

Summit Healthcare Group

Request for Proposal: Electronic Health Record ("EHR") and Integrated Practice Management System

04/27/2015

Summit Healthcare Group
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Summit Healthcare Group

Request for Proposal

Date: 4/27/2015

To Whom It May Concern:

About Summit Healthcare Group

We at Summit HealthCare Group are committed to providing the highest quality of health care to all patients. It is our belief that each individual is unique with varying abilities, needs, and desires. Thus, we strive to work *cooperatively* with each individual patient in a manner that respects personal dignity.

Critical Requirements

1. ICD-10
2. Meaningful Use 2011, 2014, 2017 Certified
3. Michigan HIE
4. e-Prescribing
5. Rx Tracking
6. Rheumatologist Speciality, Injectables + Service Notes
7. Patient Center Medical Home Group Integration
8. Client Portal
9. Robo Dialing (Auto Appointment Confirmations)
10. Integrated Paperless Charting (Document Scanning)
11. ID Card Scanning
12. Patient Time/Room Scheduling (In/Out)
13. Lab Interfaces
14. Integrated Billing
15. Data Reporting/Exporting
16. Data Migration

Workflows

Seeing Patients

1. Receptionist scans insurance cards and enters patient information
2. Nurse enters patient vitals on note.
3. Provider finishes the note.

Proposed Go Live Date: By. September 1, 2015

Reason: ICD-10 Support

To meet the deadline for the initial approval, **all responses to this RFP must be received electronically by 5:00 PM (EDT) on 05/11/2015. All questions from all vendors will be consolidated and answered in writing by 5:00 PM (EDT) on 05/04/2015.** Answers to vendor submitted questions will be posted and available for review on the Summit Pointe Website (<http://www.summitpointe.org/Pages/RFPS.aspx>).

Questions and completed responses should be sent to:

Shelley Cizio sjc@summitpointe.org

Provider Network Liaison

Terms and Instructions:

Timeline	
Process	Deadline
Issue RFP	04/27/2015
Written Questions Due	05/01/2015
Responses Posted	05/04/2015
RFP Responses Due	05/11/2015 EOD (5:00pm)
Vendor of Choice Selected	06/01/2015

Deadline for Response

Interested vendors must submit an electronic copy of their proposed solution to sjc@summitpointe.org by 05/11/2015. 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: sjc@summitpointe.org by the date and time specified above. Receipt will be acknowledged via email. Please include the words **"Summit Healthcare Group 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** – Executive Summary (provide a concise summary of the products and services proposed)
- **Section 2** – Vendor Profile (provide answers using the template and instructions below)
- **Section 3** – Specifications (provide answers using the template and instructions below)
- **Section 4** – Speciality Specific Requirements (provide answers using the template and instructions below)
- **Section 5** – Cost Estimate (provide answers using the template and instructions below)

General Conditions

The Summit Healthcare Group is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by the Summit Healthcare Group to award any contract.

The Summit Healthcare Group 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 the Summit Healthcare Group.

All responses will be kept private from other vendors.

The Summit Healthcare Group 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.

Since Summit Healthcare Group must participate in the Freedom of Information Act, all RFP responses will be subject to public request and review. (*Freedom of Information Act (FOIA), 5 U.S.C. § 552*)

Section 1: Executive Summary

Section 2: Vendor Profile

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

General	
Name	Click here to enter text.
Address (Headquarters)	Click here to enter text.
Address Continued	Click here to enter text.
Main Telephone Number	Click here to enter text.
Website	Click here to enter text.
Publicly Traded or Privately Held	Click here to enter text.
Parent Company (if applicable)	
Name	Click here to enter text.
Address	Click here to enter text.
Address Continued	Click here to enter text.
Telephone Number	Click here to enter text.
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.
Market Data	
Does the product have a Michigan presence?	Yes/No.
What is the current implementation timeframe when using only vendor-supplied resources?	Click here to enter text

Section 3: Specifications

Product Information	
Single Database for scheduling, billing, and EHR?	Yes/No.
Is it a Client Server, ASP or Hosted model?	Yes/No.
Does product include a patient portal?	Yes/No.
Was the product (or any of its significant functionality) acquired from another company?	Yes/No.
Is the product modular?	Yes/No.
- Are additional or multiple modules required to meet post-2011 meaningful use guidelines?	Yes/No.
- Will the product continue to meet meaningful use guidelines through 2017 without significant changes?	Yes/No.
Will there ever be a charge to copy, move, or retrieve patient data from the product should a customer decide to change vendors or a provider leave the customer?	Yes/No.
Reporting Capabilities	
Does the product allow custom reports to be created?	Yes/No.
Ad hoc reporting by users an option?	Yes/No.
Can this report information be exported to CD/DVD in CSV or comma text delimited format?	Yes/No.
ONC-ATCB Certification	
Is the product ONC-ATCB certified?	Yes/No.
Version and Year of Certification	Click here to enter text
Certified as Comprehensive or Modular?	Yes/No.
Meaningful Use	
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?	Yes/No.
Do you have a guarantee the product will meet the current standards and future standards?	Yes/No.
What is the date Meaningful Use Stage 2 certification was achieved?	Click here to enter text
Additional Information	

Is a demo copy available prior to purchasing?	Yes/No.
Onsite implementation or remote?	Yes/No.
Has your company acquired, been acquired, merged with other organizations, or had any "change in control" events within the last five (5) years?	Yes/No.
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?	Yes/No.
Please provide information on any outstanding lawsuits or judgments within the last five (5) years. Please indicate any cases that you cannot respond to as they were settled with a non-disclosure clause.	Click here to enter text.
Security and Security Features	
Does the product meets all HIPAA, HITECH, and other security requirements.	Yes/No.
Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings?	Yes/No.
Does the product provide different levels of security based on type of patient (Employee vs. VIP)?	Yes/No.
Is there a security audit process within the product.	Yes/No.
Are there any remote tools you offer the provider to access patient data (e.g. iPhone).	Yes/No.
Can mobile devices/data be secured if the provider loses their device or a breach is suspected.	Yes/No.
Describe the product's ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected.	Click here to enter text.
Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc).	Click here to enter text.
Data Protection	
Describe how the patient's data is secured at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion).	Click here to enter text.
Describe how the patient's data is secured when accessed via handheld devices (e.g., secured through SSL websites, iPhone apps, etc).	Click here to enter text.
Licensing	
How is the product licensed?	Click here to enter text.
Are licenses purchased per user?	Yes/No.
Define 'user' if it relates to the licensing model (i.e., FTE MD, all clinical staff, etc).	Click here to enter text.
<ul style="list-style-type: none"> - How does the system licensing account for residents, part time clinicians, and midlevel providers? 	Click here to enter text.
<ul style="list-style-type: none"> - Can user licenses be reassigned when a workforce member leaves? 	Yes/No.
If licensing is determined per workstation, do handheld devices count towards this licensing?	Yes/No.
Is system access based on individual licensing, concurrent, or both?	Click here to enter text.
For modular systems, does each module require a unique license?	Yes/No.

In concurrent licensing systems, when are licenses released by the system (i.e., when the workstation is idle, locked, or only when user logs off)?	Click here to enter text.
Computerized Physician Order Entry (CPOE)	
Is CPOE part of the core product or a separate module?	Click here to enter text
Is CPOE customizable per provider or are templates available?	Yes/No.
- Does the system allow for custom Order Sets to be built?	Yes/No.
- Does the system allow multiple Resultable Items to be mapped to a single Orderable Item? (e.g., Skin tests have multiple antigens (resultables) which must map to a single Orderable item code).	Yes/No.
Does the system allow free text ordering?	Yes/No.
Does the system provide the end user the ability to cancel pending orders?	Yes/No.
- If so, does an outbound interface message result, sending the cancellation message to 3rd party systems?	Yes/No.
Does the system utilize ICD-10 coding?	Yes/No.
- Are codes pre-loaded?	Yes/No.
- Are future code updates vendor or user applied?	Yes/No.
- If so, please describe how these items are built and managed by the customer.	Click here to enter text
- Can these items be classified as "required" or "optional" to complete?	Yes/No.
Does the product support recurring orders?	Yes/No.
- If so, please describe how the system accommodates this workflow.	Click here to enter text
Does the product support Orderable Favorites per user and/or per specialty?	Yes/No.
How does the product support ordering for off-site (non-integrated/interfaced) orders?	Click here to enter text
Are there Reporting tools available to monitor all CPOE steps? (e.g., unsigned orders, overdue orders, etc.)	Yes/No.
E-Prescribing	
Is E-Prescribing part of the core product or a separate module?	Click here to enter text .
Is E-Prescribing customizable per provider and/or at the enterprise level?	Yes/No.
Is there an extra expense required for local pharmacies to be set up for E-Prescribing?	Yes/No.
- Rate per transmission?	Yes/No.
Is there a fax server incorporated in the EHR?	Yes/No.
- If so, does it require a separate server?	Yes/No.
- If not, are 3rd party vendor fax servers supported?	Yes/No.
Are medication updates performed regularly?	Yes/No.
- Does it include Drug Contraindications?	Yes/No.
- Does it include Drug Interactions?	Yes/No.
- Does it include Drug Warnings received?	Yes/No.
Are reporting tools for E-Prescribing available?	Yes/No.

Does the E-Prescribing function have audit capabilities?	Yes/No.
– Does the system keep a running history of Rx renewal changes?	Yes/No.
Vendor Support	
Do you offer multiple support programs? Please provide a detailed list of each with your standard SLA for each support program.	Click here to enter text.
Define the Support Structure (Tiered Approach, Client assigned 1 point of contact, etc.)	Click here to enter text.
When is customer support available? <ul style="list-style-type: none"> ● Preferred method of contact (Phone call, e-mail, etc.)? ● Where is your customer support staff located? Are they 'off-shore'? ● What are your normal hours of support? ● How is after hours support handled? ● Will someone be on-call at all times? 	Click here to enter text.
Problem/Resolution Process <ul style="list-style-type: none"> ● Response time expectations for all levels of severity ● Average time to close tickets by severity level ● Escalation Process ● Severity Level System ● Issue/Resolution Tracking System ● Test System vs. Live System 	Click here to enter text.
Who has ownership of the following: <ul style="list-style-type: none"> ● Data ● Software ● Enhancements or Customizations Paid for by Customer ● Hardware ● Servers ● Workstations 	Click here to enter text.
Do you have online support (Knowledgebase, InfoCenter, etc.)?	Yes/No.
Is your support staff certified (i.e., HDI, SCP)?	
Is remote assistance an option for workstation and server issues?	Yes/No.
Do you have a user forum for practices to seek help from peers and share ideas?	Yes/No.
Upgrade Process <ul style="list-style-type: none"> ● Will customer get to choose which upgrades they want? ● Frequency of Upgrades? ● How long can a customer delay an upgrade without losing support? ● Will training be provided for new functionality? 	Click here to enter text.
Testing <ul style="list-style-type: none"> ● Will customer get a chance to test the product in a test environment? ● Will customer get access to test scripts from vendor? ● Will customer have an opportunity to parallel test with vendor or conduct Acceptance Testing? ● End to End Testing? 	Yes/No. Click here to enter text.
Product Enhancement Requests <ul style="list-style-type: none"> ● If customer wants to add an enhancement, what is the process? 	Click here to enter text.

<ul style="list-style-type: none"> • Are there additional costs for an enhancement? • How soon will customer be able to view, test, and use enhancement? • How will upgrades work with new enhancement? • Will all other customers get the enhancement one company has paid for? • How will the company stay up-to-date on required meaningful use definition changes? 	
Training/Testing – All Phases (Selection through Post Go-Live)	
Development/Training Environment	
Specify if this will be provided before or after a contract is signed.	Click here to enter text.
Will access be granted to development/training environment for testing during upgrades and during training processes?	Yes/No.
What types of online training are available?	
Videos	Yes/No.
<ul style="list-style-type: none"> • Recorded Modules/Workflow Training Courses • Recorded Interactive "Many-to-One" Training Sessions • Quick Reference or Tips & Tricks Videos • Trial Demonstration of EHR 	
Web Based Training	Yes/No.
<ul style="list-style-type: none"> • Interactive training activity with screenshots & instructions to give clinic exposure of EHR selected before core training 	
Facilitator/Consultant Led Training Sessions	Yes/No.
<ul style="list-style-type: none"> • Module Training Sessions • Workflow Training Sessions (Nurse, Provider, Front Office, etc.) • One-on-One Training Sessions with Consultant • Describe your training personnel (i.e., background, position, medical credentials). • Vendor-Directed Demo (i.e., Web Ex Training, On-Site, etc.) 	
Training Documents (Identify format of documentation)	Yes/No.
<ul style="list-style-type: none"> • Training Manuals • Quick reference guides that focus on specific tasks • On-line Printable Training Documentation • Upgraded Training Guide • Describe when these documents are modified and how quickly they are made available to the customer after product changes occur. 	
Is Practice/Specialty Specific Training Offered?	Yes/No.
What is created by vendor vs. customer?	Yes/No.
<ul style="list-style-type: none"> - Creating specialized templates for efficient documentation - Does the product have customizable preferences? 	
Will a workflow assessment be completed by the vendor?	Yes/No.
<ul style="list-style-type: none"> - Will a document be sent to be completed by clinic? - Will vendor complete on-site workflow assessment? - Is there an additional cost for workflow assessment? 	
Will recommendations be provided for abstracting or bulk loading data from paper charts into the EHR?	Yes/No.

Contractually, can users access the live EMR system prior to Go-Live for build or 'pilot' purposes?	Yes/No.
Super User Training	Yes/No.
<ul style="list-style-type: none"> - Will super users be trained by vendor? - Remote or on-site training provided? 	
Cost of Training	Yes/No.
<ul style="list-style-type: none"> - Will additional costs be incurred on clinic for training? 	
How many days does EHR vendor provide for on-site training?	Click here to enter text
Will trainers complete a readiness assessment of staff before Go-Live?	Yes/No.
Go-Live	
Will vendor staff be on-site during 'Go Live' timeframe?	Yes/No.
Contract Terms and Vendor Guarantees	
Will you sign a Business Associate Agreement provided by Summit Healthcare Group?	Yes/No.
Will the customer be allowed to perform acceptance testing of this product prior to "Go-Live"?	Yes/No.
What is the vendor's responsibility when: <ul style="list-style-type: none"> - Problem resolution is not met by a certain time based on severity level of the problem or issue? - Meaningful use criteria are not met as promised? - Upgrades cause problems (causes meaningful use criteria to no longer be met or critical workflows to break)? - Training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables? - Implementation is not completed by vendor in the agreed upon timeframe due to issues related to the vendor (staffing conflicts, software problems, etc.)? - Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software? - Promised product functionality does not exist at time of Implementation? - Damages to hardware during transport if purchased through vendor or while vendor is on-site during installation? - Data is corrupted during the course of normal use and operation of the product? - SLAs are not met? 	Click here to enter text.
Will you allow the representations made in your response to this RFI to be incorporated into the contract?	Yes/No.
Will you agree to a cap on price increases?	Yes/No.
Is there a guarantee to provide maintenance (or other support) on this product?	Yes/No.

Section 4: Further 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 The system includes automatic translation of codes to data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
2 The system includes support and updates for the above vocabularies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
3 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.
2. Demographics / Care Management				
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 Preferred language, insurance type, gender, race, ethnicity, and date of birth.				
3. Patient History				
1 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.
4. Current Health Data, Encounters, Health Risk Appraisal				
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.
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.
3 The system enables the origination, documentation, and tracking of referrals between care providers or health care organizations, including clinical and administrative details of the referral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
4 The system tracks consultations and referrals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
5. Encounter – Progress Notes				

1	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.
6. Problem Lists					
1	The system creates and maintains patient-specific problem lists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
7. Clinical Practice Guidelines (CPG)					
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.
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.
3	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.
4	Collection means and origin of data to be evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
8. Care Plans					
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.
9. Prevention					
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.
2	The system includes user-modifiable health maintenance templates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
10. Patient Education					
1	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					
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.
12. Orders					
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

	well as external linkages, through a standard, real time, HL7 two-way interface.				
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					
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.
2	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.
3	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.
14. Medication and Immunization Management					
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.
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.
3	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					
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.
16. Clinical Decision Support					
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.
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					
1.	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.
2	Providing intuitive access to patient treatments and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
3	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.
4	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.

5	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.
18. Meaningful Use					
1	The system has a bi-directional lab component.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
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.
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.
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.
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.
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.
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.
8	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					
1	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.
2	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					
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.
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.
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.
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

	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/				
21. Consents, Authorizations, and Directives					
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.
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.
3	The systems captures, maintains, and provides access to patient advance directives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
22. Billing					
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.
23. Document Management					
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.
2	Scanned documents are readily available within the patients chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
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.
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.
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.
6	Insurance cards and drivers license can be scanned and stored in patient demographics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
7	Scanned documents can be attached to visit notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
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.
24. Technical Support					
1	Do you have electronic ticketing for non-emergent technical support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Section 5: Specialty Specific Requirements

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
Specialty Specific Requirements				
1 Rheumatologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
2 Patient Centered Medical Home (PCMH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

3	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
4	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
5	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
6	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
7	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Section 6: Cost Estimate Template

For each proposed product, please provide cost estimates based upon a typical installation. To allow us to be able to compare responses, please assume that the product is going to be used at number of site(s) with number of providers. Also, any additional details regarding cost or pricing that may be helpful in our analysis should be included as well.

Please use the following template, if possible—or attach a cost estimate proposal that includes answers to each question below — **and provide it as a separate, sealed document within the RFP response.**

One time fees	
One time implementation fees:	Click here to enter text.
Training fees:	Click here to enter text.
Consulting fees:	Click here to enter text.
Initial year costs (include all fees for license, use, access, etc.)	
For x providers:	Click here to enter text.
For each additional provider:	Click here to enter text.
Please provide the pricing algorithm used to calculate this cost.	Click here to enter text.
Ongoing annual costs (include all fees for maintenance, support, use, access, etc.)	
For x providers:	Click here to enter text.
For each additional provider:	Click here to enter text.
Please provide the pricing algorithm used to calculate this cost. Also, please provide your policy regarding price increases.	Click here to enter text.
Five (5) year cost of ownership	
Please indicate the estimated TCO ("total cost of ownership") for the product over a 5 year period.	Click here to enter text.
Training fees:	Click here to enter text.