Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950

RFP24-CHCC/HIT-EMR/EHR-002

"COMMONWEALTH HEALTH CENTER CERTIFIED ELECTRONIC HEAL TH RECORD IMPLEMENTATION PROJECT"

Notice to Offerors

The Request for Proposal (RFP) for the "Commonwealth Healthcare Corporation (CHCC) Certified Electronic Health Record Implementation Project" (RFP24-CHCC/HIT-EMR/EHR-002) is available on this website;
https://www.chcc.health/RFP/requestforproposal.php.

Issuer Information

This RFP is issued by the Commonwealth Healthcare Corporation (CHCC) of the Northern Marianas Islands, 1178 Hinemlu St. Garapan, Saipan MP 96950.

Notice of Intent to Submit a Proposal

Interested offerors must email a "Notice of Intent to Submit a Proposal" to Commonwealth Healthcare Corporation (CHCC) Procurement Director, Cora Ada, at cora.ada@chcc.health as soon as practicable. This notice ensures that all interested parties receive relevant information on RFP updates or questions. While this step is crucial, it does not bind the offeror to make a submission. If an interested offeror fails to submit a notice of intent, they acknowledge and accept the risk of potentially missing crucial information.

All notices of intent to submit a proposal must include the RFP number (RFP24-CHCC/HIT-EMR/EHR-002) and project title, "Community Health Center Certified Electronic Health Record Implementation Project", in the subject line. The content of the email should state the Offeror organization name, at least one primary email contact, and a brief statement of intent to submit a proposal.

Communication Protocol

Questions about this RFP will only be received in writing via email to CHCC Director of IT, Bel Busby at bel.busby@chcc.health and CHCC Procurement Director, Cora Ada at cora.ada@chcc.health with the RFP number and project title as the subject. Questions communicated verbally may not be answered. Offerors must avoid direct communication about this RFP with other CHCC staff members.
- Deadline for Offeror questions is **3:00 P.M. (Chamorro Standard Time), December 7th, 2023.**

RFP Timeline
- Final proposals must be submitted as docx or pdf attachments via email to Cora.Ada@chcc.health, and must be received by **4:30 P.M. (Chamorro Standard Time), December 15th, 2023.**
- Late proposals won't be accepted.

Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950

RFP24-CHCC/HIT-EMR/EHR-002

"COMMONWEALTH HEALTH CENTER CERTIFIED ELECTRONIC HEALTH RECORD IMPLEMENTATION PROJECT"

SECTION1: Administrative Overview

1.1 Introduction

This is a Request for Proposals (RFP) issued by the Commonwealth Healthcare Corporation (CHCC) to solicit proposals from Offerors who wish to be considered. The contract will be issued and administered as an Agreement for Services with the CHCC.

1.2 Project Summary

The Commonwealth Healthcare Corporation (CHCC) is accepting proposals to implement, train, and support an on-premises Electronic Health Record (EHR) system.

CHCC is planning to replace the existing EHR system with a new system that meets CHCC needs, and which also meets compliance with the Healthcare Resources and Services Administration (HRSA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Centers for Medicare and Medicaid Services (CMS), and other relevant federal agency rules and regulations. The replacement is needed to meet HRSA Federally Qualified Health Center's requirements and make other enhancements under the American Rescue Plan Act (ARPA).

1.3 Background

The CHCC is an autonomous government-owned corporation. It provides hospital and emergency room services, primary care, oncology, dialysis, ancillary and specialty services, and wide-ranging public health services to the Commonwealth as enumerated below. As part of the CHCC's commitment to excellence, it is seeking a modern EHR system to replace the current electronic records systems.

CHCC Services

- Children's Clinic
- Community Health Services
- Surgery

- Dental Clinic
- Dietary
- Early Hearing Detection and Intervention (EHDI)
- Emergency Room
- Environmental Health & Disease Prevention (EHDP)
- Family Planning - FPAR
- Hemodialysis and Peritoneal Dialysis
- ICU
- Inpatient Medical & Surgical Services
- Inpatient Pharmacy
- Labor and Delivery
- Laboratory
- Maternal, Infant Early Childhood Home Visiting (MIECHV) Program
- Medical Referral
- Medical Social Services
- Mobile Clinic
- Oncology Clinic
- Outpatient Behavioral Health Services
- Outpatient Pharmacy
- Pediatric Ward
- Physical Therapy
- Respiratory
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Psychiatric Ward
- Public Health Services
- Radiology
- Rota Health Center
- Teledentistry
- TelePharmacy
- TelePsych
- Tinian Health Center
- Women, Infant, Child (WIC) Clinic
- Women's Clinic
- Cardiology

1.4 LOCATION

Services will be located at the Commonwealth Health Center in Lower Navy Hill, Garapan Saipan.

Section 2: Scope of Work

2.1 Purpose

The **Commonwealth Healthcare Corporation (CHCC)** invites proposals from proficient vendors specializing in **Electronic Health Record (EHR)** systems. This comprehensive **Request for Proposal (RFP)** is designed to source a cutting-edge solution aligning with CHCC's imperatives for impeccable, fortified, and all-encompassing health record management. The primary objective is to ensure adherence to Federal mandates such as HIPAA and HITECH, State regulations, and the rigorous health information security standards set forth by accrediting bodies. The EHR system should streamline patient care, enhance data accuracy and timely billing, and improve overall operational efficiency. The EHR should also support Public Health initiatives and reporting needs including but not limited to improving syndromic surveillance activities, support public health projects, and interoperability for public health related activities.

The solution must be an on-premises system that must support hospital and clinic operations including, but not limited to, patient registration, revenue cycle management (RCM), clinical services, patient and provider communications, and reporting.

The implementation shall be a phased approach to be described in the timeline of the Offeror's response. The requirements are listed *in Section 3 -* Proposal Requirements of this RFP. Any operational requirements not currently developed should be fully described in the Offeror's implementation section.

Offerors shall provide a complete response to each requirement without cross-referencing other sections of the proposal. Offerors shall format and maintain the numbering provided in this RFP when responding to each requirement.

2.2 Goal and Objectives

The CHCC is seeking a Contractor that can provide an EHR solution that is responsive to the specific requirements detailed in this RFP. The EHR solution shall be constructed using standards and components that comply with software best practices as well as the healthcare system and data standards from the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Office of the National Coordinator for Health Information Technology (ONC), Centers for Medicare and Medicaid Services (CMS), and the Health Resources and Services Administration (HRSA).

The EHR solution shall enable and support providers in CHCC to achieve Meaningful Use (MU) per the EHR Incentive Program, now referred to as the Promoting Interoperability (PI) Program, allowing for clinical data interoperability between providers in the Northern Mariana Island and off-island providers to improve the quality of healthcare, and administer the program and its clinic operations as an HRSA FQHC.

The purpose of this RFP is to solicit competitive proposals from Offerors who can:

1. Provide a complete EHR solution to the CHCC;
2. Provide the technical specifications as listed in **Section 3.2** of this RFP;
3. Provide data migration; implementation and consulting services for the technical components; data hosting; and partners/subcontractors to be a part of the RFP specifications and EHR implementation and support.
4. Support interoperability with existing CHCC Clinical and Public Health systems and services that assist providers in meeting MU, administering the 340B program and clinic operations.
5. Meet all MU and CEHRT standards as per the Final Rule 42 CFR 495; (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-495)
6. Meet HRSA Uniform Data System (UDS) reporting requirements; and,
7. Provide support and associated services for the EHR, including Help Desk, support, maintenance, and hosting.
8. Provide clinical decision-making support tools (e.g. data extraction capability, dashboards, templates, order sets etc.)
9. Provide end user training in video and document formats.
10. Provide CHCC staff with the ability to pull clinical and financial reports in real time.
11. Provide 24/7 technical and troubleshooting support.
12. Provide solution in incorporating historical patient data in the new system.
13. Provide backup solutions in case of system failure (e.g., fail-safes against actions that can lead to system failure)
14. Provide Data Flow Diagram

This project is to be implemented in a phased approach. The Offeror shall, at a minimum, support the clinical data standards of HL7 v2.x and 3. x, FHIR, eCR, ADT and C-CDA (XML) to support the transition of current EHR to a new EHR solution.

2.3 EHR Platform

CHCC is seeking an **On-Premise EHR** solution that has the ability to support comprehensive patient data management, seamless interoperability with other healthcare systems, robust security measures to ensure patient confidentiality, efficient clinical workflow integration, and meaningful data analytics for informed decision-making and has the ability to support HRSA FQHC clinic capabilities.

The CHCC primary components include but are not limited to:
1. Practice Management System
2. Patient registration
3. Patient scheduling
4. Charge entry
5. Patient Accounting
6. Statement generation
7. Remittance advice posting
8. Account management
9. Clinical care documentation

10. Population management and education
11. Pharmacy and 340B
12. Laboratory
13. Radiology
14. Screening and assessments
15. Patient Portal
16. Reporting
17. Epidemiology and infectious disease surveillance activities
18. Population Health
19. Clinical and Public Health informatics and research
20. Behavioral Health

In addition, the CHCC are seeking operational support and standards, which includes, but are not limited to:

1. National Data Standards and Certifications: The EHR solution must always meet and comply with the most current national data standards during the term of the contract. Examples of the standards include:
   a) NIST
   b) HITRUST
   c) Fast Healthcare Interoperable Resource (FHIR)
   d) HL7,
   e) Extensible Markup Language (XML)
   f) National Council for Prescription Drug Programs (NCPDP)
   g) American Society for Testing and Materials (ASTM)
   h) Systematized Nomenclature of Medicine (SNOMED CT)
   i) Integrating the Healthcare Enterprise (IHE) integration profiles.
   j) Logical Observation Identifiers Names and Codes (LOINC)
   k) eHealth Exchange
   l) International Classification of Diseases (ICD10)
   m) Digital Imaging and Communications in Medicine (DICOM)
   n) ONC Health IT Certification Standards
   o) Healthcare Information Technology Standards Panel (HITSP)
   p) Electronic Case reporting (eCR)
2. System Architecture and Performance: The CHCC generally supports a peak load of no fewer than 500 concurrent user sessions and 50 requests per second.
3. Certified Electronic Health Record (CEHRT): The Offeror must conform to the most current and future technical specifications for the CEHRT, health information exchange established by the ONC, and the HRSA system specifications and capabilities.
4. Access and Authorization Controls.
5. Privacy/Security: Data Protection.
6. Security: Emergency access and backup and recovery routine
7. Privacy: Amendments and accounting of disclosures (part of reporting)
8. Privacy/Security: Data Protection.
9. Privacy/Security: Auditing functions, Event Logging, and Sensitive Patient Tracking
10. Consent Registry:
11. Standardized Platform.
12. Store Clinical Data in Relational Database.

13. Secure Direct messaging between providers

The Offeror must effectively describe in concise detail its experience, competence, and knowledge in providing implementation and connectivity service solutions to establish the ability to provide Participants with health information capabilities.

Section 3: Proposal Requirements

Offeror proposals shall be organized in sections in the following order:

3.1 Executive Summary

The Offeror shall submit an Executive Summary outlining the proposal's key elements of the proposal. Additionally, the Offeror shall document the following:

General Information	Name, Address (Headquarters), Main Telephone Number, Website
Company Profile	Publicly traded or privately held, mergers/acquisitions in last 10 years, parent company general information, planned mergers/acquisitions in the next 5 years.
Main Contact	Name, Title, Address, Telephone Number, Email Address
Market Information	Number of years as EHR vendor, size of the existing user base, how the company plans to meet the increase in demand for your EHR product (including implementation, training, and support) over the next five (5) years.
FQHC/Medicaid Market Information	Number of years as FQHC vendor, number of FQHC clients, if any, whether your company has an FHQC-dedicated team, FQHC-specific support you provide and actions does your company takes to ensure long-term success for your FQHC clients. Any experience with state Medicaid program claims generation.
Product/System Information	EHR Product Name and Current Product Version #

3.2 References

References – **Provide a list of 4 references (ideally include at least two FQHCs or clinics)** who can attest to services requested in this RFP. Please include contact information and a brief description of the work done for those clients. These references may be contacted by the CHCC as part of the evaluation of the Offeror's proposal. Please see Appendix C for the format of this requirement.

3.3 Technical Proposal

The proposal must address the issues that have been described in Section 2. While references to EHR System manuals are welcomed, the vendor must not simply reference pages in a manual in response to a requirement. The vendor must provide a description of whether the EHR System meets each requirement. Specifically, the proposals should include information on whether the Offeror and EHR System meets and addresses the features listed in Appendix E.

3.4 Project Work Plan

The Offeror must provide a project plan that includes the tasks, resources, and time frame

necessary for the requirements analysis, build, test, and implementation of an EHR. The selected Offeror must provide the project plan in Microsoft Project upon notice of award.

The project plan must include a description of:

- Risk mitigation, communication protocol with CHCC, and the Offeror's change control process for the project.
- Confirm that the Project Management Plan meets American National Standards Institute (ANSI), and International Organization for Standardization (ISO).
- Staffing plan for both the Offeror and the CHCC for development, completion, and approval of the specified deliverables including:
  - Staffing levels
  - Total hours to be expended per phase and for the entire project.
- The implementation strategy, recommendations, and Offeror experience with implementations for other EHRs.
- Offeror's process for tracking and documenting project status in Microsoft Project.
- All activities necessary to construct, configure, operate, and enable connectivity for the EHR.
- The Offeror's facility onboarding process and test acceptance requirements.
- How the Offeror will train, educate, monitor, and transfer the knowledge and skill sets of EHR implementations, connectivity, and data interoperability to the CHCC personnel for the purpose of continuity of operations, connectivity, and innovation.
- The Offeror's expectations as to the CHCC personnel's roles and the impact on the operational approach to an EHR.
- Other tasks not outlined in this RFP, but necessary for Offeror project success.

3.5 Qualifications and Expertise

The qualifications and expertise sections of the proposal shall include:

- **Team** – Identify the team who will work on this project. Include each member's name, title/role, and brief background/experience. Include subcontractors if applicable.
  - An Organization Chart shall be included with the following:
    - All proposed personnel
    - Differentiations between Offeror Staff and Subcontractor Staff
    - Supervisor level
    - Responsibilities in the Offeror's organization
    - Key personnel
    - Other staff members who shall be involved in the project.

  Describe how the Offeror utilizes account managers or project manager assignments to the project.

- **Subcontracting** – The Offeror and sub-contracting entities must have all necessary business licenses, registrations, and professional certifications at the time of the contracting to be able to do business in the CHCC. All companies submitting

proposals in response to this RFP must be qualified to transact business in the CNMI. The Offeror shall be fully responsible for the work performed by any and all subcontractors engaged in the execution of this agreement. The offeror shall ensure that all subcontractors comply with the terms and conditions of this agreement and any non-compliance or breach by a subcontractor shall be deemed a breach by the offeror.

- **Service Level Agreements** – Briefly describe Offeror service level targets and results to its past clients.
- **Qualifications** – In this Section, the Offeror shall provide the following information (referencing the subsections in sequence) to evidence the Offeror's experience in delivering services such as those sought under this RFP:
    - A brief statement of how long the Offeror has been performing the services sought under this RFP;
    - A description of the experience level, technical and application knowledge, and government experience of the corporate technical resources that may be used for the contract.
    - A list and brief description of relevant engagements.
    - The Offeror shall name and describe the use and experience of all proposed Subcontractors.

3.6 Price Proposal

The proposal shall include the price information:

- Provide a summary and algorithm of pricing for the proposed services and products. Please ensure to include all costs associated with your proposals. Indicate clearly (where/if) applicable OPTIONAL (and/or) ADD-ON Costs. Clearly indicate the product's estimated TCO ("total cost of ownership") over a 5-year period.
- Provide the proposed cost for the EHR and its implementation. The proposed costs will include the completion of the following major tasks preceding the complete "Go-Live" of the EHR. The start date for the payment of the annual license by the CHCC will begin on the date that the system is completely installed and functional for use by the CHCC. Please break down costs for these elements:
    - Initial installation of the EHR on-premises.
    - Data migration from the current EHR into the new EHR.
    - Training in the administrative and clinical modules, beginning with Patient Registration and Billing and Accounts Receivables (including any third-party payer service).
    - Interfaces with laboratory and pharmacy, and other modules.
    - Hardware, software, licenses, etc.

The annual license cost for the use of the EHR shall commence with the full "Go Live" of the EHR and the completion of the above activities.

The Offeror shall provide the annual license cost for the use of the EHR that shall be fixed for at least 5 years. For each subsequent 5-year period, the license cost shall be increased by not more than 4%. The cycle of the incremental increase over all subsequent 5-year periods shall be in perpetuity.

- The Offeror must further warrant that should the Offeror seek to sell the software to another company, the purchasing company shall novate this license in whole to the company purchasing the software ownership or provide the option for the CHCC and successor to use the software.

- **Support** – Cost for providing continued maintenance (monthly Cost) includes system upgrades and modifications required by the Federal government, ONC, and Medicaid to comply with changes to regulations, state/territory policies, and CMS directives.
- **Optional Offering** – Cost for providing additional modules and services.
- **Financial Stability** – Offerors shall submit copies of their organization's independently audited financial statements within the last eighteen (18) months or provide a letter of good credit from their bank. If neither of these is available, Offeror shall submit a performance bond. The financial statement submitted shall be solely for the Offeror.

3.7   Assurances of our Contract Agreement

Offeror certifies compliance with CMS QSO-22-07 Guidance for the Interim Final Rule-Medicare and Medicaid Programs; Omnibus Covid-19 Healthcare Staff Vaccination. This rule establishes requirements regarding COVID-19 vaccine immunization of staff among Medicare-and Medicaid-certified Providers and Suppliers.   Proposers MUST fill out the attached COVID-19 Compliance Form marked as "Appendix F".

3.8   Appendices

The proposal shall also include the information as specified in the following appendices:

- **Appendix A** – Proposal Letter. The Proposal Letter shown in Appendix A shall be signed and dated by an individual authorized to bind the Offeror legally. Evidence shall be submitted showing the individual's authority to bind the Offeror.
- **Appendix B** – Offeror's Profile. The Offeror's Profile form shown in Appendix B shall be completed in its entirety.
- **Appendix C** – References. Using the form shown in Appendix C, the Offeror must disclose all contracts for similar services performed during the last two (2) years. Points of contact and contact information should be indicated for each contract listed. These will serve as potential references to be contacted by the CHCC as part of the evaluation of the Offeror's proposal.
- **Appendix D** – Cost and Pricing Questionnaire. This must be completed.
- **Appendix E** – Technical Proposal Response Sheet
- **Appendix F** – Assurances of our Contract Agreement

SECTION 4: Evaluation of Proposals and Basis for Award (Criteria for Selection)

4.1 Evaluation of Offeror Proposals

All responsive proposals received by the Closing Date for Receipt of Proposals on **December 15th, 2023** at 4.30PM CHST will be evaluated and scored.

4.2 Evaluation Committee

A committee comprising at least three (3) representatives will evaluate and score each proposal submitted after reviewing all proposals and completing oral presentations. The committee will submit its evaluations to the Delegated Procurement Officer, who may also be a representative of the committee. The Delegated Procurement Officer will review the RFP and the evaluations before the selection of a Contractor. According to the criteria shown in this section, the firm with the highest score shall be awarded the contract.

4.3 Criteria for Proposal Evaluation and Scoring Method

The scoring and subsequent ranking of each proposal will be based on a scoring method using weighted formulas for technical merit (e.g., ability to meet scope of work/schedule), qualifications and expertise, references, price, and other. The total score for each proposal will be on a scale of 0 to 100 points. Four (4) general categories will be used to evaluate the proposals:

Category	Maximum Number of Points per Category
Technical Merit	65
Qualifications and Expertise	10
References	5
Price	20
Total	100

4.3.1 Detailed Evaluation Formula for Technical Merit

Technical Merit	Maximum Number of Points per Category
Clinical and Operations Functionalities	30
Data Architecture and Technology	10
Implementation and Support	15
User Interface & Experience (Product Demonstration)	10

4.3.2 Detailed Evaluation Formula for Qualifications and Expertise

Qualifications and Expertise	Maximum Number of Points per Category
Years of Experience as EHR Vendor	2
Work with FQHCs	3
ONC Certified System	5

Detailed Evaluation Formula for Reference

References	Maximum Number of Points per Category
Background	5

4.3.3 Detailed Evaluation Formula for Price

Price	Maximum Number of Points per Category
Lowest Price	20

A pricing formula shall be used to allot points based on the Offeror's price (not including options and add-ons) and the lowest-price Offer (not including options and add-ons).

The References category will be scored by selecting up to three (3) of the Offeror's previous or current customers and factoring their responses to standardized questions into the evaluation.

SECTION 5: GENERAL INFORMATION:

5.1 RFP Amendments

The CHCC reserves the right to amend the RFP at any time prior to the Closing Date for Receipt of Proposals. All RFP amendments/addendum will be posted on the following website, **https://www.chcc.health/RFP/requestforproposal.php** and via email to all Offerors which submitted an intent to submit. The CHCC reserves the right to cancel this RFP at any time for any reason at no cost to the CHCC.

5.2 Offeror Questions

Questions about this RFP will only be received in writing via email to CHCC Director of IT, Bel Busby at bel.busby@chcc.health and CHCC Procurement Director, Cora Ada at cora.ada@chcc.health with the RFP number and project title as the subject. Questions communicated verbally may not be answered. Offerors must avoid direct communication about this RFP with other CHCC staff members.

All Offeror questions received regarding this RFP and their respective responses from CHCC will be emailed to all Offerors that have indicated an intent to bid. No identifiable information from the Offeror who has submitted the question will be included in the question and response provided to all Offerors. No questions or requests for clarification will be accepted verbally or over the phone.

5.3 Notifications

The Offeror is responsible for ensuring the correctness and readability of its proposal. However, the CHCC reserves the right to seek clarifications during proposal review. Content for which a clarification may be requested includes obvious clerical mistake which are clear from examining the bid document.

5.4 Preparation Costs

All costs incurred by the offeror in preparing a response to this RFP and subsequent inquiries shall be borne by the vendor. All bids and accompanying documentation will become the property of CHCC and will not be returned. The Commonwealth Healthcare Corporation reserves the right to reject any or all bids for any reason and to waive any defects in said bid, if in its sole opinion, to do so would be in the best interest of CHCC.

5.5 Propriety Information

The Offeror should clearly identify any proprietary information or material in the Offeror's submitted proposal. Upon final execution of an Agreement for Services, all non-proprietary information in an Offeror's proposal may be made available by the CHCC for public inspection upon request. Accordingly, material designated as confidential should be readily separable from the proposal to facilitate inspection of the non-confidential portion of the proposal.

5.6 Confidentiality

This request for proposal, and the information contained herein, belong to the CHCC and are considered confidential business information of the CHCC. The information is intended only for your company's use in preparing a response to this Request for Proposal and may not be communicated to any other parties, either internally or externally, that are not directly involved in preparing your company's response.

5.7 Submission of Proposals

Offerors must submit proposals by email. Note that the maximum allowable file size for email attachments is 10 MB, so an Offeror may need to send its complete proposal in multiple parts. Proposals may be modified by an Offeror prior to the Closing Date for Receipt of Proposals on **December 15th, 2023 at 4:30PM CHST**, and it is the responsibility of the Offeror to confirm that the CHCC has received its proposal prior to said Closing Date.

5.8 Certification of Proposal

By submitting a proposal, the Offeror certifies that the proposal submitted to the CHCC is in accordance with any required authorization by the governing body of the Offeror's organization. The Offeror further certifies that the information and responses in the proposal are true, accurate, and complete so that the CHCC may justifiably rely upon said information for evaluation and contracting with the Offeror. If it is later discovered that any information provided in the Offeror's proposal is false, it will result in the Offeror's elimination from consideration.

5.9 Proposal Withdrawal

An Offeror may withdraw its proposal by submitting a written request to the CHCC any time prior to the closing date for Receipt of Proposals.

5.10 Proposal Duration

All prices, terms, and conditions quoted in the vendor's proposal or negotiated thereafter must remain firm for a minimum period of **six (6) months** from the CHCC receipt thereof.

5.11 Disqualification of Proposals

The CHCC reserves the right to consider as acceptable only those proposals submitted in accordance with all the requirements set forth in this RFP and which demonstrate an understanding of the scope of work. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP or that reserves the right to accept or reject an award or the right to enter into a contract pursuant to an award may be disqualified without further notice at the discretion of the CHCC.

An Offeror shall be disqualified, and its proposal automatically rejected for any one or more of the following reasons:
- The proposal shows any noncompliance with applicable law.
- The proposal is incomplete or irregular in such a way as to make the proposal indefinite or ambiguous as to its meaning.
- The Offeror is debarred or suspended. Entities that are currently debarred or suspended from federal procurement transactions are listed in the Excluded Parties Listing System. A search can be performed at https://www.sam.gov/SAM/ to determine whether an entity has an active exclusion.

5.12 Objective Selection Process

The Commonwealth Healthcare Corporation (CHCC) is committed to a fair, transparent, and objective selection process for the Electronic Health Record Implementation Project. The CHCC

will establish an Evaluation Committee comprising of representatives from relevant departments who have no direct or indirect interest in any of the offerors or their proposals. The committee will be responsible for reviewing, scoring, viewing Offeror demonstrations, and recommending proposals for selection according to the evaluation criteria listed in Section 4. Every step of the evaluation process, including score calculations, and final recommendations, will be thoroughly documented. This ensures that the decision-making process is traceable and can be reviewed if needed.

The CHCC will make its final selection based on the cumulative scores of the proposals and the recommendations of the Evaluation Committee. The highest-scoring proposal that aligns best with CHCC's needs and budget considerations will be selected.

5.13 Mandatory Product Demonstration

As an integral part of the evaluation process, every offeror who submits a valid proposal by the deadline will be required to provide a comprehensive product demonstration.

Upon review of the written proposals, the CHCC will coordinate with each offeror to schedule a suitable date and time for the product demonstration. The demonstration should provide a detailed overview of the product's capabilities, features, user interface, and any other relevant aspects. It should showcase how the product aligns with the requirements specified in the RFP.

The demonstration is expected to last between 60 to 90 minutes, with an additional 30 minutes allocated for questions and answers. Offerors should be prepared to address any queries or concerns raised by the Evaluation Committee during this time. Depending on prevailing circumstances, the demonstration may be conducted on-site or virtually. Specific details regarding the format and any required preparations will be communicated in advance.

The product demonstration will be evaluated according to the criteria listed in Section 4.

While the demonstration is a critical aspect of the evaluation process, the final selection will be based on a holistic review, combining scores from the written proposal and the product demonstration. Offerors are advised to ensure thorough preparation for the demonstration, as it plays a pivotal role in the CHCC's decision-making process.

5.14 Availability of Funds

Offerors are advised that entering into an Agreement for Services is contingent upon the availability of funds. If funds are not available, the CHCC reserves the right not to enter into an agreement.

5.15 Notice to Proceed

The CHCC shall not be responsible for work done, even in good faith, prior to the CHCC's execution of an Agreement for Services unless specific provisions are made in the Agreement for Services.

5.16 Procurement Officer

This RFP is issued by the CHCC Delegate, the Director of Procurement, Cora Ada, who is responsible for overseeing the entire RFP process and Agreement for Services (e.g., reviewing/evaluating the proposals, selecting the committee members, selecting the vendor, etc.).
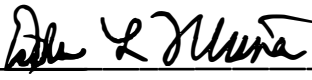
5.17 Additional requirements:

For Offeror awareness, the selected Offeror will be expected to submit the following documentation prior to the execution of an Agreement for Services with the CHCC:

1. Tax clearance from the CNMI Department of Taxation and the U.S. Internal Revenue Service. See Section 1.10 of this RFP.
2. Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters, if applicable.
3. Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions, if applicable.

SECTION 6: SELECTION PROCESS

Proposals submitted will be evaluated and selection will be made based on the evaluation criteria mentioned in Section 4. Upon selection, the CHCC will attempt to negotiate a mutually acceptable Agreement for Services with the selected Offeror. If this cannot be accomplished within twenty-one (21) calendar days after initial selection, the CHCC reserves the right to terminate contract negotiations with the first-ranked Offeror and select the second-ranked Offeror for negotiation of a potential award. This process may continue in order of Offeror ranking until a mutually acceptable Agreement for Services is achieved with the CHCC and an award is made to a selected Offeror. If the contract is not agreed to with any of the responsible offerors the RFP will be cancelled and re-advertised.

Approved By: _____ Date: 11/13/27

Esther L. Muna, PhD, FACHE, MHA
Chief Executive Officer

Approved By: _____ Date: 11-15-23

Cora P. Ada
Director of Procurement & Supply

Appendix A Proposal Letter to Commonwealth Healthcare Corporation

We propose to provide services to the Commonwealth Healthcare Corporation (CHCC).

It is understood that this proposal constitutes an offer which will be valid for at least 6 months.

It is understood and agreed that we have read the Commonwealth Healthcare Corporation specifications described in the RFP, and this proposal is made in accordance with the provisions of such specifications. By signing this proposal, we guarantee and certify that all items included in this proposal meet or exceed any and all such specifications and agree to the terms and conditions in all of the documents described in Section 4.6 of the RFP, including Attachments.

If selected, we agree to deliver goods and services which meet or exceed the specifications.

Respectfully submitted,

_____   _____
Authorized Signature   Date

_____
Printed Name

_____
Title

_____   _____
Email Address   Telephone

_____   _____
If contract is awarded, the purchase   EIN
Order/payment should be made to:

_____
Remittance Address

_____
City, State, Zip Code

Appendix B Offeror Profile

OFFEROR PROFILE

(All items must be provided to be considered)

Company Name: _____

Type of Company: _____

Address: Total # Full-Time Employees: _____

_____   Phone Number: _____

_____

Email: _____   Federal ID #: _____

Company Start Date _____   State ID #: _____

Project Manager / Principal Contact (Attach Bio): _____

Assigned Employees (Attach Bios):

                    _____

                    _____

                    _____

                    _____

                    (Attach Additional Listings)

Signature:_____   Date:_____

Position/Title: _____

*Attached to this page: Resumes for all project team members.

Appendix C References

Include 3 to 4 references in the following format.

REFERENCE

Name of Firm

Address Contact

Name Position

Telephone

Number

Email

Address

Dates of

Services

Description of Services Provided

Appendix D Cost and Pricing Questionnaire

This Cost and Pricing Questionnaire must be completed in full in order for your proposal to be considered in response to the CHCC Certified Electronic Health Record Implementation Project RFP. Please state your total cost for all products and services, including system implementation, for the first 5 years of the system's operation on line 1 below. On line 2, below, state the ongoing annual cost for the system.

Please provide a dollar cost and a brief description for each cost category or item listed in the table below. In the description column, clarify if the cost is one-time, annual, or other frequency. If there is an anticipated increase in annual costs, please specify in the description column. The total cost should equal the sum of all the costs listed in these sections.

If a category or item is not included in the table below, add additional cost categories as necessary. If the Offeror recommends additional services or system components for this RFP but not specified in the requirements, please include them in the table below and note them as optional services or functionality in the description column.

The Offeror guarantees the support costs shall not exceed or escalate beyond three percent (3%) for license costs. If Offeror cannot make this guarantee, please include it in the appropriate category's description. Offeror shall provide the annual license cost for the use of the EHR that shall be fixed for a 5-year period. For each subsequent 5-year license period, the license cost shall be increased by not more than 4%. The cycle of the incremental increase over all subsequent 5-year license periods shall be in perpetuity.

1. Total Cost for First 5 Years: _____
2. Total Ongoing Annual Cost: _____

Product/Service	Description	Cost
Software modules included in the system, not including any licensing costs.		
Hardware (if applicable).		
Project management.		

System installation and configuration.		
Interfaces (e.g., lab, pharmacy, financial, etc.).		
Travel expenses for implementation.		
Data migration.		
Training services, including training materials.		
System User Acceptance Testing.		
Any system support/maintenance, not including. licensing/subscription costs.		
All licensing and/or subscription costs associated with the system.		
Other one-time costs (please specify).		
Other ongoing costs (please specify).		
Add more rows for cost categories as needed.		

Appendix E   Technical Proposal Response Sheet

Reference Number	Module/Function	Description	Offeror Response
1.	Registration	The system includes a Registration module/functionality. Please describe.	
2.	Registration	The system provides a Master Patient Index (MPI) or patient merge functionality.	
3.	Registration	The system automatically generates EHR numbers upon patient registration.	
4.	Registration	The system alerts the user (provider/nurse) when there is missing or incomplete information in a record.	
5.	Registration	The system allows for patient lookup by different criteria (e.g., name, MRN, SSN, DOB).	
6.	Registration	The system allows for registration to be accessed from multiple screens such as visit screens w/o leaving the visit screen (i.e., registration screen opens on top of, below, or next to the visit screen).	
7.	Registration	The system supports a unique patient identifier (e.g., account number) to identify the patient across medical and dental clinics.	
8.	Registration	The system supports patient registration through information interface and manual entry.	
9.	Registration	The system captures demographics that complies with the §	

		170.315 requirements and UDS reporting.	
10.	Registration	The system captures patient demographic fields specific to CNMI operations (passport, other countries, villages, CNMI/other territories, etc.)	
11.	Registration	The system captures patient demographics (e.g., name, address or place or type of residence, migrant status, homeless status, primary language, date of birth, gender, sex, sexual orientation, etc.).	
12.	Registration	The system captures granular Asian and Pacific Island race/ethnicity (e.g., Chamorro, Carolinian, Chuukese, Yapese, Japanese, Korean).	
13.	Registration	The system captures Compacts of Free Association (COFA), FSM, Marshall Island, Palau and whether they are migrated to CHCC or were born in CHCC.	
14.	Registration	The system captures citizenship.	
15.	Registration	The system allows users to register individuals by family.	
16.	Registration	The system documents patients associated with a family or guarantor that can have surnames and addresses that differ from the head of household or guarantor.	
17.	Registration	The system differentiates between patients and guarantors (patients or non-patients who are to pay the patient's bill if no one else does).	
18.	Registration	The system establishes a	

		patient account status indicator or code that reflects the payment status of the patient's account. This account status indicator or code will change automatically as the account status changes. Users will have the ability to change this account status indicator or code. An account status indicator value or code will be reserved to indicate that no bill should be sent out.	
19.	Registration	The system allows a patient to have more than one guarantor without requiring the patient to have more than one account.	
20.	Registration	The system supports recording both a permanent and local or temporary address for the patient.	
21.	Registration	The system flags potential duplicate accounts for reconciliation/merge.	
22.	Registration	The system has the ability to merge patients.	
23.	Registration	The system has the ability to merge providers.	
24.	Registration	The system allows to identify and enters other programs in which the patient is enrolled for federal reporting.	
25.	Registration	The system records a patient's housing status and ethnicity using values in a user-defined table.	
26.	Registration	The system records geographical information associated with the patient's and guarantor's residence (e.g., homeless, neighborhood, or census tract) via the registration module.	

27.	Registration	The system provides a free text comment field associated with the patient's registration record.	
28.	Registration	The system displays special instructions on screen based on appointment type, clinic, etc. (e.g., "bring immunization records with you" or "minimum payment due today").	
29.	Registration	The system allows custom tasks to be created at check-in.	
30.		The system allows for custom documents to be generated (e.g., medical power of attorney, privacy practice, screenings, assessments)	
31.	Registration	The system supports alerts or documents task completion or status for patient registration and check-in.	
32.	Registration	The system provides multiple text fields that can be used to categorize the patient for reporting. These fields are accessible via the report-writing tool.	
33.	Registration	The system allows updates to the poverty level and sliding fees with changes in poverty guidelines annually.	
34.	Registration	The system supports the determination of eligibility and enrollment in programs (e.g., 340B, sliding fee, etc.).	
35.	Registration	The system can check insurance eligibility electronically from public and private payers. List clearinghouses with which this functionality exists.	

36.	Registration	The system allows identification of a patient by his or her prior name (e.g., maiden name) or alternate name (e.g., alias) previously entered into the system.	
37.	Registration	The system supports and indexes scanned documentation to patient charts and document management system.	
38.	Registration	The system allows SSN field to be skippable	
39.	Registration	The system captures status of residency (tourist, visa, permanent resident, US citizen)	
40.	Registration	The system allows multiple phone numbers to patients outside of Next of Kin information.	
41.	Registration	The system allows multiple phone number of patient visible to clinicians	
42.	Registration	The system allows temporary naming for patients like Jane and John Doe	
43.	Registration	The system allows Hyphenated first, middle, last names.	
44.	Registration	The system allows legal guardianship information visible to clinicians.	
45.	Registration	The system allows Advance Directives detail visible to clinicians.	
46.	Registration	The system allows all modules to use patient existing HRN	
47.	Registration	The system allows displays details of Sliding fee coverage made visible to clinicians.	
48.	Registration	The system allows scanned documents such as Advance Directive or legal guardianship made visible to clinicians.	
49.	Registration	The system allows	

		patient's picture image uploaded and viewable to all end-users.	
		Scheduling	
50.	Scheduling	The system includes a Scheduling module/functionality. Please describe.	
51.	Scheduling	The system supports features to configure provider/staff availability for appointments.	
52.	Scheduling	The system allows user to view daily, weekly, or monthly schedules.	
53.	Scheduling	The system includes a drag-and-drop scheduling feature.	
54.	Scheduling	The system supports appointment scheduling for a clinic.	
55.	Scheduling	The system allows multi-provider/multi-staff scheduling in a single view.	
56.	Scheduling	The system allows a user to reserve/block time slots for specific procedure types.	
57.	Scheduling	The system alerts user when patient registration is not complete and disallows appointments to be scheduled until they are fully registered.	
58.	Scheduling	The system sends out appointment reminders.	
59.	Scheduling	The System allows flagging of duplicate or similar appointments within a time period.	
60.	Scheduling	The system allows auditing capability of any changes made	
61.	Scheduling	The system allows scheduling of visits catered to Public Health/CGC free of charge service programs/visits.	

		Charge Entry	
62.	Charge Entry	The system includes a Charge Entry and billing module/functionality. Please describe.	
63.	Charge Entry	The EHR includes a billing system.	
64.	Charge Entry	The system updates procedure codes annually (CPT, HCPCS & ICD).	
65.	Charge Entry	The system allows for professional fee billing and facility / technical billing.	
66.	Charge Entry	The system updates to procedure codes are not a separate agreement for annual updates.	
67.	Charge Entry	The system automatically translates codes to data.	
68.	Charge Entry	The system provides the ability to identify all procedures which are covered by FQHC rates including those that are date-sensitive.	
69.	Charge Entry	The system supports splitting global fees into user-defined components (e.g., Rx vs 340B program Rx).	
70.	Charge Entry	The system combines separate doses and dosing times for a medication into a single prescription claim (e.g., Depakote 500 mg QAM and 1000 mg QHS billed on one claim).	
71.	Charge Entry	The system allows for real-time insurance billing for bulk and multi-dose items (e.g., inhalers, insulin, topical medications, etc.).	
72.	Charge Entry	The system supports pharmacy billing information, including doses administered, not dispensed, and be able to account for half-tablets and multi-dose	

		containers.	
73.	Charge Entry	The system prevents users from entering procedures to incorrect sites, departments, or providers (e.g., dental codes cannot be entered for pediatrics providers/units).	
74.	Charge Entry	The system allows documentation on charge entry and is rule based (i.e., signed and audited or auto released).	
75.	Charge Entry	The system can automatically calculate and enter the charge amounts for provided services.	
76.	Charge Entry	The system provides the ability to establish and have bills automatically adjust to a center-specific sliding fee scale policy, including the following: a) Procedure code b) Visit c) Department d) Facility e) Service type f) Combination of above	
77.	Charge Entry	The system supports the calculation of sliding fee by percentage of full charge.	
78.	Charge Entry	The system has the ability to identify procedures ineligible for sliding fee schedule.	
79.	Charge Entry	The system has the ability to flag charging delays, issues, and opportunities, based on clinical practice guidelines and requirements	
80.	Charge Entry	The system edits / checks based on most recent legislations, guidelines, policies and guidelines, but not limited to: - Claim completeness	

| | | - Medicare local and national coverage determinations (LCD and NCD)
- Commercial insurance guidelines
- Validity of the codes for date of services
- Coding rules and guidelines to validate claims meet payor requirements to be processed correctly, have proper potential denials (i.e. medical necessity, incorrect orders, etc).
- Modifier validation
- Clear documentation of where a potential diagnosis or procedure are incorrectly coded
- Review outliers and commercial contracts to identify missing inpatient charges
- Timely filing limits
- Calculation of allowable for both facility and professional contracts
- Maintenance of multiple payors negotiated contracts with the contract specific exceptions and rules
- Maintenance of reimbursement rates with multiple break downs by the different payors
- Contract interpretation differences with payer
- Secondary payer reimbursement higher than primary (ensure secondary claim and payment)
- Incorrect procedure/CPT billed | |

		- Actual payment less than anticipated - Inappropriate refunds or payer take-backs - Inappropriate write-offs - Underpayment recovery process and for substantial issues, processing multiple months of historical claims - Pharmacy (IP, OP, specialty) billing process, technology	
		Patient Accounting	
81.	Patient Accounting	The system includes a Patient Accounting and financial module/functionality. Please describe.	
82.	Patient Accounting	The system allows to split family members and assign them to appropriate accounts (mandatory with family billing).	
83.	Patient Accounting	The system can bill secondary payers on a fee-for-service basis, then bill the state on an FQHC basis, and offset all payments received for services related to the FQHC visit.	
84.	Patient Accounting	The system allows each family can have an unlimited number of insurance policies covering members of the family.	
85.	Patient Accounting	The system allows the user to specify which members in the family are covered by each insurance policy.	
86.	Patient Accounting	The system provides the ability to automatically replicate identical data for family members during the registration function (e.g., home	

		telephone number, address, payor source, etc.).	
87.	Patient Accounting	The system allows the user to assign the patient to a sliding fee scale and record an associated date for recertifying the patient's sliding fee scale eligibility.	
88.	Patient Accounting	The system provides fields that can be used to categorize the patient for reporting. These fields are accessible via the report- writing tool.	
89.	Patient Accounting	The system has the ability to automatically compute a sliding scale and percentage of poverty based on family size plus income data.	
90.	Patient Accounting	The system sends alerts after every set period/year to ask the patient for proof of documentation for sliding fee scale.	
91.	Patient Accounting	The system retains past fee guidelines and schedules for sliding scales.	
92.	Patient Accounting	The system tracks the status of each outstanding guarantor and third-party insurer balance by the age of the balance (in intervals of 30 days up to 80 days) and by whether a minimum payment (percentage basis), a full payment, or no payment has been made against the outstanding balance.	
93.	Patient Accounting	The system supports the development of budget plans and bills guarantors according to the budget plan agreement.	
94.	Patient Accounting	The system has a Special	

		group account available to handle the situation in which services provided to a large group of patients are billed to a single third-party payor and should not or cannot be billed to the patient's guarantor.	
95.	Patient Accounting	The system detects insurance coverage for program eligibility.	
96.	Patient Accounting	The system can be configured to ignore sliding fee scale on patients with certain insurances.	
97.	Patient Accounting	The system has work queues or assigned views for follow up on sliding fee accounts.	
98.	Patient Accounting	The system allows the tracking of various payments, credits, and recoupments related to patients under sliding fee.	
99.	Patient Accounting	The system can alert cashiers about any incomplete documentation at the time of patient check out.	
100.	Patient Accounting	The system can flag the records of patients who have an outstanding balance.	
101.	Patient Accounting	The system can display the amount a patient has already paid.	
102.	Patient Accounting	The system has cashiering functionality.	
103.	Patient Accounting	The system is capable of automatically calculating and entering the charge amounts for provided services.	
104.	Patient Accounting	The system can automatically capture charges.	
105.	Patient Accounting	The system supports billing based upon program and funding source.	

		Chargemaster (CDM) Management	
106.	CDM Management	The system has a Charge Master data import and export, to and from system	
107.	CDM Management	The system has Identification of and remediation of high-risk compliance and coding issues	
108.	CDM Management	The system can interface to CDM vendors (such as Craneware, or others).	
109.	CDM Management	The system can add, modify, delete codes along with their fees and descriptions in the system	
		Contract Management	
110.	Contract Management	The system allows for program and payer contract management (ex. Sliding Fee Scale, Commercial and Government payer contracts)	
111.	Contract Management	The system allows to Apply payer/program rules (such as contractual rates, timely filing limit, non-covered services, etc) to applicable claims	
112.	Contract Management	The system can send alerts for claims reaching the timely filing limit based on specific contract rules	
		Clearinghouse Functions	
113.	Clearinghouse Functions	The system can receive notification that a claim has been accepted by the clearing house and payor	
114.	Clearinghouse Functions	The system has a Claims status inquiry that is fully integrated with EHR / RCM system and can be categorized for reporting	
115.	Clearinghouse Functions	The system allows for Claims to be edited and/or corrected 24/7	
116.	Clearinghouse Functions	The system provides detail reporting on rejection	

		reasons and claim acceptance rates	
117.	Clearinghouse Functions	The system allows for Rejected claims to be routed back for correction	
118.	Clearinghouse Functions	The system has Rejected/error codes that are easily understandable, reportable	
119.	Clearinghouse Functions	The system allows Paper Claims	
120.	Clearinghouse Functions	The system allows for electronic submission of secondary claims for applicable payor	
121.	Clearinghouse Functions	The system allows Electronic Remittance Advice (ERA)	
122.	Clearinghouse Functions	The system allows transactions summaries and trending of clearinghouse activity	
123.	Clearinghouse Functions	The system Clearing house is compliant with all HIPAA approved transactions	
124.	Clearinghouse Functions	The system has a clean claim rate in comparison to applicable benchmarks	
125.	Clearinghouse Functions	The system has an Appeal tool for claim history, RA and appeal request form for multiple vendors	
		Denial Management	
126.	Denial Management	The system has Denial and Account Receivable Managements	
127.	Denial Management	The system has an Alerts and work queues ensuring efficient revenue recovery	
128.	Denial Management	The system has Data reporting to understand the common causes	
		Payments Posting	
129.	Payments Posting	The system includes a Payments Posting and financial module/functionality. Please describe.	
130.	Payments Posting	The system can generate reminder notices to	

		patients with expired sliding fee review dates.	
131.	Payments Posting	The system maintains a history of statements mailed to patients (required to file for Medicaid bad debts). The history records the date and type of statement sent.	
132.	Payments Posting	The system allows the user to flag accounts for follow-up and to add special collection accounts via the collection's module.	
133.	Payments Posting	The system can change the sliding fee type of patients with expired sliding fee coverage (temporary category).	
134.	Payments Posting	The system can slide patient balance after insurance payment is received.	
135.	Payments Posting	The system will provide support for third-party report writing products.	
136.	Payments Posting	The system supports a dashboard for financial data.	
		Statement Generation	
137.	Statement Generation	The system includes a Statements Generation and financial module/functionality. Please describe.	
138.	Statement Generation	The system has or can establish HIPAA-compliant electronic claims interfaces with the following entities: a) Medicaid; b) Medicare; c) DPHSS Divisions, Programs, and Grants; d) CHCC third party provider.	

139.	Statement Generation	The vendor must list clearing houses connected to or if the system includes clearinghouse functions.	
140.	Statement Generation	The system can print a bill at the time of checkout (on demand).	
141.	Statement Generation	The patient statement should include readable and core information (e.g., source of payment, date of service, co-payment, co-insurance, allowances allowed and not allowed).	
142.	Statement Generation	The system has the ability to reprint a day bill on demand.	
143.	Statement Generation	The system reprinting of a bill or batch statements will not impact re-billing logs.	
144.	Statement Generation	The system supports printing of statements based on custom criteria (e.g., department, date range, etc.).	
145.	Statement Generation	The system has the ability to manually generate claims.	
146.	Statement Generation	The system uses claims clearinghouses to submit electronic claims to all entities listed below: a) Medicaid; b) Medicare; c) DPHSS Divisions, Programs, and Grants d) CHCC/CNMI third party provider	
147.	Statement Generation	The system allows to identify the patient as eligible for a certain discount percentage, the bills will automatically include the credit adjustment and the reversing debit adjustment for the discount.	
148.	Statement Generation	The system allows for a fixed (minimum) co-	

		payment, specified for the system as a whole or for particular accounts (Medicaid indigents), the bill will reflect the associated adjustments.	
149.	Statement Generation	The system allows balance and aging of an account updated at the time the demand bill is generated and is not delayed until the end of the accounting period.	
150.	Statement Generation	The system supports billing by family where all bills associated with members of the family are summarized in a single-family account.	
151.	Statement Generation	The system allows the system manager to modify the format of the patient or family statement/bill without vendor intervention.	
152.	Statement Generation	The system automatically determines the sliding fee category based on family size and income.	
153.	Statement Generation	The system can run a report displaying the total posted for a given day.	
154.	Statement Generation	The system is capable of automatically generating a receipt.	
		Practice Management	
155.	Practice Management	The system includes a Practice Management module/functionality. Please describe.	
156.	Practice Management	The system supports customizable automation of business tasks.	
157.	Practice Management	The system supports business tasks to be configured to run at specified times.	
158.	Practice Management	The system produces encounters for patients	

		without third-party coverage report that lists patients' full names, Social Security numbers, and all encounters and their associated charges within a user-specified date range for patients that show no insurance coverage on their accounts. This report can be used to check eligibility for medical reimbursement.	
159.	Practice Management	The system can provide early intervention program billing and reporting capabilities.	
160.	Practice Management	The system provides dynamic responses that allow the user to view summary information and drill down into detailed information from the report (e.g., provider, claim patient, etc.).	
161.	Practice Management	The system allows for ad hoc reporting against the database by customer using standard reporting software (e.g. Crystal Reports) or standard database queries	
162.	Practice Management	The system allows reporting and analysis of any/all components included in the Clinical Practice Guidelines (CPG).	
163.	Practice Management	Included in each CPG, the system has the capability to create, review, and update information about:	
164.	Practice Management	The performance measures that will be used to monitor the attainment of objectives.	
165.	Practice Management	The quantitative and qualitative data to be collected.	
166.	Practice Management	Performance metrics: CPG shall allow for decision	

		support based on standardized discrete data to be used to calculate clinical performance measures.	
167.	Practice Management	Collection means and origin of data to be evaluated.	
168.	Practice Management	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.	
		Remittance Advice	
169.	Remittance Advice	The system includes a Remittance Advice and financial module/functionality. Please describe.	
170.	Remittance Advice	The system has HIPAA compliant remittance interfaces to the following payors: a) Medicaid; b) Medicare; c) DPHSS Divisions, Programs, and Grants. d) Third party provider	
171.	Remittance Advice	The system supports ingest to EOBs or EOMBs.	
172.	Remittance Advice	The system supports interfacing with clearing houses (e.g., Ability).	
173.	Remittance Advice	The system allows payments to be made at the time of collection or same day.	
		Account Management/Follow-Up	
174.	Account Management	The system has customizable online work queues to provide follow-up by payor, financial class, balance, etc.	

		Total Cost of Care (TCOC)	
175.	TCOC	The system can monitor patient cost trends by service type, patient diagnosis, procedures, medications, and other factors	
176.	TCOC	The system has the ability to determine the total cost of care related to personnel, facilities, equipment, and supplies to specific patients or patient groups. This is used to track the direct and indirect costs of care delivery.	
		General Functionality	
177.	General Functionality	The system supports clinic operations. Please describe.	
178.	General Functionality	The system can describe the maximum number of users, customers, and database size based on the recommended hardware configuration that would still provide good user response times.	
179.	General Functionality	The system supports or improves the workflow for operations (e.g., pharmacy, laboratory, clinic, etc.).	
180.	General Functionality	The system supports multiple user access to a record. However, only one user is permitted to make changes to the same part of the record at a time.	
181.	General Functionality	The system supports FQHC specialties (primary care, dental, behavioral health).	
182.	General Functionality	The system uses timeouts to unlock locked files or records if the original user is inactive for a specified period of time.	

183.	General Functionality	The system allows users to prompt other users if they want to edit a locked file or record.	
184.	General Functionality	The system displays a prompt after a period of inactivity prior to locking.	
185.	General Functionality	The system supports the customization of note templates for disease management based on certain conditions.	
186.	General Functionality	The system possesses Structured Templates for Clinical Conditions/Workflows (Standard).	
187.	General Functionality	The system includes built-in menus for diagnosis and coding (e.g., diagnosis (ICD-10, DSM, SNOMED CT) and procedure lookup (CPT, HCPCS).	
188.	General Functionality	The system supports flags codes are attributed an HCC or ACG risk scores.	
189.	General Functionality	The system supports the manual input of ICD codes.	
190.	General Functionality	The system ensures that only authorized clinicians can sign clinical documentation.	
191.	General Functionality	The system supports document signing logs and alerts for completion (e.g., date/time stamp).	
192.	General Functionality	The system supports real time data entry.	
193.	General Functionality	The system includes a customizable user interface.	
194.	General Functionality	The system includes user customizable alert screens/messages, enabling capture of alert details.	
195.	General Functionality	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.	
196.	General Functionality	The user interface runs in a single application or window.	
197.	General Functionality	The system supports data entry options (e.g., direct entry, dictation, voice recognition, structured notes, etc.).	
198.	General Functionality	The system supports referrals and tracking of referrals to the clinic or to outside providers.	
199.	General Functionality	The system enables the origination, documentation, and tracking of referrals between care providers or healthcare organizations.	
200.	General Functionality	The system requires the input of procedure and/or diagnosis codes for referrals to specialists.	
201.	General Functionality	The system must allow all Admission, Discharge, Transfer, and Leave (ADTL) data to be viewed for any client throughout the system and support the ability to add or remove patients individually.	
202.	General Functionality	The system has an inbox for managing new information and messages between users.	
203.	General Functionality	The system supports industry standard interfaces, including FHIR, HL7, CCR, CCD, CDA, and ELINCS at a minimum.	
204.	General Functionality	The system accepts results	

		via bi-directional standard interface from all standard interface compliant/capable entities or through direct data entry.	
205.	General Functionality	The system can provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.	
206.	General Functionality	The system allows Immunization Registry (WebIZ) interface/data exchange. Please describe.	
207.	General Functionality	The system allows Cancer Registry interface/data exchange. Please describe.	
208.	General Functionality	The system allows Other Specialty Registry interface/data exchange. Please describe.	
209.	General Functionality	The system allows API, Interfaces (FHIR, HL7) interface/data exchange. Please describe	
210.	General Functionality	The system allows Health Information Exchange (HIE) interface/data exchange. Please describe.	
211.	General Functionality	The system allows Third-Party Patient Portal interface/data exchange. Please describe.	
212.	General Functionality	The system allows Practice Management System interface/data exchange. Please describe.	
213.	General Functionality	Please describe other interface engines supported.	
214.	General Functionality	Provide list of currently available interfaces for clinical information systems, if available, including laboratory, radiology, L&D and pharmacy systems.	
215.	General Functionality	The system allows Third-Party Kiosk for patient	

		intake (check in, registration, notice of privacy practices).	
216.	General Functionality	The system sends CCDA to providers that don't have CCDA exchange capability via DSM.	
217.	General Functionality	The system has a queue that can be displayed on another monitor that shows the current patient queue.	
218.	General Functionality	The system must support data import (e.g., patient history, etc.) in Multiple format : a) Import - Paper ; b) Import - PDF ; c) Import scanned document (PDF, JPEG, etc.) d) Import - Continuity of Care Document (CCD). e) Import – HL7 and FHIR	
219.	General Functionality	The system supports the export of records in multiple formats: a) Export - Paper; b) Export - PDF; c) Export - Continuity of Care Document (CCD).	
220.	General Functionality	The system is able to send secure email messages.	
221.	General Functionality	The system is able to receive secure email messages.	
222.	General Functionality	The system can send documents via fax directly through the EHR.	
223.	General Functionality	The system can receive documents via fax directly through the EHR.	
224.	General Functionality	The system supports Direct Secure Messaging (DSM).	
225.	General Functionality	The system supports customizable access permissions (e.g., billing).	

226.	General Functionality	The system supports connection and use from multiple handheld devices (e.g., computer and tablet). Please list supported handheld devices and if any there is any specific security configuration requirements.	
227.	General Functionality	The system supports remote access. Describe remote access options and requirements.	
228.	General Functionality	The system supports internal communications chat functionality (e.g., see who is logged on, notification if message was read, etc.).	
229.	General Functionality	The system supports tracking of attachments and documents shared via internal communications.	
230.	General Functionality	The system supports collaboration with other clinicians on the same client to discuss relevant notes, treatment plan, etc. (potentially via comment/tagging functionality).	
231.	General Functionality	The system has a status indicator when a patient is checked in.	
232.	General Functionality	The system has a status indicator when a patient is checked out.	
233.	General Functionality	The system has a status indicator when a patient check vitals/sees the processing nurse.	
234.	General Functionality	The system has a status indicator when a patient is done being assessed by the provider.	
235.	General Functionality	The system has a status indicator when a patient checks out with a nurse.	
236.	General Functionality	The system has a status indicator when a patient is	

		ready for/completing additional orders (immunizations, labs, or pharmacy).	
237.	General Functionality	The system has a status indicator when a patient is done with all orders.	
238.	General Functionality	The system is capable of interfacing with CHCC Munis Accounting System.	
239.	General Functionality	The system is capable of interfacing with an external financial accounting system.	
240.	General Functionality	The system has customizable roles that can be assigned to users.	
241.	General Functionality	The vendor provides list of applications that are supported and/or need to be installed on the workstations for use of system and support.	
242.	General Functionality	The system supports a dashboard for financial data.	
243.	General Functionality	The system supports a dashboard for clinical data.	
244.	General Functionality	The system has built-in mechanism/access to other systems to capture cost information.	
245.	General Functionality	The system has a Notification feature that is associated with patient chart but not in patient's medical record.	
246.	General Functionality	The system has a Messaging capability to all online users such as EHR downtime announcements etc.	
247.	General Functionality	The system allows to Send and receive fax and email capabilities directly from EHR.	
248.	General Functionality	The system allows for Graphical User Interface customization	
249.	General Functionality	The system allows system upgrade for ICD, CPT, SNOMED, LOINC, DSM codes, etc upon new releases	

250.	General Functionality	The system allows EKG machine interface and incorporate into documentation.	
251.	General Functionality	The system allows communication within EHR between schedulers/registrars and clinicians for patient schedule requests or cancellations.	
252.	General Functionality	The system includes Behavioral Health Module section that lists the Interoperability/Interface features of their product.	
253.	General Functionality	The system includes Behavioral Health Module section that describes current interfaces with other EHR systems.	
254.	General Functionality	The system includes Behavioral Health Module– section that describes the components of its Behavioral Health Module.	
		Clinical Care Documentation and Charting	
255.	Clinical Care and Documentation	The system supports clinical care, documentation and charting. Please describe.	
256.	Clinical Care and Documentation	The system supports displays of patient summaries.	
257.	Clinical Care and Documentation	The system can provide a summary care record for each transition of care and referral visit.	
258.	Clinical Care and Documentation	The system offers prompts to support the adherence to care plans, guidelines, and protocols at the point of information capture.	
259.	Clinical Care and Documentation	The system supports patient look up (e.g., demographics, registries, etc.).	
260.	Clinical Care and	The system provides a	

49

		Documentation	flexible, user modifiable, search mechanism for retrieval of information captured during encounter documentation.	
261.	Clinical Care and Documentation	The system alerts providers for unfinished portions of clinical documentation or procedures.		
262.	Clinical Care and Documentation	The system alerts for required periodic clinical documentation (e.g., annual assessments).		
263.	Clinical Care and Documentation	The system allows providers to bypass alerts for unfinished clinical documentation.		
264.	Clinical Care and Documentation	The system supports attachments, edits and addendums to clinical documentation (e.g., notes).		
265.	Clinical Care and Documentation	The system archives entries so that amended, modified, voided and other entries are not deleted completely.		
266.	Clinical Care and Documentation	The system must be able to archive patient records and provide a long-term repository for all clinical patient data with a longitudinal view of the patient's clinical data. Describe how long-term data is managed and retrieved (for example, archived to a different data store, purged, etc.).		
267.	Clinical Care and Documentation	The system can ingest data (e.g., create data objects from lab tests, pharmacy medication profiles, vital signs, height & weight, etc.).		
268.	Clinical Care and Documentation	The system allows access to other clinical information such as previous results, notes, etc. while charting.		
269.	Clinical Care and	The system supports		

	Documentation	workflows where providers can multi-task entries (e.g., creating tasks, order tab, etc.) while charting.	
270.	Clinical Care and Documentation	The system supports multiple growth charts based on ethnicity or Conditions (Downs Syndrome, prémature, etc.).	
271.	Clinical Care and Documentation	The system supports attachments to patient charts.	
272.	Clinical Care and Documentation	The system supports the calculation, display, and printing of patient reminders for health maintenance activities.	
273.	Clinical Care and Documentation	The system offers the flexibility for the client to develop clinic-specific questionnaires, checklists, and flow sheets.	
274.	Clinical Care and Documentation	The systems support templates and customized templates for documentation (e.g., history and physical exam, school or work excuse slips, sports physical clearance, etc.).	
275.	Clinical Care and Documentation	The system includes a combination of system default, provider customizable, and provider-defined and reusable templates for data capture.	
276.	Clinical Care and Documentation	The system supports OB/GYN documentation.	
277.	Clinical Care and Documentation	The system supports pediatric documentation.	
278.	Clinical Care and Documentation	The system supports the capture of documentation and patient electronic signatures (e.g., advanced directives, medical power of attorney, master treatment plan, consent etc.).	

279.	Clinical Care and Documentation	The system has the capability to create, maintain, and verify patient treatment decisions in the form of consents and authorizations when required.	
280.	Clinical Care and Documentation	The system supports provider printing patient forms including electronic signatures.	
281.	Clinical Care and Documentation	The system provides the ability to directly capture historical patient data (bubble sheets that can be scanned, waiting room, patient portal, etc.).	
282.	Clinical Care and Documentation	The system provides a mechanism to capture, review, or amend history of current illness.	
283.	Clinical Care and Documentation	The system supports the capture of a coded problem list that maps directly to ICD-10 or SNOMED terminology.	
284.	Clinical Care and Documentation	The system captures medical and surgical history in a structured format to allow for use in the calculation of alerts and reminders.	
285.	Clinical Care and Documentation	The system supports notifications for ADT.	
286.	Clinical Care and Documentation	The system can alert providers of immunizations, critical interventions, or preventative screenings due for a patient.	
287.	Clinical Care and Documentation	The system has a clinical rules engine and a means of alerting the practice if a patient is past due.	
288.	Clinical Care and Documentation	The system has the capability to display health prevention prompts on the summary display. The prompts must be dynamic and consider sex, age, and	

		chronic conditions.	
289.	Clinical Care and Documentation	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.	
290.	Clinical Care and Documentation	The system requires users (providers/nurses) to supply all information necessary for billing upon visit completion.	
291.	Clinical Care and Documentation	The system records progress notes utilizing a combination of system default, provider customizable, and provider-defined templates.	
292.	Clinical Care and Documentation	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.	
293.	Clinical Care and Documentation	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.	
294.	Clinical Care and Documentation	The system includes user-modifiable health maintenance templates.	
295.	Clinical Care and Documentation	The system captures, maintains, and provides access to patient advance directives.	
296.	Clinical Care and Documentation	The systems links mother-baby chart.	
297.	Clinical Care and Documentation	The systems have a Growth Chart graph for peds that also includes below auto-calculated percentiles using data entered in the vital sign section.	

		-Head circumference percentile -Weight for length percentile -Height for weight percentile -Weight for age percentile	
298.	Clinical Care and Documentation	The systems have Quick orders templates editable by CHCC staff post go-live	
299.	Clinical Care and Documentation	The systems have L&D Fetal Monitoring capabilities	
300.	Clinical Care and Documentation	The systems have Interface for EKG tracings and select telemetry records.	
301.	Clinical Care and Documentation	The systems allow clinical notes to have libraries of anatomy to document wounds, scars, surgical sites etc.	
302.	Clinical Care and Documentation	The systems allow documentation of multiple injection sites over multiple occurrences on the anatomy note.	
303.	Clinical Care and Documentation	The system allows PT & INR documentation over multiple occurrences for patients undergoing anticoagulant therapy.	
304.	Clinical Care and Documentation	The system allows Tuberculosis – Directly Observed Therapy (DOT) documentation over multiple occurrences.	
305.	Clinical Care and Documentation	The system allows Nurse's patient hand off information viewing based on Situation, Background, Assessment and Recommendation (SBAR) tool.	
306.	Clinical Care and Documentation	The system allows viewing of 'ICU Flowsheet' graph, auto-pulled data from vital signs, I&Os, IV drip titration.	
307.	Clinical Care and Documentation	The system allows data object creation by on-site CAC via discrete data e.g. vital signs, orders, diagnoses, CPT, lab, radiology, pharmacy, allergies, Code Status, BMI etc.	

308.	Clinical Care and Documentation	The system allows customizable checklists or questionnaire forms such as General Anxiety Disorder (GAD), Patient Health Questionnaire-9 (PHQ-9) – allows these forms be submitted by patient via portal (not giving access to entire EHR).	
309.	Clinical Care and Documentation	The system allows sensitive notes such as Psychiatry or rape victims, to have restricted view access per user, user class, and visit location (e.g. visits related to mental/behavioral health) -please describe.	
310.	Clinical Care and Documentation	The system allows easy management for accessing and restricting sensitive/restricted charts per user, user class, and location -please describe.	
311.	Clinical Care and Documentation	The system allows when visit is marked 'no show' from registrar side, it will automatically indicate in 'note' section or somewhere for clinicians are able to view. The 'no show' will be removed when the visit has been accommodated as late check-in.	
312.	Clinical Care and Documentation	The system allows other equipment such as Vitals, ECG, Holter.	
		Order Entry	
313.	Order Entry	The system supports clinic Order Entry. Please describe.	
314.	Order Entry	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.	

315.	Order Entry	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.	
316.	Order Entry	Health maintenance reminders or interaction alerts can be "turned on" permanently or for definable intervals on a per patient basis once the reason has been documented.	
317.	Order Entry	An interaction alert override history is available for providers to review.	
318.	Order Entry	The provider can be notified if a patient fails to have the test Thanks Bosi performed at the defined interval.	
319.	Order Entry	The system prioritizes how alerts are shown (e.g., order of severity or order of efficacy of intervention).	
320.	Order Entry	The system indicates whether CPOE is part of the core product or a separate module.	
321.	Order Entry	The system indicates whether CPOE is customizable per provider or templates are available.	
322.	Order Entry	The system supports recurring orders. Describe how the system accommodates this workflow.	
323.	Order Entry	The system supports Orderable Favorite per user and/or per specialty.	
324.	Order Entry	Describe how the system supports ordering for off-site (non-integrated/interfaced)	

			orders.	
325.	Order Entry	Describe any reporting tools available for monitoring all CPOE steps (e.g., unsigned orders, overdue orders, etc.).	
326.	Order Entry	List LIS vendors that currently interface "out of the box" with CPOE.	
327.	Order Entry	List RIS/PACS systems that interface "out of the box" with CPOE.	
328.	Order Entry	The system includes an intuitive, user customizable results entry screen linked to orders.	
		Population Management and Patient Education	
329.	Population Mgt and Patient Education	The system supports clinic operations including population management and patient education. Please describe.	
330.	Population Mgt and	The system allows customized organization of patient information.	
331.	Population Mgt and Patient Education	The system provides support for the management of populations of patients that share diagnoses, problems, demographic characteristics, etc.	
332.	Population Mgt and Patient Education	The system allows for patient look up by demographics or conditions.	
333.	Population Mgt and Patient Education	The system can generate lists of patients by specific conditions to use for quality improvement.	
334.	Population Mgt and Patient Education	The system has custom/internal registries.	
335.	Population Mgt and Patient Education	The system supports disease management registries by:	
336.	Population Mgt and Patient Education	The system allows for patient tracking and	

		follow-up based on user defined diagnoses.	
337.	Population Mgt and Patient Education	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.	
338.	Population Mgt and Patient Education	The system provides a longitudinal view of the patient's medical history.	
339.	Population Mgt and Patient Education	The system provides intuitive access to patient treatments and outcomes.	
340.	Population Mgt and Patient Education	The system enables the practice to participate in collaboration for chronic disease management and prevention.	
341.	Population Mgt and Patient Education	The system allows for Providers to create or modify care plans and protocols.	
342.	Population Mgt and Patient Education	The system utilizes clinical information from all parts of the chart to provide decision support.	
343.	Population Mgt and Patient Education	The system has Tools related to care plans and protocols are updated regularly by the vendor according to evolving care standards.	
344.	Population Mgt and Patient Education	The system can suggest interventions at the point of care such as eye exams for diabetics.	
345.	Population Mgt and Patient Education	The system alerts when intervention is recommended (e.g., Hgb A1C if patient is diabetic).	
346.	Population Mgt and Patient Education	The system can prioritize the intervention solutions	

		mentioned in terms of greater potential benefit.	
347.	Population Mgt and Patient Education	The system provides a summary of the patient's health status.	
348.	Population Mgt and Patient Education	The system allows providers to maintain patient lists (e.g., programs, allergies, medication, etc.)	
349.	Population Mgt and Patient Education	The system supports provider printing of a patient summary sheet at the conclusion of each visit, providing all recommendation to patients and a summary of the visit.	
350.	Population Mgt and	The system provides reference tools for patient education (e.g., medical literature, clinical guidelines, evidence-based guidelines/literature, etc.) including but not limited to Clinical Practice Guidelines (CPGs) published and maintained by credible sources such as the American Heart Association (AHA), U.S. Preventive Services Task Force (USPSTF).	
351.	Population Mgt and Patient Education	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.	
352.	Population Mgt and Patient Education	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.	
353.	Population Mgt and Patient Education	The system allows reference tools to be modified to meet organizational needs.	
354.	Population Mgt and Patient Education	The system allows clinical users to use these tools to import educational materials or instructions and modify them for a specific patient.	
355.	Population Mgt and Patient Education	The system has Reference tools are available in multiple languages, at lower literacy levels, and in enlarged fonts.	
356.	Population Mgt and Patient Education	The system can use diagnoses, medications, lab results, and problem list entries in any combination to identify a population (e.g., two random glucose tests greater than 200 or two fasting glucose tests greater than 126 or any combination within 12 months).	
357.	Population Mgt and Patient Education	The system creates and maintains patient-specific problem lists.	
358.	Population Mgt and Patient Education	The system can produce work lists of patients out of compliance with recommended lab values, lab test intervals or medication management.	
359.	Population Mgt and Patient Education	The System has the capability to allow documentation templates to be setup to require the documentation of certain aspects of care in a format allowing the data to be queried or searched for population management purposes.	
360.	Population Mgt and Patient Education	The system allows that once the population has been identified, staff can access or create a work	

		queue of the patients in the population that are delinquent for a test (or meet some other criterion for intervention).	
361.	Population Mgt and Patient Education	The system has the capability to capture and monitor patient health risk factors in a standard format.	
362.	Population Mgt and Patient Education	The system has the capability to assign risk scores based on standardized risk factors.	
363.	Population Mgt and Patient Education	The system allows staff to navigate from the work queue or list to a particular patient's demographics, to the letter module, or to a patient's chart for documentation.	
364.	Population Mgt and Patient Education	The system would help users intervene only once for patients in multiple populations, providing all recommendations appropriate for those patients.	
365.	Population Mgt and Patient Education	The system flags which care management is inconsistent with the indicated disease management protocols.	
366.	Population Mgt and Patient Education	The system supports disease management tracking key to patient registries to allow automatic tracking of care-specific performance measures.	
367.	Population Mgt and Patient Education	The system provides tools for defining and developing disease-specific patient registries for tracking disease management information (e.g., clinical outcomes, complications, healthcare utilization, patient satisfaction, patient self-	

		management, adherence to guidelines, percentage of patients using self-monitoring, and other data elements specific to the disease being managed).	
368.	Population Mgt and Patient Education	The system supports the integration of tools for remote patient monitoring (e.g., wearables, etc.).	
369.	Population Mgt and Patient Education	The system supports time-sensitive, system-produced mailers or letters to alert patients of their need for follow-up care.	
370.	Population Mgt and Patient Education	Describe how customer will be able to upload patient-provided records, either paper or electronic format (radiology, medical records, lab data, etc.).	
		Pharmacy	
371.	Pharmacy	The system supports pharmacy services and billing. Please describe.	
372.	Pharmacy	The system has E-Prescribing and Electronic prescribing for controlled substances (EPCS) as part of the core product or a separate module.	
373.	Pharmacy	The system allows E-Prescribing customizable per provider and/or at the enterprise level.	
374.	Pharmacy	The system has E-Signature Requirements for E-Prescribing and what is required of the customer in order to set this up.	
375.	Pharmacy	The system indicates whether an extra expense is required for local pharmacies to be set up for E-Prescribing. If so, what is the rate per	

		transmission and what form of transmission is required?	
376.	Pharmacy	The system describes the security settings available in the system to govern who can E-Prescribe.	
377.	Pharmacy	The system includes reporting tools for E-Prescribing.	
378.	Pharmacy	Describes where E-Prescription information is housed in the system.	
379.	Pharmacy	Describes the audit features for E-Prescribing. Does the system keep a running history of Rx renewal changes?	
380.	Pharmacy	Describes how new medications are displayed in the system if added by: MD, RN, MA, PA/NP, Residents.	
381.	Pharmacy	The system must provide duplicate order checking for identical active orders and identical unsigned orders.	
382.	Pharmacy	The system supports order sets for streamlined electronic pharmacy orders.	
383.	Pharmacy	The system supports the electronic pharmacy orders following the NCPDP standards.	
384.	Pharmacy	The system supports updates to meet the NCPDP standards.	
385.	Pharmacy	The system supports electronic pharmacy refills.	
386.	Pharmacy	The system provides standard drug utilization reports with various sort options (e.g., antibiotic usage for a defined period of time).	
387.	Pharmacy	The system has the capability to allow search of medication	

		information.	
388.	Pharmacy	The system alerts for interactions (e.g., drug-drug interactions, allergy etc.).	
389.	Pharmacy	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.	
390.	Pharmacy	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.	
391.	Pharmacy	The system provides prompts for correct days' supply for non-oral and as needed medications.	
392.	Pharmacy	The system supports multiple drug formularies and prescribing guidelines.	
393.	Pharmacy	The system supports electronic eligibility checking for formularies.	
394.	Pharmacy	The system supports free text ordering.	
395.	Pharmacy	The system maintains a database for pharmacy.	
396.	Pharmacy	The system supports updates to medication library/database.	
397.	Pharmacy	Indicate how often medication updates are performed, along with the following: • Vendors system	

		supports.
		• Whether drug contraindications are included in updates.
• Whether drug interactions are included in updates.
• Whether drug warnings are received in updates.
398.	Pharmacy	The system supports the need to separate pharmacy information for administering the 340B Program (stock, billing, pricing, etc.).
399.	Pharmacy	The system must allow for contract (cost) pricing, 340B and wholesale pricing tracking.
400.	Pharmacy	The system supports complying to tracking, alerting and reporting on prescription drugs.
401.	Pharmacy	The system supports reports and alerts for prescriptions for specified drug classes (e.g., antipsychotic, incretin mimetics, psychotropics etc.).
402.	Pharmacy	The system supports PDMP standards.
403.	Pharmacy	The system supports the administration of a 340B program
404.	Pharmacy	The system supports compliance with the PDMP standards (e.g., opioids, etc.).
405.	Pharmacy	The system must include an electronic medication administration record (E-MAR) component. This must manage all orders (medications, treatments, diets, etc.) for users tasked with administration and

		follow-up duties.	
406.	Pharmacy	Describe how the system comply with printing to tamper proof paper if required to fill controlled substances orders to an external pharmacy?	
407.	Pharmacy	The system supports the customization of the quantities of units/doses for medications administered.	
408.	Pharmacy	The system provides the capability for electronic transfer of prescription information to a patient or organization selected pharmacy for dispensing.	
409.	Pharmacy	The system allows to Print and view MAR when needing to prepare for downtime or snapshot view as opposed to viewing a long list.	
410.	Pharmacy	The system allows for EPCS capability and take PO Box address for applicants	
411.	Pharmacy	The system allow Facility issued individual DEA characters for user profile configuration	
412.	Pharmacy	The system allow Medication Hold status orders will prevent nurse from scanning the drug in BCMA and will both clearly display the order and order instructions/details for all three sides: nursing, attending providers, pharmacists.	
413.	Pharmacy	The system allows all comments for justifications orders or edited orders are visible to all three sides: nursing, attending providers, pharmacists.	
414.	Pharmacy	The system allows individual provider preference to enable or disable DEA info showing in eRx.	

415.	Pharmacy	The system Notify the prescribing provider when eRx transmission has failed.	
		Laboratory	
416.	Laboratory	The system supports laboratory services and billing. Please describe.	
417.	Laboratory	The system supports ordering labs electronically within the EHR for External Reference Laboratories.	
418.	Laboratory	The system obtains test results via standard HL7 interface from Laboratory; Radiology/imaging; and, other equipment such as Glucometer.	
419.	Laboratory	The system has standard interfaces for laboratory Equipment using Data Innovation Instrument Manager	
420.	Laboratory	The system must provide duplicate order checking for identical active orders and identical unsigned orders.	
421.	Laboratory	The system receives lab results electronically within the EHR (e.g., from DLS, Clinical Lab of Hawai'i, etc.).	
422.	Laboratory	The system includes ability to generate reports to validate the continued accuracy of the test system throughout the laboratory's reportable range of test results for the test system.	
423.	Laboratory	The system has a bi-directional lab component.	
424.	Laboratory	The system bi-directionally interfaces with the CHCC LIS technologies.	
425.	Laboratory	The system supports receiving imaging results	

		electronically within the EHR.	
426.	Laboratory	Describe that process for ordering & reviewing labs is efficient.	
427.	Laboratory	The system supports tracking and reports for in-house lab orders vs external lab orders.	
428.	Laboratory	The system allows timely notification of lab results to appropriate staff as well as easy routing and tracking of results.	
429.	Laboratory	The system has the capability to evaluate results and notify the provider.	
430.	Laboratory	The system automatically alerts you if a lab result is urgent.	
431.	Laboratory	The system automatically alerts you if a lab result is abnormal/out of range.	
432.	Laboratory	The system automatically flags lab results that are abnormal or have not been received.	
433.	Laboratory	The system offers longitudinal trending of patient lab results over time.	
434.	Laboratory	The system generates patient instructions for laboratory procedure (e.g., print during order or electronic).	
435.	Laboratory	The system supports separate reference range values for males and females.	
436.	Laboratory	The system Panic Value Result must be indicated in EHR. It should be indicated by *CL (critically low) or *CH(critically High).	
437.	Laboratory	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.	
438.	Laboratory	The system allows the Results easily viewed in a flow sheet as well as graph format.	
		Radiology	
439.	Radiology	The system supports receiving imaging results electronically within the EHR.	
440.	Radiology	The system generates patient instructions for radiologic procedure (e.g., print during order or electronic).	
441.	Radiology	The system has the capacity for medical providers to order imaging procedures for the following imaging types: • Angio/Neuro/Interventional, • CT Scan, • Mammography, • General Radiology, • Ultrasound	
442.	Radiology	The system supports the registration of the imaging procedures indicated above to a DICOM modality worklist.	
443.	Radiology	The system bi-directionally interfaces with RamSoft Technologies.	
444.	Radiology	The system obtains test results via standard HL7 interface from: Radiology/Imaging.	
445.	Radiology	The system has the capacity for medical providers to document consultations from the on-site radiologist on	

		recommendations prior to the start of procedure.	
446.	Radiology	The system utilizes the bi-directional interface to retrieve diagnostic reports and their respective URLs from the PACS (picture archiving and communication system).	
447.	Radiology	The system must be compliant with DICOM (Digital Imaging and Communications in Medicine) standards for image format and communication.	
		Patient Portal	
448.	Patient Portal	The system has a patient portal. Please describe.	
449.	Patient Portal	The system can provide patients with timely electronic access to their health information.	
450.	Patient Portal	The system has a guide to portal use.	
451.	Patient Portal	The system allows the patient to download their health information.	
452.	Patient Portal	The system allows the patient to transmit their health information.	
453.	Patient Portal	The system has the ability to merge patients.	
454.	Patient Portal	The system has a clinical summary page (e.g., lab or another test results etc.)	
455.	Patient Portal	The system stores information chronologically (e.g., clinical summaries, laboratory test results, images etc.).	
456.	Patient Portal	The system allows patients to request refills of prescriptions.	
457.	Patient Portal	The system supports access on multiple devices (computer, phone, tablet).	
458.	Patient Portal	The system supports	

		patient registration for clinic.	
459.	Patient Portal	The system can alert patients to update their information (demographics)	
460.	Patient Portal	The system can handle the upload of images and scanned documents (insurance card, driver's license).	
461.	Patient Portal	The patient portal supports notice of privacy practice notices for different sites.	
462.	Patient Portal	The system supports auto enrollment into the patient portal.	
463.	Patient Portal	The system supports consent to access to records (e.g., guardian access to dependent's records).	
464.	Patient Portal	The system supports tiered access to patient portal.	
465.	Patient Portal	The system includes multi-factor authentication for access.	
466.	Patient Portal	The system supports Direct Secure Messaging (patient-provider) including the following: a) Text; b) Images; c) PDF.	
467.	Patient Portal	The system supports access to patient education on clinical topics (e.g., patient education, events, etc.).	
468.	Patient Portal	The system supports patient scheduling/requesting of appointments.	
469.	Patient Portal	The system provides a calendar view within the portal (daily, weekly or monthly appointments).	
470.	Patient Portal	The system can send out reminder alerts.	

471.	Patient Portal	The system supports telehealth sessions including the following: a) Voice b) Video c) Chat	
472.	Patient Portal	The system supports e-signature on forms including but not limited to the following: a) Advanced Directives; b) Medical Power of Attorney; c) Informed Consent to treatment; d) Patient intake form.	
473.	Patient Portal	The system supports multiple languages.	
		Nutrition	
474.	Nutrition	The system supports nutrition clinical services. Please describe.	
475.	Nutrition	The system should provide a history of clients' diet orders and weight record, as well as be able to calculate percent change in weight and send out alerts for significant weight change.	
476.	Nutrition	The system must allow for information on diet orders and food allergies entered in one place to be accessible to dietary, nursing, and medical staff.	
477.	Nutrition	The system should support a Medical Nutritional Therapy (MNT) Assessment/Screening Form	
		Interfaces	

72

478.	Interfaces	The system can support interface to the following system: • Data Innovation Instrument Manager for Laboratory and Respiratory Therapy • DLS Reference laboratory • Emporos for Pharmacy Point of Sale • Pyxis for Pharmacy • DoseEdge Pharmacy • Gaia - Hemodialysis • WebIZ - Immunization • GE CPN – Labor and Delivery • RamSoft – Radiology • Sentri7 – Clinical Surveillance • 3M/HDM - Billing and Collections • HealthPay • Electronic Death Registration System - HVSO • Electronic Birth Registration System - HVSO • Electronic Fetal Death Registration System - HVSO • PDMP – Overdose to Action • Oncology and Behavioral health	
		HIPAA Privacy and Security	
479.	HIPAA Privacy and Security	The system complies and supports compliance with HIPAA privacy and Security Rules. Please describe.	
480.	HIPAA Privacy and Security	The system supports unique user access and	

		prevent the creation of duplicate or shared user accounts.	
481.	HIPAA Privacy and Security	The system supports role-based security and permissions including the ability to lock or terminate access.	
482.	HIPAA Privacy and Security	The system supports single log-on across all modules, applications, and networks/sub-networks, including interfaced/integrated third-party products. If so, explain security tools and how access codes are managed.	
483.	HIPAA Privacy and Security	The system supports 42 CFR and behavioral health privacy concerns.	
484.	HIPAA Privacy and Security	The system must provide for user-generated password reset.	
485.	HIPAA Privacy and Security	The system supports customizable access for information blocking.	
486.	HIPAA Privacy and Security	The system must have the ability to lock certain forms and data elements that are available within a given security level for data searching and reporting to ensure data would not be released inadvertently.	
487.	HIPAA Privacy and Security	The system supports provider login from multiple devices (e.g., login from main computer).	
488.	HIPAA Privacy and Security	The system supports access control (e.g., Multifactor authentication, keytags, etc.).	
489.	HIPAA Privacy and Security	The system supports user lockout (inactivity, password entry failures etc.).	
490.	HIPAA Privacy and	The system supports alerts	

		Security	and reporting for inappropriate access to information.	
491.	HIPAA Privacy and Security	The system supports provider registration and segmentation of data based on assigned division.	
492.	HIPAA Privacy and Security	The system allows for access is audit.	
493.	HIPAA Privacy and Security	Describe how data is secured when accessed by handheld devices (e.g., secured through SSL web sites, iPhone apps, etc.).	
494.	HIPAA Privacy and Security	The system/vendor has a solution to encrypt data at rest.	
495.	HIPAA Privacy and	The system/vendor has a solution to encrypt data in transit.	
496.	Security		
497.	HIPAA Privacy and Security	The system/vendor supports automated system backup & data recovery.	
498.	HIPAA Privacy and Security	Describe backup processes, requirements and indicate whether third-party backup solutions are supported.	
499.	HIPAA Privacy and Security	Indicate whether a third-party vendor hosts any part of your product and/or data.	
500.	HIPAA Privacy and Security	The system must incorporate extensive, secure telecommunications capabilities that allow staff and clinicians to access the EHR from remote locations.	
501.	HIPAA Privacy and Security	The system supports alert configuration for disclosure limitations (e.g., potential harm, HIV, SUD etc.)	
502.	HIPAA Privacy and Security	The system/vendor can generate and access audit trails (user, data/time,	

		transaction activities etc.).	
503.	HIPAA Privacy and Security	The vendor has annual or regular SOC 2 audit letter.	
504.	HIPAA Privacy and Security	The vendor provides reports supporting HIPAA compliance and reporting needs.	
505.	HIPAA Privacy and Security	The vendor has documentation verifying ownership of the data belongs to the provider organization.	
506.	HIPAA Privacy and Security	The vendor identifies ownership of hardware, software, enhancements etc.	
507.	HIPAA Privacy and Security	The vendor lists all third-party support services.	
508.	HIPAA Privacy and Security	The vendor conducts third-party or internal auditing conducted for vulnerability management (e.g., penetration testing, disaster recovery testing), including typical frequency.	
509.	HIPAA Privacy and Security	Provide a list of standard reports (no customization) which the customer may run at Go Live to meet HIPAA requirements.	
510.	HIPAA Privacy and Security	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.).	
		Federal Program Requirements	
511.	Federal Program	The system complies with federal regulations and requirements for a clinic and federally qualified community health center.	
512.	Federal Program	The vendor maintains and	

		makes available documentation on compliance and/or certifications with federal rules and regulations for data systems, exchange, access etc. including but not limited to HIPAA, CMS, ONC, 21st Century CURES Act.	
513.	Federal Program	The vendor has the ONC CEHRT Certification ID	
514.	Federal Program	The vendor complies with ONC data exchange and interoperability standards and requirements.	
515.	Federal Program	The system has been verified based on specific modules or application. If not, the vendor will verify of the system was certified as a whole system solution?	
516.	Federal Program	Describe Plans for support and upgrades to meet new ONC certification	
517.	Federal Program	Describe how many FQHC are presently using your software	
518.	Federal Program	The pharmacy solution must comply with federal track and trace requirements, Prescription Drug Monitoring Program (PDMP) reporting requirements, and other state/territory and federal requirements.	
519.	Federal Program	The system meets ADA accessibility options / settings (i.e., color blind, blind, etc.)	
520.	Federal Program	The patient portal meets ADA accessibility options / settings (i.e., color blind, blind, etc.)	
521.	Federal Program	Certificate for CLIA. Please list all.	
		Business Requirements	
522.	Business	Indicate how long vendor	

	Requirements	has been in business.	
523.	Business Requirements	Indicate Support multi-year agreement.	
524.	Business Requirements	Indicate who has ownership of the following: data, software, enhancements or customizations paid for by customer, hardware, servers, workstations.	
525.	Business Requirements	If the product (or any significant functionality) was acquired from another company, supply the following: original company's name, original product's name, and version the vendor purchased.	
526.	Business Requirements	Specify the total number of EHR installations over the last three (3) years.	
527.	Business Requirements	Specify the percentage of EHR installations over the last three (3) years for FQHC clients.	
528.	Business Requirements	Specify the percentage of vendor-provided installs vs. outsourced to third-party companies.	
529.	Business Requirements	Indicate the current implementation timeframe when using only vendor-supplied resources.	
530.	Business Requirements	Indicate whether your company uses resellers to distribute your products. If yes, describe the reseller structure. If no, describe your distribution and sales structure.	
531.	Business Requirements	Describe how the product is licensed (i.e., individual licensing, concurrent, or both).	
532.	Business Requirements	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)?	
533.	Business Requirements	For modular systems, indicate whether each module requires a unique license.	
534.	Business Requirements	Describe what each license provides.	
535.	Business Requirements	If licensing is determined per workstation, indicate whether handheld devices count towards this licensing.	
536.	Business Requirements	Indicate whether licenses are purchased per user.	
537.	Business Requirements	Define "user" if it relates to the cost and/or licensing model.	
538.	Business Requirements	Indicate whether user licenses can be reassigned when a workforce member leaves.	
539.	Business Requirements	The vendor provides a PDF copy of any user and technical manuals.	
540.	Business Requirements	List any additional fee-based services.	
541.	Business Requirements	Describe enhancement request model;	
542.	Business Requirements	Process when customer wants to add an enhancement.	
543.	Business Requirements	Additional costs for an enhancement.	
544.	Business Requirements	How soon customer will be able to view, test, and use enhancement.	
545.	Business Requirements	How upgrades will work with new enhancement.	
546.	Business Requirements	How vendor will stay up to date on required quality metric changes.	
547.	Business Requirements	What other companies have you partnered with to provide services on your behalf and what are their contact information? If their work is done on	

		your behalf (implementation, upgrades, etc.), do you warranty their work as if it was your own?	
548.	Business Requirements	Will you allow the representations made in your response to this RFP to be incorporated into the contract?	
549.	Business Requirements	Will you agree to a cap on price increases? For how long?	
550.	Business Requirements	Will the customer be allowed to make payments based upon milestones with a significant portion of the fees not payable until Go Live?	
		General Analytics and Reporting	
551.	General Analytics and Reporting	The system includes built-in tools for analytics. Please describe.	
552.	General Analytics and Reporting	Describe any data analytic software that is provided by the system.	
553.	General Analytics and Reporting	Describe and provide documentation on the data extraction tools the system has to enable data extraction for data analysis.	
554.	General Analytics and Reporting	Specify the reporting engine utilized within the software? (ex. Crystal Reports, Excel, proprietary).	
555.	General Analytics and Reporting	The system includes a stand-alone environment for analytics.	
556.	General Analytics and Reporting	The system supports user ease of creating a customized report.	
557.	General Analytics and Reporting	The system will provide support for third-party report writing products.	

558.	General Analytics and Reporting	The system supports the export of analytic reports in multiple formats (e.g., CSV, PDF).	
559.	General Analytics and Reporting	The system must generate scheduled reports triggered by facility-defined criteria.	
560.	General Analytics and Reporting	Can reports be set up to run automatically as well as routed to a specific person within the office?	
561.	General Analytics and Reporting	The system supports the creation of complex queries and reports from multiple tables within the system (e.g., data dictionary for users for table linkage/reporting).	
562.	General Analytics and Reporting	The system supports user ease of extracting data using coding language. What coding language is used for data extracts for analytics?	
563.	General Analytics and Reporting	The system supports the view of reports online and export to print/paper.	
564.	General Analytics and Reporting	The system allows providers to create ad-hoc reports.	
565.	General Analytics and Reporting	The system had the ability to browse the data in any field, as well as the ability to search or browse records based on the value in a particular field.	
566.	General Analytics and Reporting	The system must provide flexibility to select, sort, group, and/or filter on multiple fields prior to running a query or report.	
567.	General Analytics and Reporting	The system supports provisioning users with "view-only" access for reports.	
568.	General Analytics and	At minimum, the system	

	Reporting	can 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. The system follows measures approved by NQF (National Quality Forum) and prompted by the AQA (Ambulatory Quality Alliance) as well as those identified by the HRSA's Health Disparities Collaborative.	
569.	General Analytics and Reporting	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.	
570.	General Analytics and Reporting	The system allows customized reports or studies to be performed utilizing individual and group health data from the electronic record.	
571.	General Analytics and Reporting	How will running large batch jobs impact production system performance?	
572.	General Analytics and Reporting	System supports FQHC, MIPS/PI standard and needs.	
573.	General Analytics and Reporting	Allows direct submission to MIPS/PI to portal.	
574.	General Analytics and Reporting	Direct HL7 messaging to Public Health Portals	
575.	General Analytics and Reporting	Allow auditing of users accessing certain report	
576.	General Analytics and Reporting	Allow restriction of certain reports	
577.	General Analytics	Provider Practice	

	and Reporting	Description/Report	
578.	General Analytics and Reporting	System creates patient days report	
Business Reporting				
579.	Business Reporting	The system includes or supports accounting/business office reports	
580.	Business Reporting	The system creates reports or alerts for potential fraud, waste or abuse.	
581.	Business Reporting	The system must provide duplicate record checking and alerts including detail what elements are used to support duplicate record checking.	
582.	Business Reporting	The system creates yearly cost report	
Clinical Reporting				
583.	Clinical Reporting	The system supports Compact Impact Reporting.	
584.	Clinical Reporting	The system includes NCD and custom registries (Internal)	
585.	Clinical Reporting	The system includes built-in dashboards for QI & population health trends	
586.	Clinical Reporting	The system includes standard reports.	
587.	Clinical Reporting	The system includes customs and ad hoc reports.	
588.	Clinical Reporting	The system includes longitudinal trending on lab results.	
589.	Clinical Reporting	The system must have pharmacy auditing and reporting capabilities (e.g., inventory of controlled substances, charges from the system, hazardous drugs etc.)	
590.	Clinical Reporting	The system has standard clinical reports built into the system for	

		the user to query aggregate patient population numbers.	
		Other Reporting	
591.	Reporting	Chart Deficiency Listing on command per visit, per location per author with time/date range filter.	
592.	Reporting	Patient population	
593.	Reporting	Provider Productivity Monitoring	
594.	Reporting	Revenues vs. expenses	
		Policy and Government Reporting	
595.	Policy and Government Reporting	The system includes eCQM report configuration.	
596.	Policy and Government Reporting	The system includes the Medicare Cost Report configuration.	
597.	Policy and Government Reporting	The system includes Promoting Interoperability program Meaningful Use reporting configuration.	
598.	Policy and Government Reporting	Describes what support the system offers for HRSA- required UDS reporting.	
599.	Policy and Government Reporting	The vendor describes how the system supports changes/updates to UDS reporting requirements and fields, as required by HRSA.	
600.	Policy and Government Reporting	The system includes automatic UDS reporting configurations per HRSA-issued reporting requirements.	
601.	Policy and Government Reporting	The vendor demonstrates and provide documentation for UDS reporting compliance (e.g., data fields, historic report generation).	
602.	Policy and Government Reporting	The system supports UDS reporting split up by tables.	

603.	Policy and Government Reporting	The system supports 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 reporting.	
		Practice Management Reporting	
604.	Practice Management Reporting	The system supports reporting to support Practice Management operations. Please describe.	
605.	Practice Management Reporting	The system supports entry of required demographic and statistical reporting capabilities for the CHCC specific grant project or government Project.	
606.	Practice Management Reporting	The system provides Ryan White reports for HIV patients.	
607.	Practice Management Reporting	Data can be exported, manipulated, and downloaded to Microsoft Access or Excel in the following formats, at minimum: xls, html, xml, and csv.	
608.	Practice Management Reporting	The system includes a complete set of tools for the development of reports including a library of standard reports used in similar organizations (Crystal Reports, Business Objects, Cognos etc.)	
609.	Practice Management Reporting	The system must provide reports for account reconciliation, statement account reconciliation, and monthly account balance totals.	
610.	Practice Management Reporting	The system supports clinical quality related	

		reporting (eCQMs, PQRS, etc.)	
		Data Architecture and Technology	
611.	Data Architecture and Technology	The vendor documents data architecture and technology stack. Please describe the EHR system architecture and technology. If any aspects of the system are propriety, please identify.	
612.	Data Architecture and Technology	Is the system comprehensive of clinical, practice management, etc. functionalities or modular?	
613.	Data Architecture and Technology	If modular list all modules available, their current version, and provide additional documents with all technical specifications, requirements, and dependencies for each module to operate fully with the "core" product.	
614.	Data Architecture and Technology	Does product provide database software? If yes, describe the advantages to your database software configuration. If no, what database application is required? (MS SQL, Oracle, MySQL, Other)?	
615.	Data Architecture and Technology	Describe in detail the database management system (DBMS) and software used by the EHR.	
616.	Data Architecture and Technology	Describe whether the DBMS license will be maintained (updated) by vendor and whether the maintenance of the DBMS license is included in the EHR contract.	
617.	Data Architecture and Technology	Describe if the system uses Single database for practice management	

		(scheduling, billing) and EHR	
618.	Data Architecture and Technology	The system operates in low bandwidth environments (e.g., mechanisms to address latency issues).	
619.	Data Architecture and Technology	Specify whether the system requires internet access.	
620.	Data Architecture and Technology	The system/vendor documents minimum bandwidth requirements.	
621.	Data Architecture and Technology	The vendor documents hardware, software, network infrastructure, and other requirements for system implementation and operational use, including recommended manufacturer/model (e.g., server, workstation etc.).	
622.	Data Architecture and Technology	Specify any third-party software products (other than DBMS software) required to run the proposed solution.	
623.	Data Architecture and Technology	If the solution must be hosted locally, define compute, storage, and database needs along with an estimated yearly expansion rate matrix.	
624.	Data Architecture and Technology	If the solution must be hosted locally, on-site/remote support is provided for the installation/configuration of the proposed system.	
625.	Data Architecture and Technology	Describe the minimum workstation configuration required to run the proposed solution (e.g., OS and version number, minimum hard drive space, minimum RAM, minimum processor and speed, and web browser).	
626.	Data Architecture	The vendor specifies if any	

		proprietary hardware is proposed in system and service.	
627.	Data Architecture and Technology	The vendor documents network infrastructure requirements (e.g. firewall, switches, routers etc.).	
628.	Data Architecture and Technology	Describe the minimum network configuration required to run the proposed solution.	
629.	Data Architecture and Technology	The vendor specifies all other applications needed required for the server and system application.	
630.	Data Architecture and Technology	The vendor specifies all other components needed to support on-premise system and services.	
631.	Data Architecture and Technology	Provide a list with specifications of recommended hardware (servers, etc.) for on-premise system.	
632.	Data Architecture and Technology	The vendor describes, in detail, the minimum configuration required for on-premise Dell servers and software to support providers and operations.	
633.	Data Architecture and Technology	Specify whether the system can be virtualized. If yes, specify software required.	
634.	Data Architecture and Technology	The vendor will provide any and all virtualization software required for efficient and effective implementation of the dedicated EHR in a Dell server environment.	
635.	Data Architecture and Technology	The vendor indicates whether the customer is required to purchase hardware from the vendor.	
636.	Data Architecture and Technology	Specify whether the vendor provides hardware	

		or has a relationship with a hardware vendor. If such a relationship exists, does vendor have negotiated pricing with them? If yes, is there discounted pricing for pricing to purchase equipment?	
637.	Data Architecture and Technology	Specify the external devices supported by the system (USB devices, scanners, flatbed, handheld, card readers, other input devices).	
638.	Data Architecture and Technology	Does the product require any type of client (i.e., Citrix, ClientWare, Cisco VPN, etc.)?	
639.	Data Architecture and Technology	The vendor specifies number and type of printers proposed to accommodate system and services.	
640.	Data Architecture and Technology	The vendor specified is there is any maximum for local or remote devices for system. Please specify by device type and limitation (excluding printers).	
		Data Migration	
641.	Data Migration	The system supports data ingest from another EHR. Please describe.	
642.	Data Migration	Describe if the vendor can perform the entirety of the data migration process (i.e., bulk import of CCDAs from the current system to the new EHR).	
643.	Data Migration	The system supports data exports into another EHR or system.	
644.	Data Migration	List data formats that can be exported (CSV, text/comma delimited, etc.).	
645.	Data Migration	The vendor provides a	

		detailed data migration plan.	
646.	Data Migration	The vendor has completed data migration activities (e.g., plan, tests, etc.).	
647.	Data Migration	The system supports data migration for registration and clinical data: a) Laboratory results; b) Pharmacy medication; c) Family history; d) Social history; e) Patient profile;	
648.	Data Migration	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?	
		Implementation and Testing	
649.	Implementation and Testing	The vendor provides EHR implementation and testing of implementation services. Please describe.	
650.	Implementation and Testing	The vendor allows the customer to test the system in a test environment.	
651.	Implementation and Testing	The vendor grants the customer access to a development/training environment for testing during upgrades and during training processes.	
652.	Implementation and Testing	End-to-end testing is completed.	
653.	Implementation and Testing	The vendor allows the customer to perform acceptance testing of the system prior to Go Live.	
654.	Implementation and Testing	The vendor gives the customer the opportunity to parallel test	

		with the vendor or conduct acceptance testing.	
655.	Implementation and Testing	The vendor contractually permits the customer to access the live system prior to Go Live for build or "pilot" purposes.	
656.	Implementation and Testing	The vendor completes a workflow assessment or sends a workflow assessment document to be completed by the clinic. Specify the additional cost, if any, for workflow assessment.	
657.	Implementation and Testing	Vendor staff will be on-site during Go Live timeframe. Specify their role during Go Live (e.g., technical, trainer, etc.).	
658.	Implementation and Testing	Describe the vendor's responsibility when: a) Implementation is not completed by vendor in the agreed upon timeframe due to issues related to the vendor (staffing conflicts, software problems, etc.); b) Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software; c) Promised product functionality does not exist at time of implementation; and, d) Damage occurs to hardware during transport if purchased through vendor or while vendor is on-site during installation.	
659.	Implementation and Testing	Radiology, pharmacy, lab interfaces completed bidirectionally before go-live.	

660.	Implementation and Testing	WebIZ (immunization portal) bidirectional interface as phase one post go-live.	
		Training	
661.	Training	The vendor provides training services. Please describe.	
662.	Training	The vendor provides a sandbox environment for system evaluation and training prior to contracting.	
663.	Training	The vendor provides a learning management system or interactive learning platform. System can be accessed concurrent to implementation activities.	
664.	Training	Is FQHC-specific training offered? If so, specify how this is provided.	
665.	Training	The vendor provides recorded training.	
666.	Training	The vendor provides train-the-trainer instruction.	
667.	Training	The vendor maintains training materials should reflect all updated information and new versions. The vendor identifies the format of training documents, the speed at which updated training documents are made available, and shares documents prior to contracting to support user acceptance evaluation.	
668.	Training	The vendor supports training for the following:	
669.	Training	The vendor provide training for Clinical Application Coordinator (main screen, system navigation, new encounters, coding, patient	

		notes, communication)	
670.	Training	The vendor provide training for Clinical quality measures and Meaningful Use	
671.	Training	The vendor provide training for patient registration and scheduling	
672.	Training	The vendor provide training for Revenue Cycle Management (batch payments, accounts, receivables)	
673.	Training	The vendor provide training for electronic prescribing	
674.	Training	The vendor provide training for Reporting (end of day, registries, immunization etc.)	
675.	Training	The vendor provide training for patient portal	
676.	Training	The vendor provide training for Data Extraction	
677.	Training	The vendor provide training for Trainers complete a staff readiness assessment prior to Go Live.	
678.	Training	Describe the vendor's responsibility when training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables.	
		Maintenance	
679.	Maintenance	The vendor provides maintenance services. Please describe.	
680.	Maintenance	The system must meet current and future industry standards of the HITECH Act, ACA, HIPAA, CMS, and ONC. The vendor must provide list of all certifications from ONC	

		and if certification applies to whole system or specific module. The vendor must describe change control notifications for upgrades to comply with quality, reporting and other clinic or FQHC requirements.	
681.	Maintenance	The vendor has documentation on how updates, enhancements, and new releases are delivered to customers (indicate how federal and state/territory regulatory changes are made).	
682.	Maintenance	Describe on-going maintenance, how often it is performed, and who is responsible for maintenance (i.e., backups, updates, performance monitoring and enhancements).	
683.	Maintenance	Specify normal "downtime" periods for system backup and maintenance and how this affects customer access.	
684.	Maintenance	The vendor includes upgrades in the maintenance agreement.	
685.	Maintenance	Specify the frequency of upgrades.	
686.	Maintenance	Specify how long the customer can delay an upgrade without losing support.	
687.	Maintenance	The vendor provides release notes with each upgrade.	
688.	Maintenance	Describe the vendor's responsibility when: • Upgrades cause problems; • Data is corrupted during normal use and operation of the product; • SLAs are not met.	

689.	Maintenance	Is training provided for new functionality?	
690.	Maintenance	Test environment be available for upgrades	
691.	Maintenance	Specify how long the vendor will guarantee to provide maintenance or other support for the system.	
692.	Maintenance	Describe the process the vendor will follow when "sunsetting" this product.	
693.	Maintenance	The vendor updates the configuration of tables and data fields for UDS.	
694.	Maintenance	Documentation and processes for remote update.	
695.	Maintenance	Web-accessible documentation on upgrades, enhancements and new releases.	
696.	Maintenance	Supports establishment of interfaces with new technologies (e.g., laboratory, radiology etc.).	
697.	Maintenance	Should the system go down, how are operations addressed? • Pharmacy orders • Laboratory orders • Radiology/imaging orders	
		Support	
698.	Support	The vendor provides support services. Please describe.	
699.	Support	Describe technical support offered if the system is hosted on-premise.	
700.	Support	The vendor provides qualified staff for system troubleshooting and operations management.	
701.	Support	Describe technical support	

95

		for the system hosted on-premise.	
702.	Support	After Go Live, specify who will be available to answer questions, issues, and/or training requests. If the original implementation team, how long before this level of service is transferred to "normal" support team?	
703.	Support	Will a post Go Live assessment be completed after a specified amount of time by the vendor?	
704.	Support	If multiple support programs are offered, provide a detailed list of each with your standard SLA for each support program.	
705.	Support	Describe how support issues are handled and detail the problem/resolution process (e.g., response time, average time to close tickets, escalation process, severity level system, issue/resolution tracking system, etc.).	
706.	Support	The vendor provides remote support.	
707.	Support	For remote support, 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.	
708.	Support	What hours are technical phone support available?	
709.	Support	The vendor provides after-hours call center support for the system to accommodate CNMI time zone.	.
710.	Support	The vendor has standardized communications and	

		escalation policies and procedures including tracking or electronic ticketing for non-emergent technical support. Support is documented in an SLA.	
711.	Support	The vendor has standardized communications for product enhancement requests including cost, test, etc.	
712.	Support	The vendor defines and documents the support structure (Tiered Approach, Client assigned 1 point of contact, etc.)	
713.	Support	Describe the vendor's responsibility when problem resolution is not met by a certain time based on severity level of the problem or issue.	
714.	Support	Indicate whether online support is available (Knowledgebase, InfoCenter, etc.).	
715.	Support	Does vendor have a user group/forum for practices to seek help from peers and share ideas?	
716.	Support	Do you have electronic ticketing for non-emergent technical support?	
717.	Support	In the event access to your site is unavailable, what steps will you take to notify the customer of progress towards resolving the issue? What steps should the customer take during this time?	

APPENDIX F ASSURANCE OF OUR CONTRACT AGREEMENT

Compliance Requirements. COVID-19 PROOF OF VACCINATION

Pursuant to CMS QSO-22-07 Guidance for the Interim Final Rule – Medicare and Medicaid Programs; Omnibus Covid-19 Healthcare Staff Vaccination – this rule establishes requirements regarding COVID-19 vaccine immunization of staff among Medicare and Medicaid certified Providers and "Suppliers".

Offeror's Certification and Signature:

The undersigned certifies that it gives its assurances to comply with the foregoing provisions and its representations are accurate, complete and current.

_____   Date: _____
(Signature)

_____   _____
(Typed or Printed Name)   (Title)