

1 RFP

REQUEST FOR PROPOSAL: Electronic Medical Record ("EMR")

2/28/2022



Community Bridges, Inc. (CBI)
1855 W. Baseline Rd. Suite 101
Mesa, AZ 85202
Phone: (480) 481-7566
Fax: (480) 831-7563

Community Bridges Inc.

Request for Proposal

7/16/2021

To Whom It May Concern:

About Community Bridges, Inc.

Community Bridges, Inc. (CBI) is a non-profit agency that provides integrated care across the state of Arizona. CBI’s mission is to maintain the dignity of human life and CBI’s purpose it to be an agent of positive change in our communities. Since 1982, CBI has lived this mission and purpose and have grown from a single alcohol reception center in Mesa, Arizona to having a full continuum of services including outreach for individuals experiencing homelessness, patient centered medical homes, medication assisted treatment, opioid treatment programs (OTP), mobile crisis services, 23-hour crisis observation units, subacute inpatient units (both psychiatric and medical detox), and behavioral health residential facilities. We have specialty programs for individuals with Serious Mental Illness, including Assertive Community Treatment (ACT) and Forensic ACT teams, specialty programs for women and children, veterans, and adolescents. Our primary market is Medicaid (operated by the Arizona Health Care Cost Containment System, or AHCCCS) with growth in the other governmental agencies, commercial and Medicare markets. AHCCCS also provides multiple funding streams for behavioral health (BH) and substance use disorder (SUD) services including federal block grant funds and state only non-Medicaid funds. AHCCCS divides the state into 3 primary geographic service areas (GSAs) – Northern, Central, and Southern. CBI operates programs in all 3 GSAs and provides services to children, adolescents, and adults. In addition, CBI provides community outreach programs through grants. Little Colorado Behavioral Health Centers is a subsidiary of CBI that includes two behavioral health outpatient locations in Northern Arizona. LCBH provides BH and SUD services to children, adolescents and adults. Our goal through the RFP is to identify an EMR vendor that can support CBIs various lines of business and more importantly support CBI’s goal of providing quality care to the individuals we serve through the continuum of care.

CBI Locations and Programs:

Northern AZ: Mobile Crisis, Residential (3 locations), Outpatient (5 locations), Opioid Treatment Program (OTP) (1 location)

Central AZ (includes Maricopa County): Outreach, Patient Centered Medical Home (PCMH) (3 locations), OTP (1 locations), 23-hour crisis observation (4 locations) Residential (1 location), Inpatient (6 locations)

Southern AZ: Outreach, Mobile crisis, PCMH (1 Location), 23-hour crisis observation (1 location), Residential (5 locations), Inpatient (1 location)

| Total Clients Served Annually | Total Staff |
|-------------------------------|-------------|
| 106,688 | 1,500 |

To meet the deadline for the initial approval, **all responses to this RFP must be received electronically by 5:00 PM (AZ) on 8/6/2021 (Extended to 8/13/2021) to RFP@cbridges.com**. All vendors intending to submit a response are requested to submit a letter of intent along with any questions they may have **by 5:00 PM (AZ) on 7/20/2021 (Extended to 7/23/2021)**. All questions from all vendors will be consolidated and answered in writing and posted on the CBI website **by 5:00 PM (AZ) on 7/27/2021**. Vendors will review the information posted and communicate any requested changes or updates in writing. Questions and completed responses should be sent to:

Email Address: RFP@cbridges.com, Attn: Brenda Benage, Chief Business Officer, Community Bridges, Inc.

Terms and Instructions:

| Timeline | |
|---------------------------|----------------------------------|
| Process | Deadline |
| Issue RFP | 7/16/2021 |
| Intent to Respond Due | 7/20/2021 ; 7/23/2021 |
| Written Questions Due | 7/20/2021 ; 7/23/2021 |
| Responses Posted | 7/27/2021 |
| RFP Responses Due | 8/6/2021 ; 8/13/2021 |
| Vendor of Choice Selected | 9/17/2021 ; 3/31/2022 |

Letter of Intent to Respond

Community Bridges, Inc. (CBI) asks that all vendors email a letter of intent declaring their intention to respond to this RFP by the given deadline. The e-mail should be sent to RFP@cbridges.com and received no later than 7/20/2021. Please include the words "**RFP: Intent to Respond**" in the subject line.

Deadline for Response

Interested vendors must submit an electronic copy of their proposed solution to RFP@cbridges.com, Attn: **Brenda Benage, Chief Business Officer** no later than **5:00 PM AZ on 8/6/2021 (Extended to 8/13/2021)**. Submissions will be confirmed by reply email. Late proposals will not be evaluated.

Submission Process and Requirements

Responses shall be submitted in PDF format and sent using electronic mail. Send your response to: RFP@cbridges.com by the date and time specified above. Receipt will be acknowledged via email. Please include the words "**RFP: Vendor Response**" in the subject line.

Vendors should organize their proposals as defined below to ensure consistency and to facilitate the evaluation of all responses. All the sections listed below must be included in the proposal, in the order presented, with the Section Number listed. The responses shall be submitted in the following format:

- **Section 1.0** – Executive Summary (provide a concise summary of the products and services proposed)
- **Section 1.1** – Vendor Profile and References (provide answers using the template and instructions below)
- **Section 1.2** – Product Specifications (provide answers using the template and instructions below)
- **Section 1.3** – Implementation Plan (provide a high-level implementation plan with estimated timeline)
- **Section 1.4** – Security and Technology (provide a list of hardware requirements and configuration options [client/server, SaaS, etc.]

- **Section 1.5** – Additional Specification (provide answers using the template and instructions below)
- **Section 1.6** – Specialty Specific Requirements (provide answers using the template and instructions below)
- **Section 1.7** – Patient Scenarios (provide answers using the template and instructions below)
- **Section 1.8** – Cost Estimate (provide answers using the template and instructions below)

General Conditions

Community Bridges, Inc. is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by Community Bridges, Inc. to award any contract.

The Community Bridges, Inc. is not responsible for any costs incurred by any vendor or their partners in the RFP response preparation or presentation.

Information submitted in response to this RFP will become the property of Community Bridges, Inc.

All responses will be kept private from other vendors.

Community Bridges, Inc. reserves the right to modify this RFP at any time and reserves the right to reject any and all responses to this RFP, in whole or in part, at any time.

This RFP and all associated documents, including but not limited to: amendments, written answers to questions, updates are located on the CBI website. It is the vendor’s responsibility to monitor the CBI website for any updates, amendments, or changes to this RFP.

Final Selection

To be considered a qualified Respondent, vendor must respond to all requirements in the RFP. In addition, the following criteria will be numerically weighted and scored as part of the evaluation:

| Criteria | Performance Weight | Points |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|
| 1. Content and functionality (including reporting); – Respondent’s ability to provide a level of service sufficient to meet CBI’s needs, as stated in response to the Scope of Services and individual Demonstrations. | 40% | 40 points |
| 2. Cost/Pricing | 20% | 20 points |
| 3. References – Extent and success of previous work Respondent has provided to organizations similar in nature and size to CBI, as determined by CBI contact with listed references | 10% | 10 points |
| 4. Security and Technology | 10% | 10 points |
| 5. Implementation | 10% | 10 points |
| 6. Customer Service Approach | 10% | 10 points |

1.1 VENDOR PROFILE AND REFERENCES

Using the template below, please provide the requested information on your organization. Please also include a list of three (3) verifiable references, all of whom can comment on relevant experience. Each should have a working relationship of 3+ years. References similar to Community Bridges Inc. (CBI) in size and nature are preferred. Include group name, contact name and a telephone number and e-mail for each reference. 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. |
| Main 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. |
| References | |
| List of three (3) verifiable references, all of whom can comment on relevant experience. <ul style="list-style-type: none"> - Each should have a working relationship of 3+ years. - References similar to Community Bridges Inc. (CBI) in size and nature are preferred. - Include group name, contact name and a telephone number and e-mail for each reference. | Click here to enter text. |
| | |
| Market Data | |
| Number of years as EHR vendor | Click here to enter text. |
| Number of live sites | Click here to enter text. |
| Breakdown of sites by provider # (1-5, 6-9, >10) | Click here to enter text. |

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| Number of new EHR installations over the last 3 years? | Click here to enter text. |
| What is the percentage of vendor-provided installs vs. outsourced to 3rd party companies? | Click here to enter text. |
| Breakdown of sites by specialty | Click here to enter text. |
| Size of existing user base | Click here to enter text. |
| Does the product have a State of Arizona presence? If so, # of install sites by specialty and size; list of Arizona customers reference by sites. | 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 sites in 3 years that did not get installed four (4) 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 for the years 2019, 2020, and 2021? | 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. |

1.2 PRODUCT SPECIFICATIONS

| 1. Product Information | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1.1 Product name and version# | Click here to enter text. |
| 1.2 When is your next version release? | Click here to enter text. |
| 1.3 Is it a Client Server, ASP or hosted model? | Click here to enter text. |
| 1.4 Does the product include a patient portal | Click here to enter text. |
| 1.5 Disclosure of product acquisition from another company | Click here to enter text. |
| <ul style="list-style-type: none"> - If yes, when, name of company and year of acquisition | Click here to enter text. |
| <ul style="list-style-type: none"> - Identification if product is comprehensive or modular | Click here to enter text. |
| <ul style="list-style-type: none"> o If modular, what are the core product elements and dependencies for each. Provide technical specifications and requirements for use | Click here to enter text. |
| 2. Reporting Capabilities | |
| 2.1 Ability to customize reports | Click here to enter text. |
| 2.2 Provide a list of reports available with product at sale | Click here to enter text. |
| 2.3 If a report information be exported to CSV or comma text delimited format | Click here to enter text. |
| 2.4 The underlying reporting platform (Webi, Cognos, etc.) | Click here to enter text. |
| 2.5 If data schema changes allowed (if its cloud based, elaborate) | Click here to enter text. |
| 3. Licensure and Configuration | |
| 3.1 How is the product licensed? | Click here to enter text. |
| 3.2 Are licenses purchased per user? | Click here to enter text. |
| 3.3 Define 'user' if it relates to the licensing model (i.e., FTE MD, all clinical staff, etc.). | Click here to enter text. |
| 3.4 How does the system licensing account for residents, part time clinicians, and midlevel providers? | Click here to enter text. |
| 3.5 Can user licenses be reassigned when a workforce member leaves? | Click here to enter text. |
| 3.6 If licensing is determined per workstation, do handheld devices count towards this licensing? | Click here to enter text. |
| 3.7 Is system access based on individual licensing, concurrent, or both? | Click here to enter text. |
| 3.8 What does each license provide? | Click here to enter text. |
| 3.9 For modular systems, does each module require a unique license? | Click here to enter text. |

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| <p>3.10 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)?</p> | <p>Click here to enter text.</p> |
| <p>4. Product Content</p> | |
| <p>4.1 Confirm content exists for the following:</p> | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Inpatient psychiatric | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Inpatient detoxification | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Behavioral health residential | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Behavioral health 23-hour crisis observation/stabilization | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Bed Boards | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Medication administration/reconciliation | <p>Click here to enter text.</p> |
| <p>4.2 Patient Centered Medical Homes</p> | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Physical Health | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Psychiatric care | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Addiction treatment (e.g. MAT) | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Opioid Treatment Programs (e.g. methadone) | <p>Click here to enter text.</p> |
| <p>4.3 If content doesn't exist for any of the above areas, please describe how the vendor will meet the documentation, billing, and reporting needs for CBI.</p> | <p>Click here to enter text.</p> |
| <p>4.4 ASAM, LOCUS and CALOCUS integration: describe how to access and how assessments are integrated into the product</p> | <p>Click here to enter text.</p> |
| <p>4.5 Describe ability to customize forms and create forms including impact on customized reporting</p> | <p>Click here to enter text.</p> |
| <p>4.6 Describe efficiencies and data integration across fields allowing for points of information to be in synch across forms and programs.</p> | <p>Click here to enter text.</p> |

| 5. Product Functionality | |
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| 5.1 Describe systems ability to capture patient eligibility data, maintain eligibility segments and historical payor data | Click here to enter text. |
| 5.2 Describe ability to assign proper payor to patient to a claim based on eligibility segments for complex billing rules (e.g. 1 st 24 hours billed to one payer and 2 nd 24 hours billed to another payer | Click here to enter text. |
| 5.3 Describe ability to load value-based contracts | Click here to enter text. |
| 5.4 Describe the system's ability to manage complex rate structures | Click here to enter text. |
| 5.5 Describe the system's ability to manage case management services as well as other roll up services for billing and posting payments | Click here to enter text. |
| 5.6 Describe systems ability to export/import 837/835 files | Click here to enter text. |
| 5.7 Describe systems ability to export/import 270/271 files | Click here to enter text. |
| 5.8 Are the canned reports to include contract values as well as billed charges? | Click here to enter text. |
| 5.9 Describe product ability to assign and monitor caseloads by discipline and team | Click here to enter text. |
| 5.10 Describe tasking functionality: how tasks are assigned, reporting availability for tasking, who can see tasks and the ability to assign delegates to tasking | Click here to enter text. |
| 5.11 Describe scheduling functions and associated reports | Click here to enter text. |
| 5.12 Describe functionality allowing for patients to move through various programs and levels of care, maintaining integrity of treating diagnosis (may be different in programs – needs to be associated with proper billing) | Click here to enter text. |
| 5.13 Describe products medication inventory tracking and functionality | Click here to enter text. |
| 5.14 Describe the medical record export function – both CCDAs and entire medical record | Click here to enter text. |
| 5.15 Describe authorization functionality to include tracking across patient episode of care and ability to perform concurrent review | Click here to enter text. |
| 5.16 Describe the products ability to create notifications of admissions to payers and ability to generate authorization packet that can be exported to payers | Click here to enter text. |
| 5.17 What options exist when internet is not available in rural/remote areas | Click here to enter text. |

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| <p>5.18 Describe products ability to be configured for multiple lines of business (e.g. tax id's) and any impact on pricing.</p> | <p>Click here to enter text.</p> |
| <p>5.19 Describe the telehealth functionality in the product – include if it is a platform integrated into the product or an add on product through a 3rd party vendor.</p> | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Does the telehealth platform integrate with the scheduling system? | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Does the telehealth platform allow for group counseling visits (up to 17 people in the same session)? If not, what is the maximum number of simultaneous participants? | <p>Click here to enter text.</p> |
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| <p>6. APIs and Equipment Interface</p> | |
| <p>6.1 Please explain:</p> | |
| <ul style="list-style-type: none"> - Ability to integrate with 3rd party products | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Ability to use Single Sign On (SSO) authentication | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Ability to interface with vitals machines, EKG and signature pads | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Describe compatibility with tablets, smart phones and wearables | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Describe how the product can interface with the state's HIE. If there are associated costs: including in pricing section | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Describe how the product can interface with Apriss, CDPMP and other states' prescription monitoring programs. | <p>Click here to enter text.</p> |
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| <p>7. Product Enhancements</p> | |
| <p>7.1 Please explain:</p> | |
| <ul style="list-style-type: none"> - Frequency of Vendor enhancements | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - How are client's notified of enhancements/upgrades | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Will customer be able to test product prior to upgrade acceptance? | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - If the customer wants to add an enhancement, describe the process (including timeframes) and pricing | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Will customer requested enhancements be shared with other customers? | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Will customer be required to take enhancements not needed or detrimental to business workflow and use? | <p>Click here to enter text.</p> |

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| <ul style="list-style-type: none"> - Will training be provided on product upgrades or enhancement by Vendor? | Click here to enter text. |
| 8. Contract Terms and Vendor Guarantees | |
| 8.1 Will customer be able to perform testing and confirmation of product readiness prior to Go Live? | Click here to enter text. |
| 8.2 Will Vendor conduct a post Go Live assessment? | Click here to enter text. |
| 8.3 Describe Vendor obligation for problem resolution not met in certain timeline | Click here to enter text. |
| 8.4 Describe Vendor obligation for upgrades/enhancements that cause system issues | Click here to enter text. |
| 8.5 Describe Vendor obligation for poorly conducted training or delivery of inadequate materials | Click here to enter text. |
| 8.6 Describe Vendor obligations of implementation timeline not met due to vendor issues | Click here to enter text. |
| 8.7 Describe Vendor obligations for product functionality that does not exist at time of implementation | Click here to enter text. |
| 8.8 Describe Vendor obligation for regulatory compliance (e.g. federal, state) | Click here to enter text. |
| 8.9 Describe the process to be followed when "sunsetting" this product | Click here to enter text. |
| 9. Customer Service and Adaptability | |
| 9.1 Describe Vendor approach to customer service from implementation, go-live, and post go-live to include | Click here to enter text. |
| <ul style="list-style-type: none"> - Service levels | Click here to enter text. |
| <ul style="list-style-type: none"> - Client engagement | Click here to enter text. |
| <ul style="list-style-type: none"> - Adaptability to meet client unique needs | Click here to enter text. |
| <ul style="list-style-type: none"> - Investment in understanding client's lines of business and EMR needs | Click here to enter text. |
| 10. ONC-ATCB Certification | |
| 10.1 Is the product ONC-ATCB certified? | Click here to enter text. |
| 10.2 Version and Year of Certification | Click here to enter text. |
| 10.3 Certified as Comprehensive or Modular? | Click here to enter text. |
| 10.4 Please describe the product compliance for the 21 st Century Cures Act | Click here to enter text. |
| 11. Meaningful Use | |

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| 11.1 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. |
| 11.2 Do you have a guarantee the product will meet the current standards and future standards? | Click here to enter text. |
| 12. Additional Information | |
| 12.1 Timeframe to receive demonstration of product | Click here to enter text. |
| 12.2 Is a demo copy available prior to purchasing? | Click here to enter text. |
| 12.3 Onsite implementation or remote? | Click here to enter text. |
| 12.4 Training sites | Click here to enter text. |
| 12.5 Training options (train-the-trainer, # hours all staff) | Click here to enter text. |
| 12.6 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. |
| 12.7 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. |
| 12.8 Does your company use resellers to distribute your product(s)? | Click here to enter text. |
| 12.9 If yes, please answer the following: <ul style="list-style-type: none"> o What is your reseller structure? o Who are your resellers who are authorized to sell within Arizona? If no, please answer the following: <ul style="list-style-type: none"> o What is your distribution and sales structure? | Click here to enter text. |
| 12.10 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. |

1.3 IMPLEMENTATION PLAN

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|-----------------------------------------------------------------------------------------|---------------------------|
| 1. Implementation | |
| 1.1 Provide an overview of the Implementation process | Click here to enter text. |
| 1.2 Does Vendor perform workflow assessment and will resulting documentation be shared? | Click here to enter text. |

| 2. Training/Testing | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 2.1 Describe how non-Production environments are stood up and maintained | Click here to enter text. |
| 2.2 Will a non-Production environment be used for testing and training? | Click here to enter text. |
| 2.3 Describe the learning programs and any associated certifications specific to the product. | Click here to enter text. |
| 2.4 What types of on-line training is available: videos, webbased training, live facilitation? | Click here to enter text. |
| 2.5 What type of training documents will be provided at implementation and on-going? – Include the number of days for training. | Click here to enter text. |
| 2.6 Will Super Users be trained by Vendor at implementation and on-going? | Click here to enter text. |
| 2.7 Are implementation training costs identified in contract v. on-going training? | Click here to enter text. |
| 2.8 Will Vendor provide readiness assessment documents prior to Go Live? | Click here to enter text. |
| 2.9 Describe Vendor availability during Go Live period and their role | Click here to enter text. |
| 3. Vendor Support | |
| 3.1 What is the period of time post Go Live to becoming Support status? | Click here to enter text. |
| 3.2 Will Vendor conduct a post Go Live assessment? | Click here to enter text. |
| 3.3 Describe customer service approach associated with proactive engagement. | Click here to enter text. |
| 3.4 Provide a detailed list of each with standard SLA for each support program | Click here to enter text. |
| 3.5 Provide support structure (tiered, 1 point of contact, etc.) and the recommended number of staff needed by CBI to support the product | Click here to enter text. |
| 3.6 Provide statistics: Number of calls/tickets to % of resolution and time associated | Click here to enter text. |
| 3.7 Provide response and closure times based on severity of issue | Click here to enter text. |
| 3.8 What is the escalation process? | Click here to enter text. |
| 3.9 When is support available: times, method of contact, after-hours protocols? | Click here to enter text. |
| 3.10 What is additional fee-based services for support? | Click here to enter text. |
| 3.11 Is there a user forum for peer support: describe? | Click here to enter text. |
| 4. Ownership | |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <p>4.1 Describe if it is defined by:</p> <ul style="list-style-type: none"> - Data - Software - Enhancements/Customization paid by Customer | <p>Click here to enter text.</p> <p>Click here to enter text.</p> <p>Click here to enter text.</p> |
| <p>5. Vendor Responsibility</p> | |
| <p>5.1 Problem resolution is not met by a certain time based on severity level of the problem or issue?</p> | <p>Click here to enter text.</p> |
| <p>5.2 Upgrades cause problems (causes meaningful use criteria to no longer be met or critical workflows to break)?</p> | <p>Click here to enter text.</p> |
| <p>5.3 Training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables?</p> | <p>Click here to enter text.</p> |
| <p>5.4 Implementation is not completed by vendor in the agreed upon timeframe due to issues related to the vendor (staffing conflicts, software problems, etc.)?</p> | <p>Click here to enter text.</p> |
| <p>5.5 Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software?</p> | <p>Click here to enter text.</p> |
| <p>5.6 Promised product functionality does not exist at time of Implementation?</p> | <p>Click here to enter text.</p> |
| <p>5.7 Data is corrupted during the course of normal use and operation of the product?</p> | <p>Click here to enter text.</p> |
| <p>5.8 SLAs are not met?</p> | <p>Click here to enter text.</p> |

1.4 SECURITY AND TECHNOLOGY

| 1. Security and Security Features | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1.1 Describe how the product meets all HIPAA, HITECH, and other security requirements. | Click here to enter text. |
| 1.2 Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings? | Click here to enter text. |
| 1.3 Does the product provide different levels of security based on type of patient (Employee vs. VIP)? | Click here to enter text. |
| 1.4 Describe the audit process within the product. | Click here to enter text. |
| 1.5 List the security reports the product provides at Go-Live to meet all auditing and HIPAA reporting needs. | Click here to enter text. |
| 1.6 Describe any remote tools you offer the provider to access patient data (e.g. iPhone) and how these devices/data may be secured if the provider loses their device or a breach is suspected. | Click here to enter text. |
| 1.7 Describe the product's ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected. | Click here to enter text. |
| 1.8 Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc.). | Click here to enter text. |
| 1.9 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. |
| 1.10 Describe the product's ability to lock down a patient chart to a select group of users as well as locking out staff from a chart to protect PHI. | Click here to enter text. |
| 2. Data Protection | |
| 2.1 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. |
| 2.2 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. |
| 3. Infrastructure and Technology – Client/Server Model | |
| If product is a client/server model, please respond to questions below: | |
| 3.1 Does your product support Secure LDAP integration with O365? | Click here to enter text. |

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| 3.2 Does your product support SSO? | Click here to enter text. |
| 3.3 What type of hardware is required? | Click here to enter text. |
| 3.4 What are the recommended workstation requirements? | Click here to enter text. |
| 3.5 What are the recommended server specifications? | Click here to enter text. |
| 3.6 Recommended Manufacturer/Model? | Click here to enter text. |
| 3.7 How many servers and server roles? | Click here to enter text. |
| <ul style="list-style-type: none"> • Application Server | Click here to enter text. |
| <ul style="list-style-type: none"> • Web Server <ul style="list-style-type: none"> – IIS (version) – Apache (version) | Click here to enter text. |
| <ul style="list-style-type: none"> • Other | Click here to enter text. |
| <ul style="list-style-type: none"> • Database Server | Click here to enter text. |
| <ul style="list-style-type: none"> • MS SQL (version) | Click here to enter text. |
| <ul style="list-style-type: none"> • Oracle (version) | Click here to enter text. |
| <ul style="list-style-type: none"> • Other | Click here to enter text. |
| <ul style="list-style-type: none"> • HL7 Interface System | Click here to enter text. |
| <ul style="list-style-type: none"> • Test Server | Click here to enter text. |
| <ul style="list-style-type: none"> • E-mail Server | Click here to enter text. |
| <ul style="list-style-type: none"> • Others (Fax, Print, Dictation, etc.) | Click here to enter text. |
| <ul style="list-style-type: none"> • Operating system (Windows, Unix/Linux, Other) | Click here to enter text. |
| <ul style="list-style-type: none"> • Processor (number of processors and processor speed)? | Click here to enter text. |
| <ul style="list-style-type: none"> • Memory/RAM requirements? | Click here to enter text. |
| <ul style="list-style-type: none"> • Storage Space Requirements? | Click here to enter text. |
| <ul style="list-style-type: none"> • SANs Connectivity (Yes/No) | Click here to enter text. |
| <ul style="list-style-type: none"> – If yes, SANs requirements? | Click here to enter text. |
| <ul style="list-style-type: none"> • Network Card Speeds | Click here to enter text. |
| 3.8 Dual NICs required? | Click here to enter text. |
| 3.9 Other Components Required? | Click here to enter text. |
| 3.10 What other applications are required for server? | Click here to enter text. |
| <ul style="list-style-type: none"> • Server Management Tools | Click here to enter text. |
| <ul style="list-style-type: none"> • Bandwidth Monitors | Click here to enter text. |
| <ul style="list-style-type: none"> • Database Management Suite | Click here to enter text. |
| 3.11 Can systems be virtualized? | Click here to enter text. |
| <ul style="list-style-type: none"> – Will the product run on virtualized servers? | Click here to enter text. |

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| <ul style="list-style-type: none"> - If yes, what virtualization and remote access software is required on server? | Click here to enter text. |
| <ul style="list-style-type: none"> • Citrix | Click here to enter text. |
| <ul style="list-style-type: none"> • BMC | Click here to enter text. |
| <ul style="list-style-type: none"> • Other | Click here to enter text. |
| <ul style="list-style-type: none"> - If no, are you moving toward certifying virtualized environments? | Click here to enter text. |
| <p>3.12 Are we required to purchase hardware from your company?</p> | Click here to enter text. |
| <p>3.13 Do you have a recommended vendor with discount pricing to purchase equipment?</p> | Click here to enter text. |
| <p>3.14 What type of support is available if equipment purchased from your company?</p> | Click here to enter text. |
| <p>3.15 What are the recommended printer manufacturers/models?</p> | Click here to enter text. |
| <ul style="list-style-type: none"> - What type(s) of printers are recommended? (Laser, Inkjet, Thermal) | Click here to enter text. |
| <p>3.16 What are the recommended scanner manufacturers/models?</p> | Click here to enter text. |
| <p>3.17 Do you require Internet access for your product?</p> | Click here to enter text. |
| <ul style="list-style-type: none"> - For remote connection/maintenance? | Click here to enter text. |
| <ul style="list-style-type: none"> - 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. |
| <ul style="list-style-type: none"> - Remote Support? | Click here to enter text. |
| <ul style="list-style-type: none"> - 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. |
| <ul style="list-style-type: none"> - Access System/Application Remotely? | Click here to enter text. |
| <ul style="list-style-type: none"> - 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. |
| <p>3.18 What are the minimum network infrastructure requirements?</p> | Click here to enter text. |
| <ul style="list-style-type: none"> - Firewall/VPN Appliance? | Click here to enter text. |
| <ul style="list-style-type: none"> - Switches/Routers | Click here to enter text. |
| <ul style="list-style-type: none"> - Other Devices | Click here to enter text. |
| <p>3.19 Will your product operate on Windows Terminal Services or Citrix?</p> | Click here to enter text. |
| <ul style="list-style-type: none"> - If no, are there plans to certify in these environments? | Click here to enter text. |

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| 3.20 What are the backup requirements? | Click here to enter text. |
| Do you require a separate server for backup services? (Tape, SANs) | Click here to enter text. |
| 3.21 Are 3rd party backup solutions supported? | Click here to enter text. |
| 3.22 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. |
| 3.23 Can data be exported? | Click here to enter text. |
| - What format? (CSV, Text/Comma delimited, Other) | Click here to enter text. |
| 3.24 Does product allow for ad hoc reporting against the database by customer using standard reporting software (Crystal Reports) or standard database queries? | Click here to enter text. |

4. Infrastructure and Technology – ASP Model

If product is an ASP model, please respond to questions below:

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| 4.1 Do you provide ASP solutions or require 3rd party vendor participation? | Click here to enter text. |
| 4.2 What is the 3rd party vendor’s involvement? | Click here to enter text. |
| 4.3 How are support issues handled? | Click here to enter text. |
| 4.4 Does the ASP model 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? | Click here to enter text. |
| - <25 concurrent users | |
| - >25 concurrent users | |
| • 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 | Click here to enter text. |
| - If fax from server, what fax cards are supported? | |
| - Is separate fax software needed? | |

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| <p>4.5 Is virtualization supported or required (VMWare, XenApp, etc.)?</p> | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - If so, on which servers and in what configuration? | <p>Click here to enter text.</p> |
| <p>4.6 Are Citrix and/or Terminal Services supported?</p> | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - If so, are there any application modules not supported or recommended for use in a virtualized environment? | <p>Click here to enter text.</p> |
| <p>4.7 Does your product require or recommend a firewall?</p> | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - If yes, what is the recommended manufacturer/model? | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - Do you recommend VPN access? | <p>Click here to enter text.</p> |
| <p>4.8 Do you provide all CALs (client access licenses) for database and system access or does the customer purchase these?</p> | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - If customer must purchase, how many need to be purchased based on expected number of users on the product? | <p>Click here to enter text.</p> |
| <p>4.9 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).</p> | <p>Click here to enter text.</p> |
| <p>4.10 devices: a product support any of the following</p> <ul style="list-style-type: none"> - - USB devices - Scanners (manufacturer/model) - Flatbed - Handheld (i.e., Barcode, PDA, BlackBerry Devices, etc.) - Card Readers (i.e. smart card, security - Other Input Devices | <p>Click here to enter text.</p> |
| <p>4.11 What are the bandwidth requirements per user?</p> | <p>Click here to enter text.</p> |
| <p>4.12 What are the workstation requirements?</p> | <p>Click here to enter text.</p> |
| <p>4.13 Manufacturer/Model –</p> <ul style="list-style-type: none"> Processor - Storage - Memory - Operating System | <p>Click here to enter text.</p> |
| <p>4.14 Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)?</p> | <p>Click here to enter text.</p> |

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| <p>4.15 installed applications are supported and/or need to be on the workstation?</p> <ul style="list-style-type: none"> - 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 | <p>Click here to enter text.</p> |
| <p>4.16 Require ODBC driver or SQL application on workstations?</p> | <p>Click here to enter text.</p> |
| <p>4.17 Any other applications required?</p> | <p>Click here to enter text.</p> |
| <p>4.18 Can the product be securely accessed from any location with an Internet/broadband connection?</p> | <p>Click here to enter text.</p> |
| <p>4.19 How is data saved at the ASP location?</p> | <p>Click here to enter text.</p> |
| <p>4.20 How often is routine maintenance performed on remote system?</p> <ul style="list-style-type: none"> - Backups? - Updates? - Performance Monitoring and Enhancements | <p>Click here to enter text.</p> |
| <p>4.21 Since we would be dependent on Internet connection, what is our strategy if the Internet connection goes down and cannot use your system?</p> | <p>Click here to enter text.</p> |
| <p>4.22 How will the customer be able to download and distribute the patient's health record to meet meaningful use?</p> | <p>Click here to enter text.</p> |
| <p>4.23 How will the customer be able to upload patient-provided records (either paper or electronic format (radiology, medical records, lab data, etc.))?</p> | <p>Click here to enter text.</p> |

5. Infrastructure and Technology – SaaS Model

If product is a SaaS model, please respond to questions below:

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| <p>5.1 Does your product support Multi-Factor Authentication? If so, which vendors are compatible?</p> | <p>Click here to enter text.</p> |
| <p>5.2 Does your product support Secure LDAP integration with O365?</p> | <p>Click here to enter text.</p> |
| <p>5.3 Does your product support SSO?</p> | <p>Click here to enter text.</p> |
| <p>5.4 Do you provide direct SaaS solutions or require 3rd party vendor participation?</p> | <p>Click here to enter text.</p> |
| <p>5.5 How are support issues handled?</p> | <p>Click here to enter text.</p> |
| <p>5.6 Does a 3rd party vendor host any part of your product and/or data?</p> | <p>Click here to enter text.</p> |
| <p>5.7 Does your product require or recommend a firewall on the client side?</p> | <p>Click here to enter text.</p> |

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| <ul style="list-style-type: none"> - If yes, what is the recommended manufacturer/model? | <p>Click here to enter text.</p> |
| <p>5.8 Can the product be securely accessed from any location with an Internet/broadband connection?</p> | <p>Click here to enter text.</p> |
| <ul style="list-style-type: none"> - What are the security requirements for remote users (non-office users)? | <p>Click here to enter text.</p> |
| <p>5.9 What are the minimum bandwidth requirements?</p> | <p>Click here to enter text.</p> |
| <p>5.10 List all security enhancements which must be accommodated on client workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc.).</p> | <p>Click here to enter text.</p> |
| <p>5.11 devices: a product support any of the following</p> <ul style="list-style-type: none"> - - USB Devices - Scanners (Manufacturer/Model) - Flatbed - Handheld (i.e., Barcode, PDA, BlackBerry - Devices, etc.) - Card Readers (i.e., Smart Card, Security) - Other Input Devices | <p>Click here to enter text.</p> |
| <p>5.12 What are the workstation requirements?</p> | <p>Click here to enter text.</p> |
| <p>5.13 Manufacturer/Model -</p> <ul style="list-style-type: none"> - Processor - Storage - Memory - Operating System | <p>Click here to enter text.</p> |
| <p>5.14 Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)?</p> | <p>Click here to enter text.</p> |
| <p>5.15 What applications are supported and/or need to installed be</p> <ul style="list-style-type: none"> - on the workstations? - 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 | <p>Click here to enter text.</p> |
| <p>5.16 Require ODBC driver or SQL application on workstations?</p> | <p>Click here to enter text.</p> |

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| 5.17 Any other applications required? | Click here to enter text. |
| 5.18 How is data saved and stored? | Click here to enter text. |
| 5.19 How will the customer be able to download and distribute the patient's health record to meet meaningful use? | Click here to enter text. |
| 5.20 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. |
| 5.21 Can information be exported to CD/DVD in CSV or comma text delimited format? | Click here to enter text. |
| 5.22 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. |
| 5.23 How often is routine maintenance performed on remote system? | Click here to enter text. |
| – Backups? | |
| – Updates? | |
| – Performance Monitoring and Enhancements | |
| 5.24 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. |
| 5.25 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. |
| 5.26 How is data gathered during Internet outages? | Click here to enter text. |
| 5.27 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. |
| 5.28 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. |
| 5.29 In the past two (2) years, how many outages have you experienced due to your own infrastructure problems? | Click here to enter text. |
| 5.30 Do you have redundant Internet providers? | Click here to enter text. |
| 5.31 Is there a patient portal? | Click here to enter text. |
| 5.32 Is there a test environment for the customer to use? | Click here to enter text. |
| 5.33 What are the network infrastructure requirements? | Click here to enter text. |
| 5.34 What are your security requirements and recommendations for client workstations? | Click here to enter text. |
| 5.35 Is your site secured with encryption and antivirus? | Click here to enter text. |

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| - 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. |

1.5 ADDITIONAL SPECIFICATIONS

When responding to each item in the specifications section, place an “X” under one of the following columns:

“**Yes, Included**” = the function is available in the system and it is part of the basic system

“**Yes, Additional Cost**” = the function is available but it requires system customization at an additional cost

“**No**” = the function is not available

Use the column labeled “**Comments / Clarifications**” to include additional information you wish to include as part of your response. This column can also be used to indicate if a function is not currently available but will be available in a future release by indicating the version number and approximate month/year when the function will be available (e.g. Version 8.2/August 2012). No comment or clarification should exceed half a page in length. Comments and Clarifications may be provided on a separate attachment.

| Specifications | Yes, Included | Yes, Addtl. Cost | No | Comments / Clarifications |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 1. General | | | | |
| 1.1 The system supports both a total paperless function and a hybrid function, where the contents of the electronic record can be printed for inclusion in the paper chart. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.2 The system includes automatic translation of codes to data. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.3 The system includes support and updates for the above vocabularies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.4 The system includes SNOMED CT as the integrated standard nomenclature of clinical terms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.5 The system includes LOINC codes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.6 The system includes ICD-10 | | | | |
| 1.7 Your company provides after-hours call center support for the system. | | | | |
| 2. Demographics / Care Management | | | | |
| 2.1 The system has the capability to record demographics including: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.2 Preferred language, insurance type, gender, race, ethnicity, and date of birth. | | | | |
| 2.3 The system supports the Continuity of Care Document Continuity of Care Record, HITSP standard. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

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| 2.4 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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3. Patient History

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| 3.1 The system has the capability to import patient health history data, including obstetrical history data, from an existing system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| Specifications | Yes, Included | Yes, Addtl. Cost | No | Comments / Clarifications |
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| 3.2 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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4. Current Health Data, Encounters, Health Risk Appraisal

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| 4.1 The system includes a combination of system default, provider customizable, and provider-defined and reusable templates for data capture. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| 4.2 The system obtains test results via standard HL7 interface from: laboratory. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| | | | | |
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| 4.2.1. The system obtains test results via standard HL7 interface from: radiology/ imaging. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| 4.2.2. The system obtains test results via standard HL7 interface from: other equipment such as Vitals, ECG, Holter, Glucometer. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| 4.3 The system has the capability to capture and monitor patient health risk factors in a standard format. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| 4.4 The system provides a flexible, user modifiable, search mechanism for retrieval of information captured during encounter documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| 4.5 The system provides a mechanism to capture, review, or amend history of current illness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| 4.6 The system enables the origination, documentation, and tracking of referrals between care providers or healthcare organizations, including clinical and administrative details of the referral. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| 4.7 The system tracks consultations and referrals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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5. Encounter – Progress Notes

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| 5.1 The system records progress notes utilizing a combination of system default, provider customizable, and provider-defined templates. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| 5.2 The system includes a progress note template that is problem oriented and can, at the user’s option be linked to either a diagnosis or problem number. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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6. Problem Lists

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| 6.1 The system creates and maintains patient-specific problem lists. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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| 6.2 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
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7. Clinical Practice Guidelines (CPG)

| Specifications | Yes, Included | Yes, Addtl. Cost | No | Comments / Clarifications |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 7.1 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 7.2 The system allows reporting and analysis of any / all components included in the CPG. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 7.3 Included in each CPG, the system has the capability to create, review, and update information about: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 7.3.1 The performance measures that will be used to monitor the attainment of objectives. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 7.3.2 The quantitative and qualitative data to be collected. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

| | | | | | |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 7.3.3 | Performance metrics: CPG shall allow for decision support based on standardized discrete data to be used to calculate clinical performance measures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 7.3.4 | Collection means and origin of data to be evaluated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 7.4 | 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

8. Care Plans

| | | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 8.1 | The system provides administrative tools for organizations to build care plans, guidelines, and protocols for use during patient care planning and care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 8.2 | The system generates and automatically records in the care plan document, patient-specific instructions related to pre- and post-procedural and postdischarge requirements. The instructions must be simple to access. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

9. Prevention

| | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 9.1 | 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 9.2 | The system includes user-modifiable health maintenance templates. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 9.3 | 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

10. Patient Education

| | | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 10.1 | 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|

| Specifications | Yes, Included | Yes, Addtl. Cost | No | Comments / Clarifications | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------|---------------------------|
| 10.2 | 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

11. Alerts / Reminders

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 11.1 The system includes user customizable alert screens / messages, enabling capture of alert details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 11.2 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 12. Orders | | | | |
| 12.1 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 12.2 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 13. Results | | | | |
| 13.1 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 13.1.1 Results can be easily viewed in a flow sheet as well as graph format. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 13.2 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. <u>Please attach list of currently available interfaces, if available</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 13.3 The system includes an intuitive, user customizable results entry screen linked to orders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 13.4 The system has the capability to evaluate results and notify the provider. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 13.5 The system allows timely notification of lab results to appropriate staff as well as easy routing and tracking of results. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 13.6 The system flags lab results that are abnormal or that have not been received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 14. Medication and Immunization Management | | | | |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 14.1 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|

| Specifications | Yes, Included | Yes, Addtl. Cost | No | Comments / Clarifications |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 14.2 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 14.3 The system supports multiple drug formularies and prescribing guidelines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 14.4 The system provides the capability for electronic transfer of prescription information to a patient or organization selected pharmacy for dispensing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

15. Confidentiality and Security

| | | | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 15.1 The system provides privacy and security components that follow national standards such as HIPAA. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 15.2 The system provides privacy and security components that follow Arizona state-specific laws and regulations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 15.3 The system hardware recommendations meet national security guidelines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 15.4 The system has hardware recommendations for disaster recovery and backup. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

16. Clinical Decision Support

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 16.1 The system offers prompts to support the adherence to care plans, guidelines, and protocols at the point of information capture. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 16.2 The system triggers alerts to providers when individual documented data indicates that critical interventions may be required. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

17. Reporting

| | | | | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 17.1 Are standard clinical reports built into the system for the user to query aggregate patient population numbers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 17.2 The system can generate lists of patients by specific conditions to use for quality improvement. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

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|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 17.3 The system has the capability to report ambulatory quality measures to CMS for PQRI. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 17.4 The system can generate patient reminder letters for preventive services or follow-up care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 17.5 The system supports disease management registries by: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 17.5.1 Allowing patient tracking and follow-up based on user defined diagnoses. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 17.5.2 Providing a longitudinal view of the patient medical history. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 17.5.3 Providing intuitive access to patient treatments and outcomes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 17.6 What reporting engine is utilized within the software? (ex. Crystal Reports, Excel, proprietary). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 17.6.1 If utilizing Crystal Reports do you provide a listing of all reportable data elements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 17.7 Does the end user have the ability to create custom reports? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 17.8 Can reports be run on-demand during the course of the day? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

| Specifications | Yes, Included | Yes, Addtl. Cost | No | Comments / Clarifications |
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|----------------|---------------|------------------|----|---------------------------|

| | | | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 17.9 Can reports be set up to run automatically as well as routed to a specific person within the office? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|

| 18. Meaningful Use |
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|--------------------|

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 18.1 The system has a bi-directional lab component. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 18.2 The system can check insurance eligibility electronically from public and private payers. List clearinghouses with which this functionality exists. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 18.3 The system can submit claims electronically to public and private payers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 18.4 The system can provide patients with timely electronic access to their health information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 18.5 The system can provide clinical summaries to patients for each visit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 18.6 The system can provide a summary care record for each transition of care and referral visit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 18.7 The system can exchange key clinical information among providers of care and patient authorized entities electronically. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

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| 18.8 The system can submit immunization data electronically to the Arizona immunization registry. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 18.9 The system can provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

19. Cost Measuring / Quality Assurance / Reporting

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 19.1 The system has built-in mechanism/access to other systems to capture cost information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 19.2 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 19.3 The system allows customized reports or studies to be performed utilizing individual and group health data from the electronic record. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 19.4 The system will provide support for third-party report writing products. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

20. Chronic Disease Management / Population Health

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 20.1 The system provides support for the management of populations of patients that share diagnoses, problems, demographic characteristics, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 20.2 The system has a clinical rules engine and a means of alerting the practice if a patient is past due. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 20.3 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

| Specifications | Yes, Included | Yes, Addtl. Cost | No | Comments / Clarifications |
|----------------|---------------|------------------|----|---------------------------|
|----------------|---------------|------------------|----|---------------------------|

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <p>20.4 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/</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 21. Consents, Authorizations, and Directives | | | | |
| 21.1 The system has the capability for a patient to sign consent electronically. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 21.2 The system has the capability to create, maintain, and verify patient treatment decisions in the form of consents and authorizations when required. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 21.3 The systems capture, maintains, and provides access to patient advance directives. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 22. Technical Underpinnings | | | | |
| 22.1 The system incorporates extensive, secure telecommunications capabilities that link staff and clinicians from remote locations to the central site. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 22.2 Do you provide hardware or have a relationship with a hardware vendor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 22.3 If working with a hardware vendor do you have negotiated pricing with them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 23. Billing | | | | |
| 23.1 The system provides a bidirectional interface with practice management systems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 24. Document Management | | | | |
| 24.1 The system includes an integrated scanning solution to manage old charts and incoming paper documents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 24.2 Scanned documents are readily available within the patients' chart. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 24.3 Scanned documents can be attached to intra office communication and tracked. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 24.4 The system has the ability to bulk scan and easily sort old patient charts for easy reference later. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 24.5 Images and wave files can also be saved and stored in the document management system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 24.6 Insurance cards and driver's license can be scanned and stored in patient demographics. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 24.7 Scanned documents can be attached to visit notes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 24.8 In a multiple location environment can each office scan in the same manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

| 25. Technical Support | | | | |
|--------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 25.1 What hours is technical phone support available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| Specifications | Yes, Included | Yes, Addtl. Cost | No | Comments / Clarifications |
| 25.2 What is the average amount of time for issue resolution? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 25.3 If a problem persists what is the escalation process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 25.4 Do you have electronic ticketing for non-emergent technical support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 25.5 Do you have a user forum for practices to seek help from peers and share ideas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

1.6 SPECIALTY SPECIFIC REQUIREMENTS

| Specifications | Yes, Included | Yes, Addtl. Cost | No | Comments / Clarifications |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 1. Functional Requirements | | | | |
| 1.1 Arizona required forms/documents (e.g. integration with CALOCUS, ASAM) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.2 Ability to create custom forms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.3 Ability to sequester client/patient information (e.g. VIP clients/patients) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.4 Ability to avoid and correct duplicate patients and automatically merge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.5 Business Analytics and Reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.6 Revenue and Billing Cycle Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.7 Eligibility Verification and Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.8 Appointment Scheduling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.9 Fully HIPAA compliant, including 42 CFR part 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.10 Telehealth functionality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 1.11 | | | | |
| 2. Operational Requirements | | | | |
| 2.1 Patient Portal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.2 Population Health Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.3 Social Determinants of Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.4 Ad hoc report writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.5 Real Time insurance/eligibility verification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.6 Authorization tracking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.7 Electronic signatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.8 E-lab orders and e-prescribing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.9 Comprehensive and integrated levels of care (e.g. outpatient, opioid treatment program, residential, inpatient, detox, crisis, mobile crisis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.10 Medication Assisted Treatment (MAT) - dosing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.11 Primary Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.12 Care Team, Case Manager, and PCP Assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 2.13 HEDIS measures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 3. Technical Requirements | | | | |
| 3.1 Ability to export data and reports into different formats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 3.2 Ability to extract data directly from system tables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 3.3 Internal notification system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 3.4 Ability to export entire medical record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 3.5 Ability to scan documents and images into the medical record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 3.6 Current ONC certification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 4. Content Requirements | | | | |
| 4.1 Confirm content exists for the following: | | | | |
| a. Inpatient psychiatric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| b. Inpatient detoxification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

| Specifications | Yes, Included | Yes, Addtl. Cost | No | Comments / Clarifications |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| c. Behavioral health residential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| d. Behavioral health 23-hour crisis observation/stabilization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| e. Bed Boards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| f. Medication administration/reconciliation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| g. Patient Centered Medical Homes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| i. Physical Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| ii. Psychiatric care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| iii. Addiction treatment (e.g. MAT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| iv. Opioid Treatment Programs (e.g. methadone) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 4.2 If content doesn't exist for any of the above areas, please describe how the vendor will meet the documentation, billing, and reporting needs for CBI. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 4.3 ASAM, LOCUS and CALOCUS integration: describe how to access and how assessments are integrated into the product | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 4.4 Describe ability to customize forms and create forms including impact on customized reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| 4.5 Describe efficiencies and data integration across fields allowing for points of information to be in synch across forms and programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |

1.7 PATIENT SCENARIOS

The project team created business scenarios that describe processes that the new EMR solution should address. A written response by the Vendor to these scenarios is requested. The Evaluation and Selection Committee will use the responses to the business scenarios to judge the ability of the prospective vendor's proposed solution to meet Client's general operational and reporting requirements. The Vendor should indicate whether the functionality is delivered by the software off the shelf or with modifications to fulfill the requirement. Include sample output of any reports requested in the scenario. If modifications or additional software (e.g., custom interfaces not included in software package) are required to achieve full functionality, additional explanation or screen samples, etc. may be attached to this section. Reference the scenario ID for all explanations. Selected business scenarios will also be used during on-site demonstrations and scored by the participants. Business Cases are detailed in the following table.

| Scenario Area | Background | Key Points | System Approach to Scenario |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <p>1. SMI</p> | <p>(1) Individual designated as a person with serious mental illness (SMI) is receiving outpatient services. Primary Diagnosis is Schizophrenia, Paranoid Type; secondary diagnosis is alcohol dependence. The individual receives case management services (T1016) under the primary diagnosis of Schizophrenia, on 9/1/2020 with 5 units over the course of the day.</p> | <p>(a) Explain how the system will roll up the case management services onto a single claim. (b) Explain how the remit will be imported to the product and applied to the 5 units of case management (T1016). (c) If case management is funded on a Per Member Per Month (PMPM) basis, please explain how the system will apply the remit to the claim to reflect payment.</p> | <p>Click here to enter text.</p> |

| <p>2. 23-Hour Crisis</p> | <p>(2) The same individual in #1 who is receiving outpatient services is admitted to one of CBI's 23-hour crisis units on 9/10/2020 with significant intoxication and is later admitted for medically managed detoxification at a CBI subacute unit with a primary diagnosis of alcohol dependence.</p> | <p>(a) Explain how the system will manage multiple programs for the same individual that have overlapping dates of service to ensure accurate billing is done. (b) For proper billing, the claim for 23-hour crisis requires a different diagnosis than is listed for outpatient services. Please explain how the system will apply the primary diagnosis of intoxication to the claim for crisis services. (c) Explain how the system will apply the emergency services Y indicator to the HCFA 1500 claim for the 23-hour crisis service. (d) Explain how the system will apply the primary diagnosis of alcohol dependence to the inpatient claim. (e) Describe how the system will maintain the outpatient diagnoses and treatment plan.</p> | <p>Click here to enter text.</p> |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <p>Scenario Area</p> | <p>Background</p> | <p>Key Points</p> | <p>System Approach to Scenario</p> |
| <p>3. Medication Reconciliation</p> | <p>(3) Describe how the medication reconciliation process in the system for the individual above who is receiving Zyprexa (outpatient), Haldol IM (crisis), Zyprexa (inpatient), Librium (inpatient).</p> | <p>Reference Scenario 1 & 2</p> | <p>Click here to enter text.</p> |

| | | | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <p>4. Billing</p> | <p>(4) Individual who is TXIX (Medicaid) is enrolled with AHCCCS Complete Care (ACC) health plan 1 and receives outpatient services through CBI with a diagnosis of Major Depression. The individual has an acute episode of symptoms, including danger to self behaviors that require crisis stabilization services through CBI for 29 hours. Billing rules for crisis services require that the 1st 24 hours of crisis be billed to the Regional Behavioral Health Authority (RBHA) and anything beyond 24 hours be billed to the ACC plan.</p> | <p>(a) Please explain how the system will bill the RBHA for the crisis stabilization services to include the Y emergency services indicator for the 1st 24 hours of crisis stabilization. (b) Please explain how the system will generate a claim for ACC plan 1 for the additional 5 hours of crisis stabilization without the emergency Y services indicator</p> | <p>Click here to enter text.</p> |
| <p>5. Dosing</p> | <p>(5) Individual is receiving Methadone services through a CBI Opioid Treatment Program (OTP) and dosing is done through.</p> | <p>(a) Please describe how the system will accommodate methadone dosing, documentation and result in a claim generating for the service.</p> | <p>Click here to enter text.</p> |

1.8 COST ESTIMATE

For each proposed product, please provide cost estimates based upon a typical installation. To allow us to be able to compare responses, please assume the product is going to be used by approximately 1,500 users at several sites. At any given time 500 of the total user number will be concurrent. Also, any additional details regarding cost or pricing that may be helpful in our analysis should be included as well.

Please use the **Attachment A: CBI EMR Vendor Pricing Template**, and the following template below to provide a cost estimate proposal that includes answers to each question below — **and provide it as a separate, secure document within the RFP response.**

| 1. Costs | |
|----------------------------------------------------------------------------------------------------------|---------------------------|
| 1.1 When explaining licensing costs include the following information to help us understand and clarify: | |
| – How does licensing account for part time employees | Click here to enter text. |
| – How does the licensing account for residents | Click here to enter text. |
| – How does the licensing account for varied levels of profession use | Click here to enter text. |
| – If licensing is determined per workstation or handheld devices | Click here to enter text. |
| 1.2 Delineate total implementation costs | Click here to enter text. |
| 1.3 Delineate workflow assessment costs | Click here to enter text. |
| 1.4 Delineate any existing system data conversion fees | Click here to enter text. |
| 1.5 Delineate any training specific fees | Click here to enter text. |
| 1.6 Delineate any initial system configuration fees | Click here to enter text. |
| 1.7 Delineate API integration fees | Click here to enter text. |
| 1.8 Delineate any consulting fees | Click here to enter text. |
| 1.9 Delineate any 1x only costs | Click here to enter text. |
| 1.10 Delineate on-going annual costs inclusive of pricing algorithm used to calculate | Click here to enter text. |
| 1.11 Identify payment structure during implementation prior to Go Live | Click here to enter text. |
| 1.12 Provide policy on pricing increases | Click here to enter text. |
| 1.13 Will there be a cap on any price increases? | Click here to enter text. |
| 2. One-time Costs | |
| 2.1 One-time implementation fees: | Click here to enter text. |
| 2.2 Training fees: | Click here to enter text. |
| 2.3 Consulting or Project Management fees: | Click here to enter text. |
| 3. Initial Year Costs (include all fees for access, etc.) | |
| 3.1 For 1500 Users: | Click here to enter text. |
| 3.2 For each additional User | Click here to enter text. |

3.3 Provide the pricing algorithm used to calculate this cost.

[Click here to enter text.](#)

4. Ongoing Annual Costs (include all fees forance, support, use, access, etc.) mainten

4.1 For 1500 Users:

[Click here to enter text.](#)

4.2 For each additional provider:

[Click here to enter text.](#)

4.3 Provide the pricing algorithm used to calculate this cost. Also, provide your policy regarding price increases.

[Click here to enter text.](#)

5. Five (5) Year Cost of Ownership

5.1 Indicate the estimated TCO ("total cost of ownership") for the product over a 5-year period.

[Click here to enter text.](#)

5.2 Training fees:

[Click here to enter text.](#)