**Anderson Cherokee Community**

**Enrichment Services**

**(ACCESS)**

**Electronic Health Record and Integrated Practice Management System** **Request for Proposal**

**February 12, 2021**

**Proposals Due Electronically No Later Than:**

**April 02, 2021 by 11:59pm**

**RFP Process Primary Contact:**

**Ted Debbs, CEO**

**1011 College Avenue**

**Jacksonville, Texas 75766**

**tdebbs@access-center.org**

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# Purpose of the RFP

Anderson Cherokee Community Enrichment Services (ACCESS) has issued this Request for Proposal (“RFP”) for the provision, implementation, and ongoing maintenance of a cloud-based Electronic Health Record and Integrated Practice Management System (“EHR”) that meets the requirements outlined in this RFP. All interested parties are invited to submit proposals. Each bidder should submit a proposal in accordance with the instructions contained herein. A submitted proposal with requested documentation initiates the evaluation process.

# Background Information

ACCESS is seeking to develop a long-term relationship with a technology vendor that provides critical services in the areas of clinical documentation, patient scheduling, revenue cycle management, person centered recovery and care coordination. ACCESS is a community center in the State of Texas and is a 501(c)(3) non-profit agency governed by an eight-member Board of Trustees. We are a major behavioral health provider, serving as the Local Health Mental Authority and Local Intellectual Developmental Disability Authority in Anderson and Cherokee Counties, serving over 4000 unduplicated individuals annually in a comprehensive array of mental health, intellectual and developmental disabilities, integrated healthcare, and substance abuse services. The goal is to replace our Cerner Community Behavioral Health (current EHR that is being sunsetted) with a product that facilitates effective, thorough and efficient care delivery and coordination. We are seeking a relationship with a vendor that will support our needs today, and that will be capable of supporting the growth and development of our Center’s programs. ACCESS desires a partnership with a vendor that is able to meet the challenges of continual changes to healthcare and health IT in Texas and the United States.

# EHR Critical Requirements Summary

ACCESS seeks to develop a collaborative relationship with an EHR Vendor that will provide the software necessary to support the varied array of services we provide. We are looking for a Vendor that will commit the resources necessary to keep their product up-to-date to help us meet the challenges of the continually changing health care and IT needs in the State of Texas. While it is our preference for a web or cloud-based system, we are not excluding other platform-based Vendors from submitting a proposal. We understand that a Vendor may subcontract out a portion of the software system in order to provide a comprehensive solution that will meet our needs. However, it is our expectation and requirement that we will contract with only the lead Vendor. The lead Vendor submitting the proposal will bear all responsibility for ensuring the functionality of the EHR System along with any third-party add-ins by their subcontractors.

### Procurement and Migration Requirements/Timeliness

ACCESS must maintain current levels of functionality throughout the transition, with no disruption to key systems, data collection, billing or other functions. Therefore, the Client desires a migration plan that will allow individual parts of the current system to be functional simultaneously until fully replaced in the new product.

The following are the areas of support the new EHR System must include, but are not limited to:

**Front Office**

* Eligibility Verification 270/271
* Scheduling
* Scanning
* Demographic data management
* Client portal

**Back Office**

* Integrated Billing 837/835
* Authorization Management/Utilization Management
* Records/Release Management
* Document Management

**Clinical**

* Rx Management and e-Prescribing
* ICD-9/ICD-10
* Behavioral Health Documentation Requirement
* Intellectual Development and Disabilities Requirement
* Substance Abuse Requirement

**Inpatient/Residential**

* Bed Board
* Order Entry
* eMAR

**Texas Health and Human Services Requirements**

* Meaningful Use Certified
* Must be customizable to meet the needs of the changing mental health and substance abuse environment in the State of Texas
* Must meet Payor requirements and changes
* Must meet Certified Community Behavioral Health Certification requirements

**Data Reporting/Exporting**

* Internal reports for clinical and productivity purposes
* Custom reporting capabilities
* Full local data exporting

**Data Migration**

* Data source current EHR application

**Proposed EHR System Go Live Date:** February 01, 2022

# RFP Schedule

Please see submission schedule below. All responses to this RFP must be received electronically before April 02, 2021 at 11:59pm. The letter of intent and all clarification questions and requests for more information should be submitted by March 05, 2021. Answers to questions received from Vendors will be posted to the ACCESS website, [www.access-center.org](http://www.access-center.org), by March 19, 2021.

The letter of intent, clarification questions, and completed responses should be sent to the following:

Ted Debbs, [tdebbs@access-center.org](mailto:tdebbs@access-center.org).

| RFP Submission Schedule | |
| --- | --- |
| Process | Due Date |
| **Issue RFP** | February 12, 2021 |
| **Submission of Letter of Intent** | March 05, 2021 |
| **Submission of Written Questions** | March 05, 2021 |
| **Answers Posted to** [www.access-center.org](http://www.access-center.org) **Website** | March 19, 2021 |
| **RFP Responses Due Electronically** | April 02, 2021 by 11:59pm |
| **Evaluation Period** | April 03, 2021 – April 15, 2021 |
| **Selected Vendors Notified to Conduct Demonstrations** | April 16, 2021 |
| **Vendor Demonstration Dates** | May 03, 2021 – May 14, 2021 |
| **Contact Selected Vendors Reference** | May 17, 2021 – May 18, 2021 |
| **Selection Committee Deliberation** | May 07, 2021 – May 21, 2021 |
| **Vendor of Choice Selected & Notified** | May 21, 2021 |
| **Initiate best and final negotiations** | Before May 25, 2021 |

# Letter of Intent

All interested Vendors are requested to submit a non-binding Letter of Intent to respond to this RFP. While preferred, a Letter of Intent is not mandatory to submit a proposal.

The Letter of Intent must be received by email no later than March 05, 2021 and must be addressed to Ted Debbs via email at: tdebbs@access-center.org. The Letter of Intent must clearly name the Vendor intending to submit the proposal and must provide a contact name, phone number, and email address for any future correspondence.

# Response Deadline

All proposals must be submitted by email. Interested Vendors must submit an electronic copy of their proposed solution to (Ted Debbs, tdebbs@access-center.org) by the date and time indicated in the schedule. Submissions will be confirmed by reply email. **Late proposals will not be accepted or evaluated**.

# Submission Format

Responses should be submitted in Microsoft Word, Microsoft Excel, and/or Adobe PDF formats. Vendors should organize their proposals as defined below to ensure consistency and to facilitate the evaluation of all responses. The responses should be submitted in the following order:

1. **Executive Summary:** provide a concise summary of the products and services proposed
2. **Vendor Profile:** provide answers using the template on the following pages
3. **Technical:** provide answers using the template on the following pages
4. **Infrastructure and Technology**
5. **Front Office:**  provide answers using the template on the following pages
6. **Back Office:**  provide answers using the template on the following pages
7. **Clinical:** provide answers using the template on the following pages
8. **Clinical Practice Guidelines (CPG)**
9. **Inpatient, Order Entry, and eRX:**  provide answers using the template on the following pages
10. **State/Payor Requirements:** provide answers using the template on the following pages
11. **Data Exporting/Reporting:**  provide answers using the template on the following pages
12. **Data Migration:**  provide answers using the template on the following pages
13. **Proposed Pricing:** provide answers using the template on the following pages
14. **Customer References:**  provide answers using the template on the following pages

# Scoring of Proposals

Proposals will be scored based on the criteria listed below:

a. Results of demonstrations and presentations

b. Timely and complete response to RFP

c. Ability to meet specifications

d. Vendor’s history of success in delivering proposed services

e. System ease of use

f. Functionality

g. Flexibility and ease of implementation and data conversion

h. Vendor support and training

i. Pricing

This list is in random order and does not reflect weighting.

The following rating scale will be used for all narrative sections of the proposal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *0* | *25%* | *50%* | *75%* | *100%* |
|  | ***(.25)*** | ***(.50)*** | ***(.75)*** | ***(1.00)*** |
| Does Not Meet | Below Average | Average | Above Average | Exceeds |

## Rating Scale Definitions:

**Does Not Meet:** The required information was not present in the Vendor's proposal.

**Below Average:** A major item was not addressed or was addressed incorrectly. Vendor appears to have just re-stated the requirements outlined in the RFP. The Vendor's submission fails to indicate a clear understanding of the scope of services and lacks original effort in formulating responses. Much of the proposal simply repeats back what the RFP stated as requirements. Responses indicate a limited understanding of at least some of the scope of services or other requirements of the RFP.

**Average:** All major items were addressed. Vendor's submission reflects an understanding of the scope of service and other requirements of the RFP.

**Above Average:** All items were addressed completely and thoroughly. Proposal includes concise, detailed descriptions of how the Vendor intends to deliver services. Concepts are stated clearly and evidence of creative or original thinking is present. Vendor indicates a solid understanding of the scope of services or other requirements of the RFP.

**Exceeds:** The majority of items were addressed in an exceptionally clear, concise, or original manner. Vendor not only indicates a full understanding of the scope of services and other RFP requirements but also the implications of the service for the broader community and the necessity of coordinating services closely with the Agency/Organization’s providers and partners. Vendor's proposal includes value added services or service components which go beyond the minimum requirements outlined in the RFP.

# General Information

## Right to Accept or Reject Any or All Proposals

ACCESS is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by ACCESS to award any contract. The rights of ACCESS include, but are not limited to:

1. Rejection of any and all proposals received.
2. Cancellation of the RFP at its sole discretion.
3. Suspension of the procurement process.
4. Request of Vendors to clarify their proposals and/or submit additional information pertaining to the proposal, including issuance of the RFP addenda.

This RFP does not commit ACCESS to make an award, nor does it obligate it to pay any costs incurred by Vendors in the preparation and submission of proposals in anticipation of a contract. ACCESS reserves the right to modify this RFP at any time and reserves the right to reject all responses to this RFP, in whole or in part, at any time.

## Rights to Request Additional Information

Vendors are encouraged to provide their best response to the scope of work contained in the solicitation. Based upon ACCESS’s evaluation of the responses to this RFP, ACCESS will determine if there is a need to request a Best and Final Offer (BAFO). A request for a BAFO will be at the sole discretion of ACCESS and will be requested in writing from the Vendors determined to be within the competitive range.

## Proposal Retention

Information submitted in response to this RFP will become the property of ACCESS.

## Negotiation

ACCESS reserves the right to negotiate with Vendors determined to have a reasonable chance of being selected. All such Vendors shall be afforded fair and equal treatment with respect to such negotiations, and no such Vendor shall be given information that would give that Vendor a competitive advantage over any other Vendor.

## References

ACCESS requires Vendors to furnish, with this proposal, a list of at least three (3) references where similar services have been supplied by the Vendor. Include the name of the customer, address, contact name, email, and telephone number.

## Modifications

ACCESS reserves the right to modify the general description and scope of services, by issuing a written addendum of any such modifications.

## Withdrawal of Proposals

A proposal shall not be withdrawn or canceled by the Vendor unless the Vendor submits a letter prior to the closing date. The signature on the withdrawal letter must be original and must be equal authority as the signature of the offer.

## Non-Discrimination

ACCESS shall not discriminate against a Vendor/Provider with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight or marital status, or disability that is unrelated to the provider’s ability to perform the duties of a particular job or position. The Vendor/Provider shall observe and comply with all applicable federal, state, and local laws, ordinances, rules, and regulations, which shall be deemed to include, but not be limited to, the Civil Rights Act and the Persons with Disabilities Civil Rights Act.

## Non-Collusion

The Vendor certifies that this proposal has not been made or prepared in collusion with any other Vendor and the prices, terms or conditions thereof have not been communicated by or on behalf of the Vendor to any other firm and will not be so communicated prior to the official receipt of this proposal. This certification may be treated for all purposes as if it were a sworn statement made under oath, subject to the penalties for perjury.

# 1. Executive Summary

Please provide a brief company description, including history, ownership, number of employees, summary of financial status, and number of customers Vendor currently supports. Describe your proposed EHR System in non-technical terms, including any unique or distinctive features of the system.

# 2. Vendor Profile

Using the template below, please provide the requested information on your organization. Your response to a specific item may be attached to this section as an additional page if necessary.

|  |  |
| --- | --- |
| General | |
| Name | Click here to enter text. |
| Address (Headquarters) | Click here to enter text. |
| Address Continued | Click here to enter text. |
| Main Telephone Number | Click here to enter text. |
| Website | Click here to enter text. |
| Publicly Traded or Privately Held | Click here to enter text. |
| Parent Company (if applicable) | |
| Name | Click here to enter text. |
| Address | Click here to enter text. |
| Address Continued | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| **Primary Proposal Contact** | |
| Name | Click here to enter text. |
| Title | Click here to enter text. |
| Address | Click here to enter text. |
| Address Continued | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Fax Number | Click here to enter text. |
| Email Address | Click here to enter text. |
| Market Data | |
| Number of years as EHR vendor? | Click here to enter text. |
| Total number of customers in how many states? How many are live and how many are in implementation? | Click here to enter text. |
| Total number of end users? |  |
| Average customer size in revenue dollars using your EHR? | Click here to enter text. |
| Average customer size in number of end users using your EHR? | Click here to enter text. |
| Does the product have a State of Texas HHSC Community Behavioral Health centers presence?  If so, # of install sites by end user size; list of State of HHSC Texas Community Behavioral Health centers reference sites. | Click here to enter text. |
| Number of new EHR installations over the last 3 years? | Click here to enter text. |
| Will you be outsourcing any part of the install? | Click here to enter text. |
| What is the current implementation timeframe when using only vendor-supplied resources? | Click here to enter text. |
| Number and percentage of practices in the last two years that did not get installed in six (6) months after signing contract? | Click here to enter text. |
| How many organizations have de-installed any vendor systems over the past two (2) years? Please specify which systems and why? | Click here to enter text. |
| What is your EHR customer retention rate for the years 2019, 2018, and 2017? | Click here to enter text. |
| Total FTEs Last Year | Click here to enter text. |
| Total FTEs This Year | Click here to enter text. |
| Explain how your company is planning to meet the increase in demand for your EHR product (including implementation, training, and support) over the next five (5) years. | Click here to enter text. |

| 3. Technical | Yes, Included | Yes,  Addtl.  Cost | | No | | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- | --- |
| Product Information |  |  | | |  | |
| Product name and version# |  |  |  | | Click here to enter text. | |
| When is your next version release? |  |  |  | | Click here to enter text. | |
| Single Database for scheduling, billing, and EHR? |  |  |  | | Click here to enter text. | |
| Is it a Client Server, ASP or Hosted model? |  |  |  | | Click here to enter text. | |
| Does product include a patient portal? |  |  |  | | Click here to enter text. | |
| Was the product (or any of its significant functionality) acquired from another company?  If yes, please answer the following:   * What was the original company’s name that developed the product or functionality? * What was the original product’s name? * What version did you purchase? |  |  |  | | Click here to enter text. | |
| Will there ever be a charge to copy, move, or retrieve patient data from the product should a customer decide to change Vendors or a provider leave the customer? |  |  |  | | Click here to enter text. | |
| Does your system provide a dedicated software instance or is it multi-tenant? |  |  |  | | Click here to enter text. | |
| How many environments and what type do you provide in addition to production? |  |  |  | | Click here to enter text. | |
| What is the date Meaningful Use Stage 3 certification was achieved? |  |  |  | | Click here to enter text. | |
| Is the product comprehensive or modular? |  |  |  | | Click here to enter text. | |
| **Modular**   * List all modules available, their current version, and provide additional documents with all technical specifications, requirements, and dependencies for each module to operate fully with the "core" product. |  |  |  | | Click here to enter text. | |
| * Which modules are necessary in order to meet CCBHC reporting requirements? |  |  |  | | Click here to enter text. | |
| * Are additional or multiple modules required to meet current meaningful use guidelines? |  |  |  | | Click here to enter text. | |
| * Which modules are necessary in order to meet current meaningful use criteria? |  |  |  | | Click here to enter text. | |
| * Are the modules necessary to meet each of the menu set objectives included in the attached pricing, or are they sold separately at an additional cost? |  |  |  | | Click here to enter text. | |
| **Comprehensive**   * Does the product meet CCBHC reporting requirements? |  |  |  | | Click here to enter text. | |
| * Does the product meet meaningful use guidelines? |  |  |  | | Click here to enter text. | |
| * Will the product continue to meet meaningful use guidelines without significant changes? |  |  |  | | Click here to enter text. | |
| Do you have a guarantee the product will meet the current standards and future standards for Meaningful Use? |  |  |  | | Click here to enter text. | |
| List all ways that a practitioner could import a patient’s data into the product:   * CD/DVD * Flash Drive * PDF Format * Paper Copies * Clinical Exchange Document |  |  |  | | Click here to enter text. | |
| ONC-ATCB Certification |  |  | | |  | |
| Is the product ONC-ATCB certified? |  |  |  | | Click here to enter text. | |
| Version and Year of Certification |  |  |  | | Click here to enter text. | |
| Certified as Comprehensive or Modular? |  |  |  | | Click here to enter text. | |
| Patient List Creation? |  |  |  | | Click here to enter text. | |
| Additional Information |  |  | | |  | |
| Timeframe to receive demonstration of product |  |  |  | | Click here to enter text. | |
| Is a demo copy available prior to purchasing? |  |  |  | | Click here to enter text. | |
| Onsite implementation or remote? |  |  |  | | Click here to enter text. | |
| Training sites |  |  |  | | Click here to enter text. | |
| Training options (train-the-trainer, # hours all staff) |  |  |  | | Click here to enter text. | |
| Has your company acquired, been acquired, merged with other organizations, or had any "change in control" events within the last five (5) years? (If yes, please provide details.) |  |  |  | | Click here to enter text. | |
| Is your company planning to acquire, be acquired, merge with other organizations, or have any "change in control" events within the next five (5) years? (If yes, please provide details.) |  |  |  | | Click here to enter text. | |
| Please provide information on any outstanding lawsuits or judgments within the last five (5) years. Please indicate any cases that you cannot respond to as they were settled with a non-disclosure clause. |  |  |  | | Click here to enter text. | |
| Security and Security Features |  |  | | |  | |
| Describe how the product meets all HIPAA, HITECH, and other security requirements. |  |  |  | | Click here to enter text. | |
| Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings? |  |  |  | | Click here to enter text. | |
| Does the product provide different levels of security based on type of patient (Employee vs. VIP)? |  |  |  | | Click here to enter text. | |
| Describe the audit process within the product. |  |  |  | | Click here to enter text. | |
| List the security reports the product provides at Go-Live to meet all auditing and HIPAA reporting needs. |  |  |  | | Click here to enter text. | |
| Describe any remote tools you offer the provider to access patient data. |  |  |  | | Click here to enter text. | |
| Can mobile devices/data be secured if the provider loses their device or a breach is suspected? |  |  |  | | Click here to enter text. | |
| Describe the product's ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected. |  |  |  | | Click here to enter text. | |
| Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc). |  |  |  | | Click here to enter text. | |
| Describe the product's ability to create new security rights/roles based on new workflows or enhancements (e.g., customer-developed content such as Psych notes or departmental flowsheets). |  |  |  | | Click here to enter text. | |
| Data Protection |  |  | | |  | |
| Describe how the patient’s data is secured at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion). |  |  |  | | Click here to enter text. | |
| Describe how the patient’s data is secured when accessed via handheld devices (e.g., secured through SSL web sites, iPhone apps, etc.). |  |  |  | | Click here to enter text. | |
| Licensing |  |  | | |  | |
| How is the product licensed? |  |  |  | | Click here to enter text. | |
| Are licenses purchased per user? |  |  |  | | Click here to enter text. | |
| Define ‘user’ if it relates to the licensing model (i.e., FTE MD, all clinical staff, etc.). |  |  |  | | Click here to enter text. | |
| * How does the system licensing account for residents, part time clinicians, and midlevel providers? |  |  |  | | Click here to enter text. | |
| * Can user licenses be reassigned when a workforce member leaves? |  |  |  | | Click here to enter text. | |
| If licensing is determined per workstation, do handheld devices count towards this licensing? |  |  |  | | Click here to enter text. | |
| Is system access based on individual licensing, concurrent, or both? |  |  |  | | Click here to enter text. | |
| What does each license actually provide? |  |  |  | | Click here to enter text. | |
| For modular systems, does each module require a unique license? |  |  |  | | Click here to enter text. | |
| In concurrent licensing systems, when are licenses released by the system (i.e., when the workstation is idle, locked, or only when user logs off)? |  |  |  | | Click here to enter text. | |
| Vendor Support |  |  | | |  | |
| Do you offer multiple support programs? Please provide a detailed list of each with your standard SLA for each support program. |  |  |  | | Click here to enter text. | |
| What are your support statistics (# of Support Calls to the % of resolutions at each severity level)? |  |  |  | | Click here to enter text. | |
| Define the Support Structure (Tiered Approach, Client assigned 1 point of contact, etc.) |  |  |  | | Click here to enter text. | |
| What is your availability to the practice for meetings to discuss EHR issues and concerns? |  |  |  | | Click here to enter text. | |
| When is customer support available?   * Preferred method of contact (Phone call, e-mail, etc.)? * Where is your customer support staff located? * Are they ‘off-shore’? * What are your normal hours of support? * How is after hours support handled? * Will someone be on-call at all times? |  |  |  | | Click here to enter text. | |
| Problem/Resolution Process   * Response time expectations for all levels of severity * Escalation Process * Issue/Resolution Tracking System * Test System vs. Live System * Severity Level System * Average time to close tickets by severity level |  |  |  | | Click here to enter text. | |
| Who has ownership of the following:   * Data * Software * Enhancements or Customizations Paid for by Customer * Hardware * Servers * Workstations |  |  |  | | Click here to enter text. | |
| Is remote assistance an option for workstation and server issues? |  |  |  | | Click here to enter text. | |
| What are your additional fees based services? |  |  |  | | Click here to enter text. | |
| Do you have online support (Knowledgebase, InfoCenter, etc.)? |  |  |  | | Click here to enter text. | |
| Do you have a user forum for practices to seek help from peers and share ideas? |  |  |  | | Click here to enter text. | |
| Do you have regional and national user conferences? |  |  |  | | Click here to enter text. | |
| Describe On-going Maintenance |  |  |  | | Click here to enter text. | |
| Upgrade Process   * Will customer get to choose which upgrades they want? * Frequency of Upgrades? * How long can a customer delay an upgrade without losing support? * Will training be provided for new functionality? |  |  |  | | Click here to enter text. | |
| How will clinic be notified of upgrades when they are released and who is responsible for installing these updates (dates, training, documentation, etc.)? |  |  |  | | Click here to enter text. | |
| Testing   * Will customer get a chance to test the product in a test environment? * Will customer get access to test scripts from vendor? * Will customer have an opportunity to parallel test with vendor or conduct Acceptance Testing? * End to End Testing? |  |  |  | | Click here to enter text. | |
| Product Enhancement Requests   * If customer wants to add an enhancement, what is the process? * Are there additional costs for an enhancement? * How will upgrades work with new enhancement? * Will all other customers get the enhancement one company has paid for? * How will the company stay up-to-date on required meaningful use definition and CCBHC changes? |  |  |  | | Click here to enter text. | |
| Will the product be able to be customized to meet the requirements of the changing mental health environment in Community Behavioral Health Clinics in Texas? |  |  |  | | Click here to enter text. | |
| Building/Maintenance of State and Federal mandated  assessments and reporting including? |  |  |  | | Click here to enter text. | |
| Are there additional cost for enhancements for REQUIRED State and Federal mandated changes? |  |  |  | | Click here to enter text. | |
| Expectations of response times for enhancements? |  |  |  | | Click here to enter text. | |
| Training/Testing – All Phases (Selection through Post Go-Live) |  |  | | |  | |
| Describe Development/Training Environment |  |  |  | | Click here to enter text. | |
| Specify if each of these environments will be provided before or after a contract is signed. |  |  |  | | Click here to enter text. | |
| Will access be granted to development/training environment for testing during upgrades and during training processes? |  |  |  | | Click here to enter text. | |
| What types of training is available – facilitator/consultant led training, web-based training, etc.? |  |  |  | | Click here to enter text. | |
| Is training documentation provided? What type of documentation, for example, training manuals, quick reference guides, etc.? Is training documentation provided in an electronic format that we will be able to edit? |  |  |  | | Click here to enter text. | |
| Is Practice/Specialty Specific Training Offered? |  |  |  | | Click here to enter text. | |
| What is created by vendor vs. customer?   * Creating specialized templates for efficient documentation * Creating favorites/shortcuts within the product * Does the product have customizable preferences? |  |  |  | | Click here to enter text. | |
| Will a workflow assessment be completed by the vendor?   * Will a document be sent to be completed by clinic? * Will vendor complete on-site workflow assessment? * Is there an additional cost for workflow assessment? |  |  |  | | Click here to enter text. | |
| Will recommendations be provided for abstracting or bulk loading data from paper charts into the EHR? |  |  |  | | Click here to enter text. | |
| Contractually, can users access the live EMR system prior to Go-Live for build or ‘pilot’ purposes? |  |  |  | | Click here to enter text. | |
| Super User Training   * Will super users be trained by vendor? * Remote or on-site training provided? |  |  |  | | Click here to enter text. | |
| Cost of Training   * Describe training options included in contract agreement. * Will additional costs be incurred on clinic for training? |  |  |  | | Click here to enter text. | |
| On-Site Training   * How many days does EHR vendor provide for on-site training? * Will Go-Live be scheduled shortly after initial staff training? * Will trainers complete a readiness assessment before Go-Live? * Will vendor provide clinic with on-site demos before and after contract is signed? * Will office be trained on hardware if purchased through the vendor before Go-Live training? |  |  |  | | Click here to enter text. | |
| **Go-Live**  Will vendor staff be on-site during ‘Go Live’ timeframe? |  |  |  | | Click here to enter text. | |
| What will be their role during ‘Go Live’?   * Trainer * Technical |  |  |  | | Click here to enter text. | |
| Post Go-Live Training and Support |  |  |  | | Click here to enter text. | |
| After ‘Go-Live’, who (i.e., support team, implementation manager, etc.) will be available to answer questions, issues, and/or training requests?   * If original implementation team, how long before this level of service is transferred to "normal" support team? |  |  |  | | Click here to enter text. | |
| Will a post Go-Live assessment be completed after a specified amount of time by the vendor? |  |  |  | | Click here to enter text. | |
| Contract Terms and Vendor Guarantees |  |  | | |  | |
| Will you sign a Business Associate Agreement provided by ACCESS? |  |  |  | | Click here to enter text. | |
| Will the customer be allowed to perform acceptance testing of this product prior to "Go-Live"? |  |  |  | | Click here to enter text. | |
| What is the vendor’s responsibility when:   * Problem resolution is not met by a certain time based on severity level of the problem or issue? * Meaningful use criteria are not met as promised? * Upgrades cause problems (causes meaningful use criteria to no longer be met or critical workflows to break)? * Training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables? * Implementation is not completed by vendor in the agreed upon timeframe due to issues related to the vendor (staffing conflicts, software problems, etc.)? * Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software? * Promised product functionality does not exist at time of Implementation? * Damages to hardware during transport if purchased through vendor or while vendor is on-site during installation? * Data is corrupted during the course of normal use and operation of the product? * SLAs are not met? |  |  |  | | Click here to enter text. | |
| Will you allow the representations made in your response to this RFI to be incorporated into the contract? |  |  |  | | Click here to enter text. | |
| Will you agree to a cap on price increases? For how long? |  |  |  | | Click here to enter text. | |
| How long will you guarantee to provide maintenance (or other support) on this product? |  |  |  | | Click here to enter text. | |
| What is the process that you will follow when "sunsetting" this product? |  |  |  | | Click here to enter text. | |
| Are regulatory changes to the application included in the annual maintenance? |  |  |  | | Click here to enter text. | |
| If not please include/describe how costs are incurred for those changes. |  |  |  | | Click here to enter text. | |
| Other Vendor Services Offered |  |  | | |  | |
| What other companies have you partnered with to provide services on your behalf and what are their contact information? |  |  |  | | Click here to enter text. | |
| If their work is done on your behalf (implementation, upgrades, etc.), do you warranty their work as if it was your own? |  |  |  | | Click here to enter text. | |

| 4. Infrastructure and Technology | Yes, Included | | | Yes,  Addtl.  Cost | | No | | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If product is a client/server model, please respond to questions below:** | |  |  | |  | | Click here to enter text. | | |
| What type of hardware is required? | |  |  | |  | | Click here to enter text. | | |
| What are the recommended workstation requirements? | |  |  | |  | | Click here to enter text. | | |
| What are the recommended server specifications? | |  |  | |  | | Click here to enter text. | | |
| Recommended Manufacturer/Model? | |  |  | |  | | Click here to enter text. | | |
| How many servers and server roles (If applicable)? | |  |  | |  | | Click here to enter text. | | |
| * Application Server | |  |  | |  | | Click here to enter text. | | |
| * Web Server * IIS (version) * Apache (version) | |  |  | |  | | Click here to enter text. | | |
| * Other | |  |  | |  | | Click here to enter text. | | |
| * Database Server | |  |  | |  | | Click here to enter text. | | |
| * MS SQL (version) | |  |  | |  | | Click here to enter text. | | |
| * Oracle (version) | |  |  | |  | | Click here to enter text. | | |
| * Other | |  |  | |  | | Click here to enter text. | | |
| * HL7 Interface System | |  |  | |  | | Click here to enter text. | | |
| * Test Server | |  |  | |  | | Click here to enter text. | | |
| * E-mail Server | |  |  | |  | | Click here to enter text. | | |
| * Others (Fax, Print, Dictation, etc) | |  |  | |  | | Click here to enter text. | | |
| * Processor (number of processors and processor speed)? | |  |  | |  | | Click here to enter text. | | |
| * Memory/RAM requirements? | |  |  | |  | | Click here to enter text. | | |
| * Storage Space Requirements? | |  |  | |  | | Click here to enter text. | | |
| * SANs Connectivity (Yes/No) | |  |  | |  | | Click here to enter text. | | |
| * If yes, SANs requirements? | |  |  | |  | | Click here to enter text. | | |
| * Network Card Speeds | |  |  | |  | | Click here to enter text. | | |
| Dual NICs required? | |  |  | |  | | Click here to enter text. | | |
| Other Components Required? | |  |  | |  | | Click here to enter text. | | |
| What other applications are required for server? | |  |  | |  | | Click here to enter text. | | |
| * Server Management Tools | |  |  | |  | | Click here to enter text. | | |
| * Bandwidth Monitors | |  |  | |  | | Click here to enter text. | | |
| * Database Management Suite | |  |  | |  | | Click here to enter text. | | |
| Can systems be virtualized? | |  |  | |  | | Click here to enter text. | | |
| * Will the product run on virtualized servers? | |  |  | |  | | Click here to enter text. | | |
| * If yes, what virtualization and remote access software is required on server? | |  |  | |  | | Click here to enter text. | | |
| * Citrix | |  |  | |  | | Click here to enter text. | | |
| * BMC | |  |  | |  | | Click here to enter text. | | |
| * Other | |  |  | |  | | Click here to enter text. | | |
| * If no, are you moving toward certifying virtualized environments? | |  |  | |  | | Click here to enter text. | | |
| Are we required to purchase hardware from your company? | |  |  | |  | | Click here to enter text. | | |
| Do you have a recommended vendor with discount pricing to purchase equipment? | |  |  | |  | | Click here to enter text. | | |
| What type of support is available if equipment purchased from your company? | |  |  | |  | | Click here to enter text. | | |
| What are the recommended printer manufacturers/models? | |  |  | |  | | Click here to enter text. | | |
| * What type(s) of printers are recommended? (Laser, Inkjet, Thermal) | |  |  | |  | | Click here to enter text. | | |
| What are the recommended scanner manufacturers/models? | |  |  | |  | | Click here to enter text. | | |
| Do you require Internet access for your product? | |  |  | |  | | Click here to enter text. | | |
| * For remote connection/maintenance? | |  |  | |  | | Click here to enter text. | | |
| * If so, please detail security setup required for this access. If Delta processes are initiated and data is downloaded into the system automatically, detail that information here. | |  |  | |  | | Click here to enter text. | | |
| * Remote Support? | |  |  | |  | | Click here to enter text. | | |
| * If so, please detail security setup and access rules governing when connections are created and what type of work can be performed on the live system during normal business hours. | |  |  | |  | | Click here to enter text. | | |
| * Access System/Application Remotely? | |  |  | |  | | Click here to enter text. | | |
| * Are there any Delta processes that run nightly/weekly/etc. and if so, what data is collected and how is it used? | |  |  | |  | | Click here to enter text. | | |
| What are the minimum network infrastructure requirements? | |  |  | |  | | Click here to enter text. | | |
| * Firewall/VPN Appliance? | |  |  | |  | | Click here to enter text. | | |
| * Switches/Routers | |  |  | |  | | Click here to enter text. | | |
| * Other Devices | |  |  | |  | | Click here to enter text. | | |
| Will your product operate on Windows Terminal Services or Citrix? | |  |  | |  | | Click here to enter text. | | |
| * If no, are there plans to certify in these environments? | |  |  | |  | | Click here to enter text. | | |
| What are the backup requirements? | |  |  | |  | | Click here to enter text. | | |
| The system has hardware recommendations for disaster recovery and backup. | |  |  | |  | | Click here to enter text. | | |
| Are 3rd party backup solutions supported? | |  |  | |  | | Click here to enter text. | | |
| Does product provide database software (Yes/No)? | |  |  | |  | | Click here to enter text. | | |
| * If no, what database application is required? (MS SQL, Oracle, MySQL, Other) | |  |  | |  | | Click here to enter text. | | |
| Can data be exported? | |  |  | |  | | Click here to enter text. | | |
| * What format? (CSV, Text/Comma delimited, Other) | |  |  | |  | | Click here to enter text. | | |
| Does product allow for ad hoc reporting against the database by customer using standard reporting software (Crystal Reports) or standard database queries? | |  |  | |  | |  | | |
| **If product is an ASP/SaaS model, please respond to questions below:** | |  |  | |  | | Click here to enter text. | | |
| Do you provide ASP solutions or require 3rd party vendor participation? | |  |  | |  | | Click here to enter text. | | |
| What is the 3rd party vendor’s involvement? | |  |  | |  | | Click here to enter text. | | |
| How are support issues handled? | |  |  | |  | | Click here to enter text. | | |
| Does the product require a server at the customer location? | |  |  | |  | | Click here to enter text. | | |
| * If yes, what are the system requirements? | |  |  | |  | | Click here to enter text. | | |
| * Number of Server(s)? | |  |  | |  | | Click here to enter text. | | |
| * Processor | |  |  | |  | | Click here to enter text. | | |
| * Storage and Fault Tolerance Requirements? | |  |  | |  | | Click here to enter text. | | |
| * Memory? * <25 concurrent users * >25 concurrent users | |  |  | |  | | Click here to enter text. | | |
| * Bandwidth Requirements? | |  |  | |  | | Click here to enter text. | | |
| * System Backup Requirements? | |  |  | |  | | Click here to enter text. | | |
| * Types of Server(s) | |  |  | |  | | Click here to enter text. | | |
| * Database Servers | |  |  | |  | | Click here to enter text. | | |
| * Web Servers | |  |  | |  | | Click here to enter text. | | |
| * Interface Servers | |  |  | |  | | Click here to enter text. | | |
| * Scanning Servers | |  |  | |  | | Click here to enter text. | | |
| * Messaging (Fax, E-Prescribing, Print) Servers * If fax from server, what fax cards are supported? * Is separate fax software needed? | |  |  | |  | | Click here to enter text. | | |
| Is virtualization supported or required (VMWare, XenApp, etc.)? | |  |  | |  | | Click here to enter text. | | |
| * If so, on which servers and in what configuration? | |  |  | |  | | Click here to enter text. | | |
| Are Citrix and/or Terminal Services supported? Or needed? | |  |  | |  | | Click here to enter text. | | |
| * If so, are there any application modules not supported or recommended for use in a virtualized environment? | |  |  | |  | | Click here to enter text. | | |
| Does your product require or recommend a firewall? | |  |  | |  | | Click here to enter text. | | |
| * If yes, what is the recommended manufacturer/model? | |  |  | |  | | Click here to enter text. | | |
| Do you provide all CALs (client access licenses) for database and system access or does the customer purchase these? | |  |  | |  | | Click here to enter text. | | |
| * If customer must purchase, how many need to be purchased based on expected number of users on the product? | |  |  | |  | | Click here to enter text. | | |
| List all security enhancements which must be accommodated on workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc.). | |  |  | |  | | Click here to enter text. | | |
| Does the product support any of the following external devices:   * USB devices * Scanners (manufacturer/model) * Flatbed * Handheld (i.e., Barcode, PDA, BlackBerry Devices, etc.) * Card Readers (i.e. smart card, security * Other Input Devices | |  |  | |  | | Click here to enter text. | | |
| What are the workstation requirements? | |  |  | |  | | Click here to enter text. | | |
| Manufacturer/Model   * Processor * Storage * Memory * Operating System | |  |  | |  | | Click here to enter text. | | |
| Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)? | |  |  | |  | | Click here to enter text. | | |
| What applications are supported and/or need to be installed on the workstation?   * Java * Flash * Adobe Reader * Microsoft Office (i.e., Word, Excel, etc.) * Antivirus * Which folders/files must be excluded from active scanning? * Crystal Reports * Open Office * Remote Access Software (WinVNC, RDP, GoToMyPC, etc.) for support * Brower’s Supported | |  |  | |  | | Click here to enter text. | | |
| Require ODBC driver or SQL application on workstations? | |  |  | |  | | Click here to enter text. | | |
| Any other applications required? | |  |  | |  | | Click here to enter text. | | |
| Can the product be securely accessed from any location with an Internet/broadband connection? | |  |  | |  | | Click here to enter text. | | |
| * What are the security requirements for remote users (non-office users)? | |  |  | |  | | Click here to enter text. | | |
| How is data saved and stored? | |  |  | |  | | Click here to enter text. | | |
| How often is routine maintenance performed on remote system?   * Backups? * Updates? * Performance Monitoring and Enhancements | |  |  | |  | | Click here to enter text. | | |
| Can you provide a contingency strategy or disaster recovery plan in the event Internet service is lost and customer is unable to access your system and application? | |  |  | |  | | Click here to enter text. | | |
| How will the customer be able to download and distribute the patient’s health record to meet meaningful use? | |  |  | |  | | Click here to enter text. | | |
| How will the customer be able to upload patient-provided records (either paper or electronic format (radiology, medical records, lab data, etc.))? | |  |  | |  | | Click here to enter text. | | |
| Can information be exported to CD/DVD in CSV or comma text delimited format? | |  |  | |  | | Click here to enter text. | | |
| Does product allow reports be created? | |  |  | |  | | Click here to enter text. | | |
| * Ad hoc reporting option? | |  |  | |  | | Click here to enter text. | | |
| * Provide a list of standard reports (no customization) which the customer may run to meet meaningful use requirements. | |  |  | |  | | Click here to enter text. | | |
| Do you have normal ‘downtime’ windows for system backup and maintenance? | |  |  | |  | | Click here to enter text. | | |
| * Does this affect access to the product? | |  |  | |  | | Click here to enter text. | | |
| How is data gathered during Internet outages? | |  |  | |  | | Click here to enter text. | | |
| Is it uploaded into the system when Internet restored?   * Is this process done manually or automatically? * How do we verify information has been uploaded? | |  |  | |  | | Click here to enter text. | | |
| In the event access to your site is unavailable, what steps will you take to notify the customer of progress towards resolving the issue? | |  |  | |  | | Click here to enter text. | | |
| * What steps should the customer take during this time? | |  |  | |  | | Click here to enter text. | | |
| In the past two (2) years, how many outages have you experienced due to your own infrastructure problems? | |  |  | |  | | Click here to enter text. | | |
| Do you have redundant Internet providers? | |  |  | |  | | Click here to enter text. | | |
| Is there a patient portal? | |  |  | |  | | Click here to enter text. | | |
| Is there a test environment for the customer to use? | |  |  | |  | | Click here to enter text. | | |
| What are the network infrastructure requirements? | |  |  | |  | | Click here to enter text. | | |
| What are your security requirements and recommendations for client workstations? | |  |  | |  | | Click here to enter text. | | |
| Is your site secured with encryption and antivirus? | |  |  | |  | | Click here to enter text. | | |
| * How often is access audited and by whom? | |  |  | |  | | Click here to enter text. | | |
| * Is there an off-site disaster recovery location for your server farm? | |  |  | |  | | Click here to enter text. | | |
| * How often is this tested? | |  |  | |  | | Click here to enter text. | | |

| 5. Front Office | Yes, Included | Yes,  Addtl.  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- |
| **Scheduling?** |  |  |  | Click here to enter text. |
| * Check-In/Check-Out-Duration? |  |  |  | Click here to enter text. |
| * Calendar views – multiple day per provider or client? |  |  |  | Click here to enter text. |
| * Calendar views – multiple providers per day? |  |  |  | Click here to enter text. |
| Appointment reminders? |  |  |  | Click here to enter text. |
| Client Lookup History? |  |  |  | Click here to enter text. |
| Client Check-in Kiosk? |  |  |  | Click here to enter text. |
| External Interface Creation Supported? |  |  |  | Click here to enter text. |
| Patient Balance – Co-Pays? |  |  |  | Click here to enter text. |
| Patient Balance – Maps? |  |  |  | Click here to enter text. |
| Patient Balance – Deductibles? |  |  |  | Click here to enter text. |
| Client Search? |  |  |  | Click here to enter text. |
| Financial Spenddowns? |  |  |  | Click here to enter text. |
| The system has the capability to record demographics including: Preferred language, contact information, insurance type, gender, race, ethnicity, and date of birth. |  |  |  | Click here to enter text. |
| The system supports the Continuity of Care Document Continuity of Care Record, HITSP standard. |  |  |  | Click here to enter text. |
| The system has the capability of importing patient demographic data via HL7 interface from an existing Practice Management System, Patient Registration System, or any such system used for patient registration and/or scheduling. |  |  |  | Click here to enter text. |
| QI/BH TEDS Data Elements? |  |  |  | Click here to enter text. |
| The system enables the origination, documentation, and tracking of referrals between care providers or healthcare organizations, including clinical and administrative details of the referral. |  |  |  | Click here to enter text. |
| The system tracks consultations and referrals. |  |  |  | Click here to enter text. |
| General Information Notes? |  |  |  | Click here to enter text. |
| Client Picture/ID? |  |  |  | Click here to enter text. |
| Customer Information Sheet |  |  |  | Click here to enter text. |

| 6. Back Office | Yes, Included | Yes,  Addtl.  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- |
| Sequestering records - Hide/Block clients from certain staff while allowing other staff access? |  |  |  | Click here to enter text. |
| Release Management System? |  |  |  | Click here to enter text. |
| Print Documentation for Releases? |  |  |  | Click here to enter text. |
| Track Disclosures? |  |  |  | Click here to enter text. |
| Record Review? |  |  |  | Click here to enter text. |
| The system includes an integrated scanning solution to manage old charts and incoming paper documents. |  |  |  | Click here to enter text. |
| Scanned documents are readily available within the patients chart. |  |  |  | Click here to enter text. |
| Scanned documents can be attached to intra office communication and tracked. |  |  |  | Click here to enter text. |
| The system has the ability to bulk scan and easily sort old patient charts for easy reference later. |  |  |  | Click here to enter text. |
| Images and wave files can also be saved and stored in the document management system. |  |  |  | Click here to enter text. |
| Insurance cards and driver license can be scanned and stored in patient demographics. |  |  |  | Click here to enter text. |
| Scanned documents can be attached to visit notes. |  |  |  | Click here to enter text. |
| In a multiple location environment can each office scan in the same manner? |  |  |  | Click here to enter text. |
| The system provides a bidirectional interface with practice management systems. |  |  |  | Click here to enter text. |
| Recording of Patient Insurance Coverage? |  |  |  | Click here to enter text. |
| The system can check insurance eligibility electronically from public and private payers. List clearinghouses with which this functionality exists. |  |  |  | Click here to enter text. |
| Recording of Patient Benefit Eligibility? |  |  |  | Click here to enter text. |
| Duplicate claim detection? |  |  |  | Click here to enter text. |
| 837 Claims generation? |  |  |  | Click here to enter text. |
| 835 Remittance? |  |  |  | Click here to enter text. |
| 834 or 270/271 State Eligibility? |  |  |  | Click here to enter text. |
| 1500 Claiming and Printing? |  |  |  | Click here to enter text. |
| The system can submit claims electronically to public and private payers |  |  |  | Click here to enter text. |
| Customer A/R and Statements? |  |  |  | Click here to enter text. |
| Entry/Posting of Manual Payments? |  |  |  | Click here to enter text. |
| Recording of requisition fees, fee rates or quantity? |  |  |  | Click here to enter text. |
| CPT/HCPCS, Denial Codes by different unit rates? |  |  |  | Click here to enter text. |
| Ability to record and claim Add-Ons CPT codes? |  |  |  | Click here to enter text. |
| Interface with ClaimMD Clearinghouse? |  |  |  | Click here to enter text. |
| Recalculation of Services staged for Billing? |  |  |  | Click here to enter text. |
| Ability to maintain authorization, run report based on usage, set to expire and low units remaining? |  |  |  | Click here to enter text. |
| Denial/Pending tracking system? |  |  |  | Click here to enter text. |
| Denial Letters? |  |  |  | Click here to enter text. |
| Ability to Suspend billing for various reasons and create a Suspended billing report listed by suspense reason? |  |  |  | Click here to enter text. |
| Ability to roll multiple services into one billing line item and automatically apply payments across services lines? |  |  |  | Click here to enter text. |
| Maintain Billing Periods with history? |  |  |  | Click here to enter text. |
| Assignment of Benefits – recording and suspending of billing? |  |  |  | Click here to enter text. |

| 7. Clinical | | Yes, Included | Yes,  Addtl.  Cost | | No | | Comments / Clarifications | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| System has the ability to enter information into multiple open forms/screens within the system without closing one to get to another? | |  | | |  | |  | | Click here to enter text. |
| Dashboard showing why services are not completing? | |  | | |  | |  | | Click here to enter text. |
| Internal Messaging System? | |  | | |  | |  | | Click here to enter text. |
| The system includes user Internal customizable alert screens / messages, enabling capture of alert details. | |  | | |  | |  | | Click here to enter text. |
| The system has the capability of forwarding the alert to a specific provider(s) or other authorized users via secure electronic mail or by other means of secure electronic communications. | |  | | |  | |  | | Click here to enter text. |
| Customer Signature Pad? | |  | | |  | |  | | Click here to enter text. |
| The system can provide clinical summaries to patients for each visit? | |  | | |  | |  | | Click here to enter text. |
| The system can provide a summary care record for each transition of care and referral visit? | |  | | |  | |  | | Click here to enter text. |
| The system can exchange key clinical information among providers of care and patient authorized entities electronically. | |  | | |  | |  | | Click here to enter text. |
| The system has the capability to import patient health history data including obstetrical history data, from an existing system. | |  | | |  | |  | | Click here to enter text. |
| The system presents a chronological, filterable, and comprehensive review of patient’s EHR, which may be summarized and printed, subject to privacy and confidentiality requirements. | |  | | |  | |  | | Click here to enter text. |
| The system includes an electronic Order Entry module that has the capability to be interfaced with a number of key systems depending on the health center’s existing and future systems as well as external linkages, through a standard, real time, HL7 two-way interface. | |  | | |  | |  | | Click here to enter text. |
| Ability to build custom assessments to record data and report? Including the below: | |  | | |  | |  | | Click here to enter text. |
| * Eligibility Screen? | |  | | |  | |  | | Click here to enter text. |
| * Crisis Screen? | |  | | |  | |  | | Click here to enter text. |
| * Crisis Plan? | |  | | |  | |  | | Click here to enter text. |
| * Substance Use? | |  | | |  | |  | | Click here to enter text. |
| * Wraparound Treatment Plan? | |  | | |  | |  | | Click here to enter text. |
| * Vocational Profiles? | |  | | |  | |  | | Click here to enter text. |
| * Health History Screen? | |  | | |  | |  | | Click here to enter text. |
| * Discharge Summary? | |  | | |  | |  | | Click here to enter text. |
| * Periodic Reviews? | |  | | |  | |  | | Click here to enter text. |
| * RN Assessment? | |  | | |  | |  | | Click here to enter text. |
| The system has the capability to create, maintain, and verify patient treatment decisions in the form of consents and authorizations when required. | |  | | |  | |  | | Click here to enter text. |
| The system has the capability for a patient to sign consent electronically. | |  | | |  | |  | | Click here to enter text. |
| The system captures, maintains, and provides access to patient advance directives. | |  | | |  | |  | | Click here to enter text. |
| The system records progress notes (both Individual and Group) utilizing a combination of system default, provider customizable, and provider-defined templates. | |  | | |  | |  | | Click here to enter text. |
| The system creates and maintains patient-specific problem lists. | |  | | |  | |  | | Click here to enter text. |
| For each problem, the systems has the capability to create, review, or amend information regarding a change on the status of a problem to include, but not be limited to, the date the change was first noticed or diagnosed. | |  | | |  | |  | | Click here to enter text. |
| The system includes a progress note templates (Both Individual and Group) that is problem oriented and can, at the user’s option be linked to either a diagnosis or problem number. | |  | | |  | |  | | Click here to enter text. |
| The system provides administrative tools for organizations to build care plans, guidelines, and protocols for use during patient care planning and care. | |  | | |  | |  | | Click here to enter text. |
| The system has the capability to capture and monitor patient health risk factors in a standard format | |  | | |  | |  | | Click here to enter text. |
| The system provides a flexible, user modifiable, search mechanism for retrieval of information captured during encounter documentation. | |  | | |  | |  | | Click here to enter text. |
| The system provides a mechanism to capture, review, or amend history of current illness. | |  | | |  | |  | | Click here to enter text. |
| The system generates and automatically records in the care plan document, patient-specific instructions related to pre- and post-procedural and discharge requirements. The instructions must be simple to access. | |  | | |  | |  | | Click here to enter text. |
| The system has the capability to create, review, update, or delete patient education materials. The materials must originate from a credible source and be maintained by the vendor as frequently as necessary. | |  | | |  | |  | | Click here to enter text. |
| The system has the capability of providing printed patient education materials in culturally appropriate languages on demand or automatically at the end of the encounter. At minimum, the materials must be provided in English and Spanish as applicable. | |  | | |  | |  | | Click here to enter text. |
| The system offers prompts to support the adherence to care plans, guidelines, and protocols at the point of information capture. | |  | | |  | |  | | Click here to enter text. |
| The system has the capability to display health prevention prompts on the summary display. The prompts must be dynamic and take into account sex, age, and chronic conditions. | |  | | |  | |  | | Click here to enter text. |
| The system includes user-modifiable health maintenance templates. | |  | | |  | |  | |  |
| The system includes a patient tracking and reminder capability (patient follow-up) updatable by the user at the time an event is set or complied with. | |  | | |  | |  | | Click here to enter text. |
| The system has a clinical rules engine and a means of alerting the practice if a patient is past due. | |  | | |  | |  | | Click here to enter text. |
| The system triggers alerts to providers when individual documented data indicates that critical interventions may be required. | |  | | |  | |  | | Click here to enter text. |
| Recording of Medical Conditions, including Vitals, Medication and Other Allergies? | |  | | |  | |  | | Click here to enter text. |
| Medication Administration Record? | |  | | |  | |  | | Click here to enter text. |
| Medication Reconciliation? | |  | | |  | |  | | Click here to enter text. |
| The system accepts results via two way standard interface from all standard HL7 interface compliant / capable entities or through direct data entry. Specifically – Laboratory, Radiology, and Pharmacy information systems. Please attach list of currently available interfaces, if available | |  | | |  | |  | | Click here to enter text. |
| The system obtains test results via standard HL7 interface from: other equipment such as Vitals, ECG, Holter, Glucometer. | |  | | |  | |  | | Click here to enter text. |
| The system has the capability to route, manage, and present current and historical test results to appropriate clinical personnel for review, with the ability to filter and compare results. | |  | | |  | |  | | Click here to enter text. |
| * Results can be easily viewed in a flow sheet as well as graph format. | |  | | |  | |  | | Click here to enter text. |
| The system accepts results via two way standard interface from all standard interface compliant / capable entities or through direct data entry. Specifically – Laboratory, Radiology, and Pharmacy information systems. Please attach list of currently available interfaces, if available | |  | | |  | |  | | Click here to enter text. |
| The system includes an intuitive, user customizable results entry screen linked to orders. | |  | | |  | |  | | Click here to enter text. |
| The system has the capability to evaluate results and notify the provider. | |  | | |  | |  | | Click here to enter text. |
| The system allows timely notification of lab results to appropriate staff as well as easy routing and tracking of results. | |  | | |  | |  | | Click here to enter text. |
| The system flags lab results that are abnormal or that have not been received. | |  | | |  | |  | | Click here to enter text. |
| The system generates follow-up letters to physicians, consultants, external sources, and patients based on a variety of parameters such as date, time since last event, etc. for the purpose of collecting health data and functional status for the purpose of updating the patient’s record. | |  | | |  | |  | | Click here to enter text. |
| Dragon Naturally Speaking Support? | |  | | |  | |  | | Click here to enter text. |
| The system includes user customizable alert screens / messages, enabling capture of alert details. | |  | | |  | |  | | Click here to enter text. |
| The system has the capability of forwarding the alert to a specific provider(s) or other authorized users via secure electronic mail or by other means of secure electronic communications. | |  | | |  | |  | | Click here to enter text. |
| Your company provides after-hours call center support for the system. | |  | | |  | |  | | Click here to enter text. |

| 8. Clinical Practice Guidelines (CPG) | | Yes, Included | Yes,  Addtl.  Cost | | No | | Comments / Clarifications | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The system includes and maintains evidence-based Clinical Practice Guidelines (CPGs) published and maintained by credible sources such as the American Heart Association (AHA), U.S. Preventive Services Task Force (USPSTF), American College of Cardiologists (ACC), American College of Physicians (ACP) and other groups. The guidelines incorporate patient education and **actionable** alerts and reminders. | |  | | |  | |  | | Click here to enter text. |
| The system allows reporting and analysis of any / all components included in the CPG. | |  | | |  | |  | | Click here to enter text. |
| Included in each CPG, the system has the capability to create, review, and update information about: | |  | | |  | |  | | Click here to enter text. |
| * The performance measures that will be used to monitor the attainment of objectives. | |  | | |  | |  | | Click here to enter text. |
| * The quantitative and qualitative data to be collected. | |  | | |  | |  | | Click here to enter text. |
| * Performance metrics: CPG shall allow for decision support based on standardized discrete data to be used to calculate clinical performance measures. | |  | | |  | |  | | Click here to enter text. |
| * Collection means and origin of data to be evaluated. | |  | | |  | |  | | Click here to enter text. |
| The system allows the provider or other authorized user to override any or all parts of the guideline. The system is able to collect exceptions for NOT following the CPG. | |  | | |  | |  | | Click here to enter text. |

| 9. Inpatient, Order Entry & E-Prescribing | Yes, Included | Yes,  Addtl.  Cost | | No | | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- | --- |
| Inpatient |  |  | | |  | |
| Is your system Meaningful Use certified for Inpatient services? |  |  |  | | Click here to enter text. | |
| Does your system offer a bed board and white board? |  |  |  | | Click here to enter text. | |
| Can your system provide a closed loop bi-directional interface to an onsite pharmacy? |  |  |  | | Click here to enter text. | |
| Does your system easily calculate daily rates and per diem billing for inpatient stays? |  |  |  | | Click here to enter text. | |
| Describe the attributes of your largest client that provides services in a true inpatient setting (not residential). |  |  |  | | Click here to enter text. | |
| Computerized Physician Order Entry (CPOE) |  |  | | |  | |
| Is CPOE part of the core product or a separate module? |  |  |  | | Click here to enter text. | |
| Is CPOE customizable per provider or are templates available? |  |  |  | | Click here to enter text. | |
| * Does the system allow for custom Order Sets to be built? |  |  |  | | Click here to enter text. | |
| * Does the system allow multiple Resultable Items to be mapped to a single Orderable Item? (e.g., Skin tests have multiple antigens (resultables) which must map to a single Orderable item code). |  |  |  | | Click here to enter text. | |
| The system identifies drug interaction warnings (prescription, over the counter) at the point of medication ordering. Interactions include: drug to drug, drug to allergy, drug to disease, and drug to pregnancy. |  |  |  | | Click here to enter text. | |
| The system alerts providers to potential administration errors for both adults and children, such as wrong patient, wrong drug, wrong dose, wrong route, and wrong time in support of medication administration or pharmacy dispense/supply management and workflow |  |  |  | | Click here to enter text. | |
| The system supports multiple drug formularies and prescribing guidelines. |  |  |  | | Click here to enter text. | |
| The system provides the capability for electronic transfer of prescription information to a patient or organization selected pharmacy for dispensing. |  |  |  | | Click here to enter text. | |
| Does the system allow free text ordering? |  |  |  | | Click here to enter text. | |
| Does the system provide the end user the ability to cancel pending orders? |  |  |  | | Click here to enter text. | |
| * If so, does an outbound interface message result, sending the cancellation message to 3rd party systems? |  |  |  | | Click here to enter text. | |
| Does the system allow for recording of External and Over the Counter Medications? |  |  |  | | Click here to enter text. | |
| Does the system utilize ICD9 or ICD10 coding? |  |  |  | | Click here to enter text. | |
| * Are codes pre-loaded? |  |  |  | | Click here to enter text. | |
| * Are future code updates vendor or user applied? |  |  |  | | Click here to enter text. | |
| Does this crosswalk to DSM-V equivalents for diagnosis entry? |  |  |  | | Click here to enter text. | |
| Does the system support the entry of verbal orders with submission to practitioner for approval? |  |  |  | | Click here to enter text. | |
| Does the system allow custom questions per order to be developed? |  |  |  | | Click here to enter text. | |
| * If so, please describe how these items are built and managed by the customer. |  |  |  | | Click here to enter text. | |
| * Can these items be classified as "required" or "optional" to complete? |  |  |  | | Click here to enter text. | |
| Does the product support recurring orders? |  |  |  | | Click here to enter text. | |
| * If so, please describe how the system accommodates this workflow. |  |  |  | | Click here to enter text. | |
| The system displays order summaries on demand to allow the clinician to review/correct all orders prior to transmitting/printing the orders for processing by the receiving entity. |  |  |  | | Click here to enter text. | |
| Does the product support Orderable Favorites per user and/or per specialty? |  |  |  | | Click here to enter text. | |
| How does the product support ordering for off-site (non-integrated/interfaced) orders? |  |  |  | | Click here to enter text. | |
| Are there Reporting tools available to monitor all CPOE steps? (e.g., unsigned orders, overdue orders, etc.) |  |  |  | | Click here to enter text. | |
| Which LIS vendors currently interface "out of the box" with CPOE? |  |  |  | | Click here to enter text. | |
| E-Prescribing |  |  | | |  | |
| Is E-Prescribing/E-Prescribing Controlled Substance (EPCS) part of the core product or a separate module? |  |  |  | | Click here to enter text. | |
| Is E-Prescribing/EPCS customizable per provider and/or at the enterprise level? |  |  |  | | Click here to enter text. | |
| What are the E-Signature Requirements for E-Prescribing/EPCS? |  |  |  | | Click here to enter text. | |
| * What is required of the customer in order to set this up? |  |  |  | | Click here to enter text. | |
| Ability to batch sign multiple e-prescriptions? |  |  |  | | Click here to enter text. | |
| Is the system compatible with e-scripts? |  |  |  | | Click here to enter text. | |
| Which local or national pharmacies interface with the EHR? |  |  |  | | Click here to enter text. | |
| * How are these updated and with what frequency? |  |  |  | | Click here to enter text. | |
| Is there an extra expense required for local pharmacies to be set up for E-Prescribing? |  |  |  | | Click here to enter text. | |
| * Rate per transmission? |  |  |  | | Click here to enter text. | |
| * What form of transmission is required? |  |  |  | | Click here to enter text. | |
| Is there a fax server incorporated in the EHR? |  |  |  | | Click here to enter text. | |
| * If so, does it require a separate server? |  |  |  | | Click here to enter text. | |
| * If not, are 3rd party vendor fax servers supported? |  |  |  | | Click here to enter text. | |
| * Which vendors are supported? |  |  |  | | Click here to enter text. | |
| Can Rx faxes be configured to use a separate fax queue from other faxed documents within the system? |  |  |  | | Click here to enter text. | |
| Is there a functional limit to the number of fax lines supported by the system? |  |  |  | | Click here to enter text. | |
| Can active faxes be cancelled during transmission by user or by system administrators? |  |  |  | | Click here to enter text. | |
| What security settings are available in the product to govern who can E-Prescribe/EPCS? |  |  |  | | Click here to enter text. | |
| Are medication updates performed regularly? |  |  |  | | Click here to enter text. | |
| * Which vendor(s) does the product support? |  |  |  | | Click here to enter text. | |
| * Does it include Drug Contraindications? |  |  |  | | Click here to enter text. | |
| * Does it include Drug Interactions? |  |  |  | | Click here to enter text. | |
| * Does it include Drug Warnings received? |  |  |  | | Click here to enter text. | |
| Are reporting tools for E-Prescribing/EPCS available? Please describe. |  |  |  | | Click here to enter text. | |
| Describe how new medications are displayed in the system if added by:   * MD * RN * MA * PA/NP * Residents |  |  |  | | Click here to enter text. | |
| Where is E-Prescription information housed in the EHR? |  |  |  | | Click here to enter text. | |
| Describe the audit features for E-Prescribing/EPCS. |  |  |  | | Click here to enter text. | |
| * Does the system keep a running history of Rx renewal changes? |  |  |  | | Click here to enter text. | |
| Describe the relationship and/or dependency between e-script module and eMAR. |  |  |  | | Click here to enter text. | |
| * How are discrepancies (if possible) between the two reconciled/resolved? |  |  |  | | Click here to enter text. | |

| 10. State/Payor Requirements | Yes, Included | Yes,  Addtl.  Cost | | No | | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- | --- |
| 837 File Submission? |  |  |  | | Click here to enter text. | |
| 270/271 or 834 Eligibility Response? |  |  |  | | Click here to enter text. | |
| How are changes required by Payors handled? |  |  |  | | Click here to enter text. | |
| * Is there a cost? |  |  |  | | Click here to enter text. | |
| How are changes required by the State handled? |  |  |  | | Click here to enter text. | |
| * Is there a cost? |  |  |  | | Click here to enter text. | |
| The system provides privacy and security components that follow Texas state-specific laws and regulations. |  |  |  | | Click here to enter text. | |

| 11. Data Capture/Exporting/Reporting | Yes, Included | Yes,  Addtl.  Cost | No | Comments / Clarifications | |
| --- | --- | --- | --- | --- | --- |
| Is there any data that is not allowed to be copied locally? |  |  |  | Click here to enter text. | |
| Can this report information be exported to CD/DVD in CSV or comma text delimited format? |  |  |  | Click here to enter text. | |
| If Hosted, can full database backups be provided locally? |  |  |  | Click here to enter text. | |
| Do you allow access to (LIVE) data? |  |  |  | Click here to enter text. | |
| Can stored procedure data logic be accessed and reviewed? |  |  |  | Click here to enter text. | |
| The system includes a combination of system default, provider customizable, and provider-defined and reusable templates for data capture. |  |  |  | Click here to enter text. | |
| Do you allow the customer to build custom reports against (LIVE) data? |  |  |  | Click here to enter text. | |
| What technologies are used to build reports in the system? |  |  |  | Click here to enter text. | |
| Ad-hoc reporting by users an option? |  |  |  | Click here to enter text. | |
| Do you have all requirements for Meaningful Use and PQRS reporting? |  |  |  | Click here to enter text. | |
| Does the product allow custom reports to be created? |  |  |  | Click here to enter text. | |
| Provide a list of standard reports (no customization) which the customer may run at Go Live to meet meaningful use and/or HIPAA requirements |  |  |  | Click here to enter text. | |
| Are standard clinical reports built into the system for the user to query aggregate patient population numbers? |  |  |  | Click here to enter text. |
| The system can generate lists of patients by specific conditions to use for quality improvement. |  |  |  | Click here to enter text. |
| The system has the capability to report ambulatory quality measures to CMS for PQRI. |  |  |  | Click here to enter text. |
| The system can generate patient reminder letters for preventive services or follow-up care. |  |  |  | Click here to enter text. |
| The system supports disease management registries by: |  |  |  | Click here to enter text. |
| * Allowing patient tracking and follow-up based on user defined diagnoses. |  |  |  | Click here to enter text. |
| * Providing a longitudinal view of the patient medical history. |  |  |  | Click here to enter text. |
| * Providing intuitive access to patient treatments and outcomes. |  |  |  | Click here to enter text. |
| The system can submit immunization data electronically to the immunization registry. |  |  |  | Click here to enter text. |
| The system can provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice. |  |  |  | Click here to enter text. |
| The system has built-in mechanism/access to other systems to capture cost information. |  |  |  | Click here to enter text. |
| The system supports real-time or retrospective trending, analysis, and reporting of clinical, operational, demographic, or other user-specified data including current and future UDS reports. |  |  |  | Click here to enter text. |
| The system allows customized reports or studies to be performed utilizing individual and group health data from the electronic record. |  |  |  | Click here to enter text. |
| The system will provide support for third-party report writing products. |  |  |  | Click here to enter text. |
| The system provides support for the management of populations of patients that share diagnoses, problems, demographic characteristics, etc. |  |  |  | Click here to enter text. |
| At minimum, the system is able to generate a variety of reports based on performance measures identified by the Physician Consortium for Performance Improvement (AMA/Consortium), the Centers for Medicare & Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA) for chronic diseases. Information on these measures can be found at: <http://www.ama-assn.org/ama/pub/category/4837.html>. The system follows measures approved by NQF (national quality form) and prompted by the AQA (ambulatory quality alliance) as well as those identified by the HRSA’s Health Disparities Collaborative <http://www.healthdisparities.net/> |  |  |  | Click here to enter text. |
| What reporting engine is utilized within the software? (ex. Crystal Reports, Excel, proprietary). |  |  |  | Click here to enter text. |
| * If utilizing Crystal Reports do you provide a listing of all reportable data elements? |  |  |  | Click here to enter text. |
| Does the end user have the ability to create custom reports? |  |  |  | Click here to enter text. |
| Can reports be run on-demand during the course of the day? |  |  |  | Click here to enter text. |
| Can reports be set up to run automatically as well as routed to a specific person with- in the office? |  |  |  | Click here to enter text. |
| Does the product have the ability to produce Productivity Reports? |  |  |  | Click here to enter text. | |

| 12. Data Migration | Yes, Included | Yes,  Addtl.  Cost | | No | | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- | --- |
| Do you have an established methodology for data migration projects? |  |  |  | | Click here to enter text. | |
| What will be migrated? |  |  |  | | List | |
| What data will not be migrated? |  |  |  | | List | |
| Do you allow for additional custom data migration? |  |  |  | | Click here to enter text. | |
| Is there additional cost for data migration? |  |  |  | | Click here to enter text. | |
| Do you have a limit to the number of times data can be refreshed during the project? |  |  |  | | Click here to enter text. | |

# 13. Proposed Pricing

ACCESS is seeking pricing for a new EHR system. Please provide pricing based upon a typical installation. Any additional details regarding costs that may be helpful in our analysis should be included as well.

**Pricing Assumptions**

* Total number of named users: 115
* Estimated number of concurrent users: 75
* Number of Prescribers: 7
* Required interfaces/integration:

Please use the following template, if possible, or attach a pricing proposal that includes answers to each of the questions below***.***

| 13. Proposed Pricing | Yes, Included | Yes,  Addtl.  Cost | | No | | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- | --- |
| One time fees |  |  | | |  | |
| One time implementation fees: |  |  |  | | Click here to enter text. | |
| Training fees: |  |  |  | | Click here to enter text. | |
| Consulting fees: |  |  |  | | Click here to enter text. | |
| Initial year costs (include all fees for license, use, access, etc.) |  |  | | |  | |
| For x users: |  |  |  | | Click here to enter text. | |
| For each additional user: |  |  |  | | Click here to enter text. | |
| Please provide the pricing algorithm used to calculate this cost. |  |  |  | | Click here to enter text. | |
| Do you charge for support? Please detail. |  |  |  | | Click here to enter text. | |
| Ongoing annual costs (include all fees for maintenance, support, use, access, etc.) |  |  | | |  | |
| For x users: |  |  |  | | Click here to enter text. | |
| For each additional user: |  |  |  | | Click here to enter text. | |
| Please provide the pricing algorithm used to calculate this cost. Also, please provide your policy regarding price increases. |  |  |  | | Click here to enter text. | |
| Is there an ongoing charge for Support? Please detail. |  |  |  | | Click here to enter text. | |
| Is there a charge for maintenance and bugs? Please detail. |  |  |  | | Click here to enter text. | |
| Is there a charge for State/Federal requirements? Please detail. |  |  |  | | Click here to enter text. | |
| Is there a charge for out of scope request? Please detail. |  |  |  | | Click here to enter text. | |
| Is there a charge for delays or extended timetables? Please detail. |  |  |  | | Click here to enter text. | |
| Five (5) year cost of ownership |  |  | | |  | |
| Please indicate the estimated TCO ("total cost of ownership") for the product over a 5-year period. |  |  |  | | Click here to enter text. | |
| Training fees. Please detail. |  |  |  | | Click here to enter text. | |

|  |  |
| --- | --- |
| 14. Customer References | |
| Name | Contact Name/Phone Number/Email Address |
| 1)Click here to enter text. | Click here to enter text. |
| 2)Click here to enter text. | Click here to enter text. |
| 3)Click here to enter text. | Click here to enter text. |