
114	UNI/CARE Systems, Inc.	Sarasota	FL
115	Universal Medical Records	Cortlandt Manor	NY
116	VantageMed Corp.	Woburn	MA
117	VIPS Inc.	Baltimore	MD
118	Visionary Medical Systems	Tampa	FL
119	Webmedx Inc.	Pittsburgh	PA
120	Winvision, Inc.	Santa Clara	CA
121	XAKTsoft, Inc.	Powell	OH

Attachment C: RFP Vendor List

#	Company Name	Contact Information	Phone Number
1	Anasazi Software, Inc.	Bryan Griffiths, Anasazi Software, Inc., 9831 S. 51st Street, Suite C117, Phoenix, Arizona, 85044, US, bgriffiths@anasazisoftware.com	800-651-4411
2	Caminar Software, Inc.	Steve Gilbert, Camianr Software, Inc., 1720 South Amphlett Blvd, #129, San Mateo, CA, 94402, US, SteveG@caminarsoftware.com	650- 655- 2642
3	Cerner Corporation	Dr. Jonathan Rosenboom, Cerner Corporation, 2800 Rockcreek Parkway, Kansas City, MO, 64117, US, JRosenboom@Cerner.com	573-793-6262
4	Community Care Systems, Inc.	Michael Dunham, Community Care Systems, Inc., 2040 Sherman Avenue, Madison, WI, 53704, US, michaeld@commcaresys.com	608-255-1875
5	Health Care Software, Inc.	Al Barwick, Health Care Software, Inc. (HCS), P.O. Box 2430, Farmingdale, NJ, 07727, US, abarwick@hcssupport.com	800-524-1038
6	Health Management Systems Inc	Carrie Cunningham, Health Management Systems, 8359 Elk Grove-Florin Rd, PMB 174 STE 103, Sacramento, Ca, 95829, US, ccunning@hmsy.com	916-525-1206
7	IDX Systems Corporation	Todd Gunter, IDX Systems Corporation, 4901 LBJ Freeway, Suite 400, Dallas, TX, 75244, US, todd_gunter@idx.com	214-530-3346
8	IMA Technologies	Lisa Schwenke, IMA Technologies, 1114 21st Street, Sacramento, CA, 95814, US, lisa@casetracker.com	800-458-1114 ext 511
9	NextGen Healthcare Information Systems, Inc.	Sales, NextGen Healthcare Information Systems, 795 Horsham Road, Horsham, PA, 19044, US, sales@nextgen.com	(215) 657-7010
10	Quovadx, Inc.	Rob Fahy, Quovadx, Inc., 4211 Boxelder Place, Davis, CA, 95615, US, rob.fahy@quovadx.com	530-792-1014
11	R Systems, Inc.	Jeet Poddar, R Systems, Inc., 5000 Windplay Drive Ste 5, El Dorado Hills, CA, 95762, US, jeet.poddar@rsystems.com	916.939.5163
12	Sequest Technologies, Inc	Bill Connors, Sequest Technologies, Inc., 2300 Cabot Drive, Suite 425, Lisle, IL, 60564, US, bconnors@sequest.net	630-577-9003
13	Siemens Medical Solutions USA, Incorporated	Todd Marchner, Siemens Medical Solutions USA, Inc., 6700 Koll Center Parkway, Suite 220, Pleasanton, California, 94566, US, Todd.Marchner@siemens.com	Office: 858 456-1931; Mobile: 619 871-4906
14	The TriZetto Group Inc.	Mark Geinopolos – Sales Director, The TriZetto Group, Inc., 1625 Legion Drive, Elm Grove, Wisconsin, 53122, US, Mark.Geinopolos@trizetto.com	262-782-3799
15	WinVision	Prakash Ramchandran, WinVision, 3375 Scott Blvd. #304, Santa Clara, CA, 95054, US, info@winvision.net	(408)986-9914

#	Company Name	Contact Information	Phone Number
16	ABSOLUTE Integrated Solutions	Linda Barletto, ABSOLUTE Integrated Solutions, 308 W. Freemason Street, , Norfolk, VA, 23510, US, linda.barletto@valueoptions.com	757-233-7053
17	Askesis Development Group, Inc.	Sharon Hicks, Askesis Development Group, Inc., Suite 300, One Chatham Center, Pittsburgh, PA, 15219, US, hickssr@askesis.com	412.803.2065
18	CalCiS-California County Information Systems, LLC	Katrina Radke, CalCiS, 388 Market Street, 4th & 5th Floors, San Francisco, CA, 94111, US, katrinar@cal-cis.com	415-296-2590
19	CMHC Systems - BCMS Suite Solution	Jon Barnes, CMHC Systems, Inc., 570 Metro Place North, , Dublin, Ohio, 43017, US, jonbarnes@cox.net	888-208-8382
20	CMHC Systems - CMHC ASP Solution via Kings View	Jon Barnes, CMHC Systems, Inc., 570 Metro Place North, , Dublin, Ohio, 43017, US, jonbarnes@cox.net	888-208-8382
21	CMHC Systems - CMHC/MIS Solution	Jon Barnes, CMHC Systems, Inc., 570 Metro Place North, , Dublin, Ohio, 43017, US, jonbarnes@cox.net	888-208-8382
22	Core Solutions, Inc.	Ravi Ganesan, Core Solutions, Inc., 996 Old Eagle School Road, Suite 1101, Wayne, PA, 19087, US, rganesan@coresolutionsinc.com	610-687-6080
23	Covansys Corporation	Michael Travato, Covansys, 2525 Natomas Park Drive, Suite 200, Sacramento, CA, 95833, US, mtravato@covansys.com	916 286-5600
24	Creative Socio-Medics Corporation	Ron Marge (Corporate)/Scott Borisoff (CA state), Creatiev Socio-Medics Corp, 146 Nassau Avenue, 5120 Shoreham Place, Ste 25, San Diego, CA 92122, Islip, NY, 11751, US, rmarge@csmlcorp.com & sborisoff@csmlcorp.com	Corp. (800-421-7503) CA (949-487-1934)
25	E*HealthLine.com, Inc.	Hok Yin Wong, E*HealthLine.com, Inc., 2180 Harvard Street Suite 180, , Sacramento, California, 95815, US, Contactus@ehealthline.com	916 924 8092
26	Empire Technologies Solution	Sanya Soyemi, Empire Technologies Solution, 264 S. Leland Norton Way, Ste. C160, , San Bernardino, CA, 92408, US, ssoyemi@healthcareprm.com	909-382-0072
27	GE Medical Systems	Gregory E. Winters, GE Medical Systems, 18 Bretano Way, , Greenbrae, CA, 94904, US, greg.winters@med.ge.com	415 785 7202
28	Impel Strategic Solutions, Inc.	H. Gene Hodge, Impel, 314 E. Mountain Ave., , Ft. Collins, CO, 80524, US, hgh@impelcorp.com	970-282-1263
29	Infinity/Civerex LLC	Meredith Payne, Business Development Manager, Infinity/Civerex LLC, 430 Wynn Drive, , Huntsville, AL, 35805, US, mpayne@INFITECH.com	Main: (256)430-1484, Cell: (256) 603-3386
30	Krassons, Inc. - dba Platton Technologies	Gregg Martin, Platton Technologies, 2000 Powell Street, Suite 1200, , Emeryville, CA, 94608, US, gmartin@platton.com	415-924-5315x223

#	Company Name	Contact Information	Phone Number
31	Landacorp, Inc.	Karin M. Williams, Landacorp, 900 Fortress St., Suite 100, Chico,, CA, 95973, US, kmwilliams@Landacorp.com	530 342 6980
32	Medical Communication Systems, Inc	Smitesh Shah, Medical Communication Systems, Inc, 105 Old Matawan Road, Suite 3C, , Old Bridge, NJ, 08857, US, smit@medcomsys.com	800-741-0981 x 203
33	Medical Information Technology, Inc (MEDITECH)	James Conboy, Medical Information Technology, Inc , MEDITECH Circle, C1E62W, Westwood, MA, 02090, US, jconboy@meditech.com	781-821-3000
34	Misys Healthcare Systems	Jerry Hillius, Misys Healthcare Systems, 26582 Guadiana, , Mission Viejo, CA, 92691, US, Jerry.Hillius@misyshealthcare.com	949-367-1645
35	Raintree Systems, Inc.	Stephen Welty, Raintree Systems, Inc., 1120 Sycamore Aveune Suite A, , Vista, California, 92081, US, swelty@raintreeinc.com	800-333-1033 Extension 232
36	The Echo Group	Joseph Braga, The Echo Group, P.O. Box 2150, 15 Washington St., Conway, NH, 03818, US, jbraga@echoman.com	603-447-8600
37	UNI/CARE Systems, Inc./American Management Systems	Jamie M. Hedges, UNI/CARE Systems, Inc., P.O. Box 3618, , Sarasota, Florida, 34230-3618, US, jamieh@unicaresys.com	941-954-3403, ext. 310

End Notes

- ⁱ For a complete list of workgroup members, please refer to the CBS Data Book: Workgroup Members
- ⁱⁱ The RFI Questionnaire can be found in the CBS Data Book
- ⁱⁱⁱ A full copy of the CBS Request for Proposal can be found in the CBS Data Book
- ^{iv} The full text of the RFP Addendum 1 can be found in the CBS Data Book
- ^v All received proposals are available in the CBS Data Book: Vendor Proposals
- ^{vi} All Vendor Finalist Selection Notes can be found in the CBS Data Book
- ^{vii} The Vendor Survey Respondent List Cover Letters can be found in the CBS Data Book
- ^{viii} The Customer Satisfaction Survey questions can be found in the CBS Data Book
- ^{ix} The full Survey Results can be found in the CBS Data Book
- ^x The Customer Satisfaction E-mail Feedback Letters from Vendor Customers can be found in the CBS Data Book
- ^{xi} The full text of the RFP Addendum 2 can be found in the CBS Data Book
- ^{xii} Vendor Follow-up Q&A can be found in the CBS Data Book
- ^{xiii} Vendor Pricing Correspondence can be found in the CBS Data Book