



The Mental Health Board of
Chilton and Shelby Counties, Inc.

January 18, 2019

SEALED BIDS FOR ELECTRONIC MEDICAL RECORDS SYSTEM

Sealed bids for **Electronic Medical Records System** will be received in Room 123, Shelby County Administration Building, 200 West College Street in Columbiana, Alabama 35051 (mailing address: P. O. Box 467), until 2:00 p.m. on February 22, 2019 at which time bids will be publicly opened. The Chilton Shelby Mental Health Board reserves the right to reject any or all bids and to waive informalities in awarding this bid to the lowest responsive bidder. Bidders are to state that bids submitted are firm and that no claims for errors will be made after bids are opened and subsequent thereof.

If you have any questions concerning this bid, please contact Richard Fallin at rfallin@chiltonshelby.org.

GENERAL INFORMATION

All bidders must use our form for submitting their bids. Bids must be submitted in triplicate. All bids must be sealed and marked in the lower left hand corner "**BID – Electronic Medical Records System**" with opening date and time. Late bids will not be opened.

Records showing successful bidder(s) and prices quoted will be placed on file and may be examined upon request. If contract is awarded to someone other than lowest bidder, a note of explanation will appear in the bid file and Board Minutes.

DISQUALIFICATION OF BIDS

Bids may be disqualified before award of the contract for any of the following:

- A. Failure to mark envelope as required;
- B. Failure to sign or notarize the bid document;
- C. Failure to include requested information or other details of the bid.

METHOD OF AWARD

The award will be made to the lowest responsive bidder meeting specifications. It is not the policy of the Chilton Shelby Mental Health Board to purchase on the basis of low bid only. Quality, conformity with specifications, purpose for which required, terms of delivery, and past service and experience are among the factors that may be considered in determining the responsive bidder.

No bid may be withdrawn after the scheduled closing time for the receipt of bids for a period of sixty (60) days.

IMMIGRATION LAW

By signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment,

or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

OPEN TRADE

By signing this contract, vendor agrees that it is not currently engaged in, nor will it engage in, any boycott of a person or entity based in or doing business with a jurisdiction with which the State of Alabama can enjoy open trade.

Please provide your bid response in triplicate, one original and one copy and one electronic version.

Richard Fallin
Executive Director
Chilton Shelby Mental Health

THE UNDERSIGNED OFFERS THESE PRICES, TERMS, AND DELIVERY AS PER BID SPECIFICATIONS:

NAME OF COMPANY: _____

BY: (Please Print): _____

SIGNATURE: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

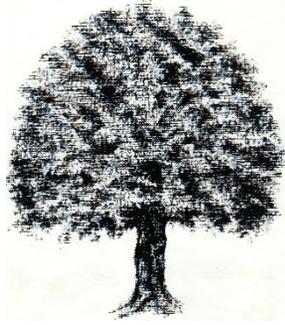
BIDS SUBMITTED ARE FIRM AND NO CLAIMS FOR ERRORS WILL BE MADE AFTER BIDS ARE OPENED AND SUBSEQUENT THEREOF.

Sworn to and subscribed before me this

the _____ day of _____, 2019.

_____, Notary Public

My Commission Expires: _____



Mental Health Board of
Chilton and
Shelby Counties Inc.

2019

Electronic Medical Records System

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Introduction

Overview

The Mental Health Board of Chilton and Shelby Counties Inc. (CSMH) desires to solicit competitive bids from responsible vendors to provide an Electronic Medical Records System (EMR).

This bid is the first step in an initiative to acquire a robust web-based EMR system for CSMH. The overall objective for the new EMR system is to ensure all clinical information for our patients are accurately captured and available as a single patient record. Further, each time patients have contact with CSMH the essential patient information is readily available to healthcare professionals in a secure manner. This bid is not a custom coding development effort. CSMH desires to purchase/license an existing COTS product with maintenance services.

Background

CSMH is a public, non-profit corporation governed by a 10 member board appointed by Chilton and Shelby County Commissions under the authority of Alabama Act 310.

CSMH is a member of the Alabama Council for Community Mental Health Boards and certified by the Alabama Department of Mental Health.

Goals and Objectives

This project is designed to improve the overall effectiveness of CSMH information systems and business workflows and position the center for future growth. The primary reason for this project and making the change is that the current systems configuration and architecture do not support the current business requirements nor the entities future vision. This project will enable re-engineering of the business workflows and provide flexibility, additional monitoring tools and enhanced performance and security. Thus, CSMH has developed the following strategic objectives:

Integrate people, processes, and technology to provide a balanced service level. These objectives will foster a collaborative environment where access to data and information, mostly from remote locations, is based on a common system interface. This will enhance flexibility, data definition, data stewardship, and reporting, monitoring, and increased security.

Leverage resources, institutional knowledge, developing skill sets, and technology in an effort to improve service and productivity throughout CSMH.

- Increase the ability to be more responsive to the needs of the clients we service
- Promote the creation of a faster, more accurate, and more proactive technological environment.

Mitigate risk to CSMH by focusing on compliance requirements and understanding the impact these requirements have on productivity and customer service.

- Develop and integrated structure that will promote the consistent enforcement of policies, procedures, local, state, and Federal laws and regulations throughout CSMH.
- Design an environment that eliminates redundant technological solutions and encourages solutions that maximize the goals and objectives of CSMH. This should be accomplished with creative design, timely issue resolution, thoughtful decision making, and consistent project management.

Partnering Principles

CSMH believes the general partnering principles below are essential to successful technology relationships. These principles should be incorporated into all contractual relationships regarding strategic applications.

Partnering Principle #1 – Commitment to state-of-the-art products

CSMH will be making a significant intellectual capital and resource investment in Vendor's products. Vendor historically has made and, within reasonable fiscal constraints expects to continue to make, investments in the ongoing development of its products, including software.

Partnering Principle #2 – Predictability of on-going cost and expenses

Costs and expenses must be clearly articulated and understood by the parties prior to executing contractual agreements or change orders.

Partnering Principle #3 – Decision-making authority

Each party will commit knowledgeable and empowered managers and other key decision-makers to cultivate and support the relationship created through the agreement.

Partnering Principle #4 – Time-to-market solutions and regulatory updates

In a long-term technology relationship, time-to-market for products is critical to CSMH Vendor will work with CSMH to facilitate timely deployment of Vendor's products.

Partnering Principle #5 – Realizing expected and future benefits

Vendor will work with CSMH to identify and set forth in contractual agreements quantifiable, measurable benefits associated with deploying and using Vendor's products.

Partnering Principle #6 – Secure Data

Vendor will ensure cybersecurity development practices are state-of-the-art and conform to or exceed HIPAA requirements and other applicable regulatory compliance measures. Encryption and MFA must be fully embraced.

Partnering Principle #7 – Protection of Investment

Vendor will work with CSMH to ensure investments in Vendor's products are protected economically against shifts in platforms and product migrations.

Partnering Principle #8 – Management participation

Vendor will make appropriate opportunities available to CSMH to become involved in Vendor's technology strategic planning process. On-going representation and/or observation on appropriate customers councils and committees related to Vendor products also will be made available to CSMH

Partnering Principle #9 – Quality resources to support the relationship

Vendor will commit quality and support resources and systems to support their relationship. You manage what you measure.

Partnering Principle #10 – Growth opportunities

Vendor must be flexible in addressing CSMH future growth.

Partnering Principle #11 – Commitment to open architecture environment

Vendor has adopted and intends to continue to promote open architecture solutions. Vendor will make available to CSMH all application programming interfaces and other interfaces related to documentation to promote interoperability among Vendor's system and CSMH other systems to the same extent that like items are made available by Vendor to its other customers.

Partnering Principle #12 – Alignment of accountability/responsibility

Accountability and responsibility will be aligned to facilitate decision-making, accountability and a results-focused orientation.

Project Scope

Specific Tasks

- Provide a graphical user interface that is visually appealing and encourages intuitive use.
- Accessed with traditional desktop, laptop, tablet or iPad and with minimal differences in functionality and user interface.
- Incorporate dashboards based on individual user's roles and logins.
- Must have record level audit tracking.
- Differentiates levels of users who are granted access to the system based on defined roles.
- Must contain robust functionality to accommodate **multiple agencies**.
- All report writing capabilities should be achieved through an interface that allows the end-user to build the report without support from the vendor whenever and wherever possible.
- Provide easy-to-understand error reporting, messaging, and logs to help identify software problems quickly and efficiently.
- System should have the capability to print reminders, letters, notices, reports based on defined parameters.

Technology Scope

The hardware and technical infrastructure requirements to support enterprise systems include hardware, software, technical and networking infrastructure, and desktop requirements. Proposed solutions will be evaluated for their support and use the following technology components:

- Document Imaging
- User Access/Security Infrastructure
- Integration and Interface Architecture
- Reporting and Data Warehousing
- User Interfaces
- Data Conversions
- Web, application, and database server architecture
- Software Development Tools
- Performance Monitoring Tools
- Technology Standards
- Hardware Architecture
- Security including encryption
- Portability

Current Technical Environment

- CSMH currently has 70 end uses on our existing medical recording platform.
- CSMH currently deploys laptops, desktops, and mobile devices with wired and wireless connections.
- CSMH currently has Windows 7 and Windows 10 operating systems
- CSMH currently utilizes Exchange 2016 with SMTP utilized for mail relay. The current Microsoft Office platform is Office 365.
- Proposed system must be compatible with
 - Windows 10
 - Office 365
 - ODBC database

There is a wide variety of information technology systems, architectures, and infrastructures currently in use at CSMH this is the result of several influences including the available technology at the time the applications were developed, the varied needs resulting from CSMH broad mission and focus. This section briefly describes those existing architectures.

Key Architectural Principles

Reusability

The architecture should support the mixing and matching of generic and specific elements without undermining the overall design, accelerate the spread of reusable and extendible code, and provide object-oriented software, design tools and execution environments.

Manageability

The architecture should include facilities and support for control, tracking, and monitoring. For example, the tool set should include the ability to capture runtime events and observe a single unit of work or thread.

Openness

The architecture should support software, platforms, and networks with open standards for process, user interface, data, and information exchange. Examples include Web Services or, UBL, WSDL, UDDI, XSD, as well as open languages such as Java, and common dynamic scripting languages. Further, preferences will be given to solutions that support multiple standards, such as Microsoft's .Net Web Services.

Scalability and Portability

In addition to the capacity for future growth, the architecture should provide for rapid capacity adjustment, seamless device connection or disconnection, and operation without impeding other platforms, applications, or databases. Further, the architecture should not be locked into a single platform and should be able to run on various platforms with little or no effort.

Flexibility and Adaptability

Support for device-independent interactions, user-specific customization, smart profiles and device detection, configuration, and operation are expected. The architecture should have the ability to support Microsoft SQL Server in addition to multiple browsers such as Microsoft Internet Explorer, Chrome, Safari, and Mozilla.

Compartmentalized Components

Separation of data structures, application logic and user interfaces, and support for Web Services should be anticipated. Other essentials include exposing functionality as services, separating and modularizing the business logic, loosely coupling services, and designing appropriate granularity of services.

Robust Security Implementation

The architecture shall support standard security architectures to ensure integrity and confidentiality. Information must be protected from tampering, or accidental changes and should be available to only authorized users. Access to applications, information, and resources should be parameter-based and provide authentication, authorization, encryption and non-repudiation including two-factor active directory authentication.

Vendor Qualifications

General Information

Each Vendor shall give a brief background and history of its company, including the following:

- Corporate vision
- Software vision and applicability to local, county, state medical and mental health
- Service and support vision
- Customer base specifically in government and, more specifically, medical and mental health.

Financial Data

Each vendor shall provide the following financial data:

- A copy of a credit rating report from any of the major credit rating agencies, Dun & Bradstreet, Moody's, Standard & Poor's, etc.
- Last 3 years of audited Key Financial Reports (Income Statements, Balance Sheet, etc.)

Market Experience

Each vendor shall provide information that demonstrates its commitment to the government market, including the following:

- List the dollar value and the percentage of total sales in the government market for each of the past three (3) years.
- List all government based entities that have implemented your software within the last three (3) years, the versions used by each, and the associated modules they implemented.

References

Provide three (3) references in the following format:

- Institution name
- Date contract was signed
- Date implementation was completed
- Background of the project
- Modules Implemented
- Scale (budget and people assigned to the project)
- Brief explanation of why this reference is relevant to the Mental
- Reference Contact Name
- Reference Contact Title and Role in Implementation
- Contact Information, preferable address, telephone, and email

Pricing

Each vendor shall provide a detailed pricing proposal for the proposed software solution. The proposal should also include pricing information for licensing, implementation, support and maintenance services for at least three (3) years post implementation.

Software Support Services by Vendor

Each vendor shall provide the following minimum information regarding support services:

- Describe the method to collect and manage assistance request or error reports from customer. Describe any proposed Service Level Agreement (SLA) commitments and processes
- Describe the documentation provided with the product and the frequency and method of documentation updates.
- Describe the training program including on-site and off-site classes, class schedules, curriculum, materials and any on-line or computer based training.
- Describe the tools you provide to test the software for configuration consistency, accuracy of function and system performance.

Instructions and Requirements

This bid is only available in electronic PDF format. The CSMH will review all responses and supporting documentation to this bid and, if necessary, gather or solicit additional information that may be required to fulfill the purpose and expected outcomes contained in this document. Responding to this bid is not mandatory.

Handling of Vendor Inquiries

Vendors must respond to this bid by close of business on **February 22, 2019**.

We may request respondents to present oral and/or provide demonstrations of the information contained in their response to this bid.

Timeframes for Evaluation Process

The timeframes for the evaluation process will be as follows:

- Distribute bid on **January 18, 2019**
- Receive Bid Proposals from Vendors by **February 22, 2019**

Incorporation of Vendor Proposal

THE BID PROPOSAL SUBMITTED BY THE SUCCESSFUL VENDOR, TOGETHER WITH THE REPRESENTATIONS MADE BY THE SUCCESSFUL VENDOR, SHALL BE INCORPORATED INTO A MASTER TECHNOLOGY AGREEMENT BETWEEN THE CSMH AND THE SUCCESSFUL VENDOR. In the event of a conflict between the terms of the successful vendor's bid or the master agreement terms relating to this bid, the order of precedence set forth in the master agreement shall apply.

Responses to Functional/Technical Requirements

Responses to the functional/technical requirements listed in CSMH (Appendix A & Appendix B) must be provided in this section of the proposer's proposal. Responses to the Appendix C indicating all items that proposed system can/will interface.

Evaluation Criteria

Evaluations will be based on the CSMH's sole judgment of the quality and features of the services and software offered, support capabilities of the supplier and price.

Appendix A – EMR Requirements

Requirement	YES	NO
System Interoperability Standards and Functions		
ICD-10-CM diagnoses and coding available		
Logical Observation Identifiers names and Codes (LOINC) for laboratory and clinical results		
SNOMED CT (Systematized Nomenclature of Medicine - Clinical Terms)		
HCPCS/CPT codes		
National Drug Codes		
RXNorm Medication Standards		
E-prescribing and medication management		
Complies with Federal HIPAA privacy and security standards		
Complies with all federal, state and local laws and regulations		
Workflows and alerts		
Provides customizable workflow processes		
Workflow design includes an inbox and/or worklist		
Ability to perform patient tracking		
Provide capabilities whereby the system electronically assists the completion of predefined work steps/no need to manually move to the step in the process		
Ability to see all chart activity since employee last worked on the chart		
Allows for multiple simultaneous user viewing of same individual's record		
Ability for patient records to have customized alerts		
Reporting and Analytics		
Ability to run QA reports (random selection of files and criteria / program specific)		
Provides Dashboard functionality at multiple user levels		
Dashboard with ability to capture patient arrival time, facility location, number assigned to patient		
Clinic flow overview per patient (duration, service, provider)		
Ability to report based on program/service line including capturing monthly totals chronic and acute illness, number of clinic visits, number of new patients registered, outside referrals, ER visits		
Ability to generate assessments, progress notes, service plans		
Permits printing of forms in PDF		
Provides a robust list of standardized reports		
Provides the ability for ad hoc report creation based on user specified data fields		
Users are able to store report specifications in central report repository (save AdHoc reporting parameters)		
System supports exporting of query results to MS Word, MS Excel		
System includes page formatting features		
System includes the capability to include header information, date and run time, and page numbers on reports		
Users are able to direct reports to a user-selected printer		
Print preview capability		
Data Entry and General Functionality		
Ability to transfer scripts from CRNP to Doc for approval		
Ability to e-prescribe controls		
Pull/attach goals/objectives from TX plan to progress notes		
Inability to bill for overlapping times on services		
Send alert/e-mail when client signs in		
Send auto reminders for appointments		

Send alert when document is transferred to another staff		
Pre filled out releases		
Ability to identify who/what can be released without opening each document		
Ability to submit a monthly upload of services to the Alabama Department of Mental Health via a text file		
Search of next available appointment		
Print demographic information		
Limit changes to billing information once document is completed/locked		
Ability to limit who can create event based on service/experience (example MHT billing for group)		
Inability to confirm/complete document as kept that has not been completed		
Easily identify clients who are OPC, CIP, JKJI		
Group scheduling		
Group module (complete content of group one time and it pulls to notes for everyone in group)		
Set up different fees for different divisions (example set specific \$ amount for SA services)		
Ability to copy and paste		
Identify and track high risk clients		
Problem list		
Reverse incorrect admissions		
Services ordered on TX plan identified without opening TX plan document		
Inability to bill for services not indicated on TX plan		
Inability to bill services when no client signature is present		
Search of next available appointment		
Print demographic information		
Limit changes to billing information once document is completed/locked		
Ability to limit who can create event based on service/experience (example MHT billing for group)		
Inability to confirm/complete document as kept that has not been completed		
Easily identify clients who are OPC, CIP, JKJI		
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Set up different fees for different divisions (example set specific \$ amount for SA services)		
Ability to copy and paste		
Identify and track high risk clients		
Problem list		
Reverse incorrect admissions		
Services ordered on TX plan identified without opening TX plan document		
Inability to bill for services not indicated on TX plan		
Inability to bill services when no client signature is present		
Retrieval of information by specified field (last name, first name, DOB, SSN, ID number, Date)		
Ability to create/assign patient identifier or identifying number (i.e. assign new patient CNDS # as Patient ID)		
Ability to document the language the patient speaks: Example Spanish		
Once entered into system, data populates all relevant modules		
Ability to recognize/alert to possible duplicate records		
Ability to merge duplicate records		

System will detect missing required data and flag incomplete records		
Ability to correct errors by authorized users (as defined by security permissions) while retaining information about correction (audit trail)		
Provides word processing capabilities in text fields as well as drop down menus where appropriate		
Includes spell check functionality		
Allows for scanning of documents that can be attached to a client's record		
Provides document management functionality that manages the creation, storage/retention and control of documents		
Permits annotating and "mark up" of scanned documents		
System can remove a document from an individual's record if document erroneously attached to wrong records (specified users only and audit trail provided)		
Has OCR (optical character recognition) capability to allow querying of scanned documents		
Ability to print customized patient labels for mailings, encounters, labs, etc.		
Provides FAX send and receipt capabilities		
Provides direct secured email capability within system		
Provides direct secured email capability outside the system		
Screen layouts and views can be customized based on user preferences		
Ability to assign subprogram codes to programs - to separate statistical and financial data		
Ability to open closed services		
Ability to create "customized" internal procedure codes with or without associated fees		
Ability to have customized forms for electronic signature		
Ability for patient records to have customized alerts for users		
Ability for all staff to view demographic information		
Ability for all staff to view appointments		
Ability to receive alert when fax is received in MR and has been scanned in EMR		
Ability to generate letters, referrals, updates to providers		
Ability to order labs and receive results electronically		
Lab results to automatically be elevated per protocol when results are at a certain level. Example for lead that it automatically follows protocol to alert Lead Nurse		
Reportable lab results: Electronically record, retrieve and submit reportable clinical lab results		
Notification when results ready for review		
Ability for MD/provider/Nurse/CHA to sign off on chart/results		
Ability to generate electronic signature for MD		
Ability to document on progress note for every encounter performed whether or not billable		
Patient visit/diagnosis to populate Problem list		
Ability to document and view Problem List		
Vital signs, ht, wt, b/p and BMI populated and this information feed to a cumulative table or graph that would reflect ongoing history of all the patient's visits		
Ability to populate standard orders that can be customized according to individual needs		
Maintains up to date diagnoses: Utilizes the ICD-10 CM criteria and coding and maintains a log of both current and prior diagnoses with the ability to update diagnoses as necessary. Stores primary and secondary diagnoses		
Ability to bring old notes forward		
Limit or prohibit copy and paste functionality		
Electronic medication administration record (MAR)		
Medication interaction alert/warning		
Adverse effects information for immunizations provide		
Attach patient pictures to file		
Ability for patient to view health record online thru patient portal		
Consent Tracking and Patient Forms		

Tracks notice of legal rights and services		
Tracks statement of authority (guardianship, who is legally authorized to provide consent)		
Tracks consents to use/release records, including date of the request for records and date the records were released		
Provides for e-signature of consents/forms		
Issues alerts for missing consents		
Prevents the release of data absent authorizing consent		
Ability to create and edit patient letters/templates		
Ability to create customized forms		
Ability to generate letters (missed appointment, immunizations, services eligibility) in desired language		
Ability to provide/print patient education material in desired language (i.e. English or Spanish)		
Screening and Request for Services		
Maintains data provided by the referral source		
Maintains eligibility information		
Accepts electronically submitted data from external sources (i.e. electronic referral)		
Maintains data pertaining to medical history and past significant medical needs		
Maintains medical/physical exam findings, current health status, medical needs and monitoring		
Scheduling		
Ability to see demographics from scheduling screen to update as needed		
Customizable scheduling profiles		
Ability to schedule appointments based on requested date/time		
Ability to schedule appointments based on availability of dates and times (first available)		
Ability to schedule appointments by type of visit/service		
Ability to customize appointment slots based on time needed for specific service Alerts for scheduling conflict/scheduling rules		
Customizable appointment types with customizable questions attached to appointment type to remind clerk to ask patient before scheduling. Example: If patient calls for birth control the following questions to pop-up: Have you had a hysterectomy? Have you had your tubes tied? etc.		
Scheduler to include appointments, walk ins, no shows, visit type		
Reminder system to include notes of staff calling client, date, number and contact made		
Generate reports of appointments made, kept, cancelled, walk-ins, types of appointments (new, initial, follow up) services provided, provider		
Ability for all staff to view appointments by service		
Ability to generate missed appointment letters		
Ability to view and print daily schedule		
Auto dialer for appointment reminder calls		
System that schedules both client and staff time		
Check In / Registration		
Dashboard with ability to capture patient arrival time, facility location, number assigned to patient		
Ability to update and enter the following Patient information: First, Middle and Last Name Maiden Name Alias Mother's Maiden Name Date of Birth Sex Sexual Orientation Gender Identity Marital Status Social Security Number Race Ethnicity Preferred Language Country of Birth County of Residence School Name		

Physical Address including Street Name, City, State, and Zip (verified with 9 digit zip code)		
OK to receive mail yes or no		
Mailing address including Street Name, City, State, and Zip (verified with 9 digit zip code)		
Ability to indicate patient is confidential/alert placed in record		
Ability to inhibit billing and mail for confidential patients		
Contact Phone Number		
Receive Voicemails yes or no		
Secondary Phone		
Emergency Contact Name, Relationship to Patient, and Phone Number		
Ability to display balances at patient registration – self-pay		
Check-Out		
Ability to document next visit type and when it is due and run report daily capturing this information		
Create encounter automatically and automatically populates patient information, CPT codes completed by providers and Diagnosis codes		
Ability to set up an electronic payment plan agreement with electronic signature		
Ability to calculate end date based on payment amount and balance		
Ability to enter encounter to "Report Only" or "Bill"		
Ability to enter program and subprogram codes on encounter recording		
Ability to assign guarantor to encounter/service		
Ability to add "notes" to encounter screen		
Ability to document check-out time		
Ability to scan TransaxtRx Medicare Part D claim form and attach to patient record		
Eligibility		
Ability to print invoice with Company Name and Address with patient information, services (service code and description) and charges. Total charges for Company.		
Ability to print standard CMS1500 (Federal Form) for patient for Company Billing -some guarantors require CMS1500		
Ability to capture the type of income documentation provided by the client (example - W2, paystub, employer letter)		
Ability to capture total household members and enter income amount		
System to calculate the annual gross income		
System to calculate the Program State Mandatory Scale (sliding fee scale percentage)		
System to calculate patient balance from Program Mandatory Scale		
Confidential Contact or Un-emancipated Minor - considered family of one and based on patient' s income only		
Declaration of "no income" reasonable answers for economic status and living expenses provided by patient		
Proof of income has been provided for date of service: Within 30 days yes or no		
Proof of income has been provided as required by patient		
Capture all eligibility information listed above in a printable customizable Socio-Economic form with availability for electronic signature and date		
Encounters		
Encounter screen should include the following information – Patient Name, DOB, Encounter Date		
Ability to run report at end of day or by date range and identify encounters which have no data entered.		
Ability to run report-listing patients with completed (keyed) encounters by User - by date range, program/subprogram.		
Encounter Recording:		
One screen for encounter recording		
Ability to view date of service on encounter recording screen		

Ability to enter program and subprogram codes on encounter recording (Subprogram - specific clinics/services within a program)		
Ability to enter encounter to "Reportable" or "Billable" (Reportable- no charge service) and AR system to access charges accordingly to include appropriate guarantors and SFS discount		
Ability to assign guarantor to encounter/service - there can be varying guarantors on one encounter. If not assigned, bill to guarantor according to hierarchy		
Ability to add and view "notes" to encounter screen		
Ability to identify who keyed encounter and date entered		
If electronic encounter – ability to flag incorrect coding/note section and send to provider for correction - ability to reject and request resubmission - note section for provider comments		
The following information is required: Encounter Date Service Status - Billable , Reportable, Pending Place of Service Co-Practitioner Referring Physician Service Site or Subprogram		
Confidential Service (Y or N) - ability to assign liability whether Y or N Assign Liability To: Specific guarantor for service		
Cost of Service - want to see full charge and sliding fee charge for patient		
Initial Treatment Date		
Billing		
Ability to view patient Sliding Fee Scale (SFS) percentage by program		
Ability for Billing Staff and Administrators to change registration date with audit trail		
Ability to add/update fees and SFS with beginning and ending dates		
Ability to add providers with billing information with beginning and end dates		
Ability to add guarantors with billing information/beginning and end dates		
Sliding Fee Scales - ability to assign programs to appropriate sliding fee scale		
Links clinical information to billing system (eliminate redundant data entry		
Establishes a patient account status or code to reflect payment status		
Integration of third-party coding programs and update of codes in future		
Financial transactions to include patient information, services provided, co-pays, adjustments, method of payment, and amount of payment, net balance and generating private statement for client. To include Title 10 requirements		
Allows billing of third party payers with payer's name, policy number, group number, expiration date		
Generate reports of funding generated, source of payment per service, claim number, payer name, date of service, status of claim (paid/not paid)		
Ability to print daily transactions to facilitate cash drawer reconciliation and encounter tracking		
Detailed transactions in chronological order by date to include date of service, posting date, transaction type, line item description and dollar amount		
Revenue analysis report summaries for data range, service line, to include total fees charged, total adjustments and total revenue generated		
Revenue analysis report summarizes trend reports: average charge per visit, average revenue per visit		
Client demographics, benefit eligibility, allowed services and effective dates		
Real-time eligibility		
Claims: Supports electronic submission of claims Supports paper submission of claims		
Ability to create batch files based on guarantor group or individual guarantors.		

Ability to create batch files based on Program/Subprograms		
Ability to determine if original billing or re-billing of claims		
Posting Payments:		
Payment screen by guarantor for posting of payments		
Ability to view user who posted payment		
Credit card payments through application		
Ability to post payments and adjustments by standard 835 (Federal) electronic files for Medicaid/Medicare/insurances		
Daily Deposit:		
Deposit reports by program and subprogram - display name of person who entered payment		
Deposit reports to display service codes and description		
Needs to list Patient Name, Patient CNDs#, Posting Code, Posting Code Description, Amount Received/Posted		
Need total posted by individual user. Needs to be broken down by posting description. (i.e. XX amount cash, XX amount credit/debit, XX amount check)		
Need total posted by all users/programs. Needs to be broken down by posting description. (i.e. XX amount cash posted, XX credit card, and XX check) and a total amount received by all posting descriptions		
Medical Records		
Ability to scan patient's health history documents into EHR and select document type		
Customizable view by document type		
Audit Trail		
Data Retention/Document Management		

Appendix B – EMR Technical Requirements

Requirement	YES	NO
Authorized User Administration		
Assigns unique name and/or number for identifying and tracking user identity		
Ability to set permissions/security by user or group		
Supports various levels of administrator-assigned user rights		
User access roles are customizable		
User management process allows authorized users to generate, modify and delete user accounts		
User management process allows for the reporting and printing of individuals granted access based upon specific roles		
Automatically requires password changes at predetermined intervals		
Access linked to Microsoft Active Directory to allow for single sign on with other application and services		
Allows for two factor authentication		
End User Access		
Allows 24/7 access		
Provides secure remote access for employees		
Secure Patient portal		
Secure, encrypted web-enabled application that does not require server configuration on end user devices		
Auto terminates session after specified amount of time		
Off-line functionality (functions on a PC/device during internet outage with subsequent uploading of data)		
Automated process for users to reset passwords online (self-serve)		
Single sign-on for all modules (if multiple Modules are needed)		
End User Equipment		
Ability to support tablets and other mobile devices securely		
Ability to support laptops		
Ability to support desktops		
Ability to use document scanners		
Ability to import information via CD		
Ability to interface with standard printers		
Ability to interface with signature pads for electronic signatures		
Interface with credit/debit card swipe machines to automatically post payments		
Ability to interface with camera (for patient ID pictures)		
Training and Support		
Provides on-line tutorials for all modules		
On-line modules customized to address system customization		
Pre Implementation training available		
Onsite training using a “train the trainer” approach		
Provides training webinars		
Users can be tracked as to training modules completed/certifications for modules completed		
Listserv and/or user groups available		
24 hr Help Desk support for technical problems		
24 hr Technical support		
Extended Hours Help Desk Support for technical Problems (7a-7p)		
Phone Technical support		
Live Chat		

Email Technical Support		

Appendix C – System Compatibility

Below is a list of systems we currently access. Please indicate all items that proposed system can/will interface with along with the type of interface in chart below.

System	Type of Interface	Currently Available	Available in the Future	Not Planning to Offer	Additional Cost (yes/no)	Amount	Comments
Jail Management System							Vendor TBD
Jail EMR System							Vendor TBD
TBD							
TBD							