

Does the EHR print prescriptions for client?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	
Does the EHR have the ability to update pharmacy information such as the pharmacy name, address, and phone number?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	Customizable for custom added pharmacies. Does not apply to pharmacies registered with Surescripts.
Does the EHR receive requests for refills from a pharmacy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	
Does the EHR have the ability to receive electronic medication updates (not client medication lists, general medication lists) and select which medications are transferred to our medication list?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	
Does the EHR provide fields indicating which pharmacy the prescription is sent to, fields include pharmacy name, address, fax number, and phone number?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	
Does the EHR allow the following data fields for prescription: agency name, agency address, agency phone number, client name, prescribing provider and their DEA#, date, client DOB, indicate if "dispense as written" or "substitution permitted", name of medication, dosage, unit of measure, route, frequency of dosage, refill#, refill expiration date, end date for refills, quantity to dispense, additional comments? Please identify any of the fields above not provided.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	
Does the EHR have a field for how prescription was distributed with selection of options: dispensed, direct observation of therapy, electronic prescription, and printed prescription?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	
Does the EHR have the ability to record the quantity dispensed by agency pharmacy for prescriptions including who dispensed medication (user ID) and date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	
Does the EHR have the ability to calculate the quantity remaining of each prescription filled by agency pharmacy for client?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	
Does the EHR automatically generate an encounter when prescriptions are dispensed by agency pharmacy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	
Does the EHR have the ability to print pharmacy labels for specific medication that is being dispensed?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No	
Does the EHR have the ability to link medications to the NDC required data?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	
Does the EHR provide a report to list Drugs administered by Patient name? If yes, please provide a sample of this report and label it as (Attachment #8)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	Attached
Describe is the enrollment process for a provider using the ePrescribe Module.			CureMD enrolls the providers with Surescripts and issues a new SPI.

			For providers already prescribing using Surescripts from the same location, a Provider update request is submitted with Surescripts to transfer the refills to CureMD.
Describe how the EHR medication database is updated, how frequently, and who is responsible for applying updates as needed?	X Yes	<input type="checkbox"/>	Formularies are updated every 15 days.
If yes, please identify who supplies the data.			Medispan
Describe how the EHR insurance formulary is updated, how frequently, and who is responsible for applying updates as needed?	X	<input type="checkbox"/>	Cureconnect is responsible for this update. This is updated in real time.
If yes, please identify who supplies the data.			Cureconnect
Describe how the EHR drug interactions database is updated, how frequently, and who is responsible for applying updates as needed?	X Yes	<input type="checkbox"/>	Interactions are updated based on formularies
If yes, please identify who supplies the data.			Medispan
Describe how the EHR pharmacy database is updated, how frequently, and who is responsible for applying updates as needed?	X Yes	<input type="checkbox"/>	Updated list is received from Surescripts. CureMD updates the list every 15 days
If yes, please identify who supplies the data.			Surescripts
How can medications not currently listed in the medications database be accessed and prescribed through the EHR?			Custom medications can be added and printed
Please describe how Standard Sigs and Extended Sigs function?			Medication library contains pre-defined sigs. Users can add custom sigs and save them for future use
Please describe audit features for ePrescribing, if available.			All eRx sent out from CureMD are listed. Logs include but are not limited to medication name, prescriber, sig, refills allowed, pharmacy etc.

Laboratory

Functional Requirements	Yes Included	No Included	Comments / Clarifications
Internal & External Lab Integration			
Does the EHR have a working bi-directional interface with lab software Orchard Harvest LIS version 10? If no, what is the cost to create an interface and what is an estimated time for an interface to be created? If you already have an interface, what is the cost?	X Yes	<input type="checkbox"/>	Cost : \$ 4,000
Does the EHR interface with LabCorp?	X Yes	<input type="checkbox"/>	
Does the EHR interface with Quest?	X Yes	<input type="checkbox"/>	
Does the EHR have the capability to create lab requisitions and labels for multiple reference labs?	X Yes	<input type="checkbox"/>	
In the event the lab interface is down, does the EHR allow for lab results to be entered directly into the EHR system?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to print user defined labels including the patient name, ID, DOB, test ordered, source and date of collection?	X Yes	<input type="checkbox"/>	
Does the EHR allow the user to select how many labels to print?	X Yes	<input type="checkbox"/>	
Does the EHR allow the user to customize labels? Are there label templates?	X Yes	<input type="checkbox"/>	
Does the EHR allow for specimen collection requirement information to be viewed for in-house labs? For labs being sent to a reference lab?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to prioritize lab tests (Routine vs STAT)?	X Yes	<input type="checkbox"/>	
Does the EHR alert the ordering provider which tests are in-house and which tests will be sent to a reference lab?	X Yes	<input type="checkbox"/>	
Does the EHR transfer the following information electronically to the lab Ordering provider Ordering location/clinic Specimen source Comments for lab Date & time of order Priority (Stat vs Routine) Patient demographics (name, sex, race, DOB, Patient ID) Patient insurance information Patient Address/phone number ICD10 Diagnosis codes	X Yes	<input type="checkbox"/>	
How does the EHR display lab tests that can be ordered? Can pre-defined list of test be created for clinic to choose from?			Lab tests can be searched from the master list either from the Lab codes provided via the lab compendium. Yes, a custom list can be created.
Does the EHR allow for custom Order Sets to be built (Hepatic panel, CBC)?	X Yes	<input type="checkbox"/>	
Does the EHR allow for custom Order Super-Panels (Panels with panels and multiple tests - Example: Maternity panel consisting of a CBC, Hepatic panel, UA, and RPR)?	X Yes	<input type="checkbox"/>	
Does the system allow custom questions per order to be developed? If so, please describe how these items are built and managed by the customer.	X Yes	<input type="checkbox"/>	Ask on entry questions are provided by the lab. Yes

Can these items be classified as "required" or "optional" to complete?			
When ordering lab tests, when there is required data, can the data be pulled from the medical chart (auto-populate gestational age, last LMP)?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to require Diagnosis codes when ordering labs?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to link a lab test to a specific CPT code?	X Yes	<input type="checkbox"/>	
Does the EHR allow for lab charges to be generated from the lab system or are these charges generated within the EHR system?	X Yes	<input type="checkbox"/>	
When are lab charges generated (When ordered, when resultd)?	X Yes	<input type="checkbox"/>	Both
How are corrected lab test results handled? Does the EHR flag revised results as corrected? Provide an example.	X Yes	<input type="checkbox"/>	Lab will sent the corrected result and the status will display as "Corrected".
			Yes
How are lab results displayed within the EHR system? Can users view previous results? Can results be graphed?	X Yes	<input type="checkbox"/>	Lab results are mapped with patient records, provider notes and are also listed for all patients under personal/home menu. Results are displayed based on date ranges, providers & patient names Yes Yes
Do ranges/panic values come from the lab system and/or do they have to be built within the EHR system?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to flag or notify clinic staff if a follow-up test is needed based on a particular test's result?	X Yes	<input type="checkbox"/>	
Does the system have the ability to receive (from the lab system via an interface) and display the following: Test name, Date of the testing Specimen source Test results, Test comments Normal/Expected ranges Unit of measure Result interpretation Lab name/site performing test?	X Yes	<input type="checkbox"/>	
How are abnormal/panic values flagged in the EHR? Provide an example.	X Yes	<input type="checkbox"/>	Values are displayed via an icon in front of the result.
Does the EHR allow for comments/notes to be added to lab results by the clinic staff person reviewing the results to reflect any additional follow-up actions needed or follow-up actions already taken?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to select and track notification of abnormal lab results with auto-population date, time and who performed the notification?	X Yes	<input type="checkbox"/>	
Where/how are lab comments displayed within the EHR system? Provide an example.	X Yes	<input type="checkbox"/>	
Explain the EHR's ability to audit lab testing process. Does the system track who ordered labs, when labs were received/accepted in the lab, when labs were resultd and who resultd them, when labs were reviewed by clinical staff and who	X Yes	<input type="checkbox"/>	

reviewed then, when labs were edited and who performed the edit?			
The Department has an internal lab system. This one EHR supports two lab testing sites. Is there a mechanism that allows users reviewing labs within the EHR to know which lab site performed testing (ie testing address, CLIA number)?	X Yes	<input type="checkbox"/>	
Can the EHR generate a report that list which labs were ordered for a particular date range?	X Yes	<input type="checkbox"/>	
Does the EHR have the capability of printing /faxing lab results? If yes, include an example of how the labs would look if printed/faxed	X Yes	<input type="checkbox"/>	
Describe how reference lab results are handled within the EHR? Can they be scanned? Where are reference lab results kept in the system?	X Yes	<input type="checkbox"/>	They can be scanned and added to the patient chart
Does the EHR allow for specific fields to be integrated within the EHR, if lab results are received electronically from an outside reference lab?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to identify a lab test as billable and/or reportable to the State?	X Yes	<input type="checkbox"/>	
Describe the EHRs' process for documenting lab reviews.	X Yes	<input type="checkbox"/>	System has an audit trail capability for lab reviews
Does the EHR have the capability to be ordered by one provider and have the results automatically or selectively referred to another provider?	<input type="checkbox"/>	X No	
Does your EHR allow for future lab orders to be entered?	<input type="checkbox"/>	X No	
Does the EHR allow for the tracking of who collected the specimen, if collected in the clinic? Does it track specimen collection time?	X Yes	<input type="checkbox"/>	
Does the EHR track and flag pending and overdue lab orders? Explain how this is accomplished. Does the system have the ability to generate an overdue lab report?	<input type="checkbox"/>	X No	
Does the EHR track pending reference labs and can the system complete the order once reference labs are received?	X Yes	<input type="checkbox"/>	
Does the EHR have the capability of producing a report that provides all abnormal results received for a specific period of time?	X Yes	<input type="checkbox"/>	
Does the EHR allow orders (current / pending) to be cancelled by the clinic? Does the system send an alert, via the interface, to the lab? Does the system track reasons why order was cancelled? Can providing a reason for the cancellation be a required field?	X Yes	<input type="checkbox"/>	
Does the EHR allow orders (current / pending) to be cancelled by the lab? Does the system send an alert, via the interface to the clinic? Does the system track reasons why order was cancelled? Can providing a reason for the cancellation be a required field?	X Yes	<input type="checkbox"/>	
Explain how the EHR track cancelled orders?			A cancellation flag is displayed next to the order
Does the EHR support recurring orders?	<input type="checkbox"/>	X No	
What features are used to ensure lab results from lab system crosses the interface to the correct patient chart within the EHR? How are exceptions handled?	X Yes	<input type="checkbox"/>	Patient identifiers are set in place to ensure correct mapping

Billing

Functional Requirements	Yes Included	No Included	Comments / Clarifications
Billing, AR & Practice Management			
Does the EHR have the ability to define NCDPH specific provider disciplines?	X	<input type="checkbox"/>	
Does the EHR have the ability to transmit discipline to HIS per HIS batch county interface standard file?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to generate (view & print) a list including client name, payer, provider, CPT code with modifier, amount for each service, date of service, unit, and clinic location of service?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to bill more than 1 payer source for different services on the same date of visit?	X Yes	<input type="checkbox"/>	
If yes, please provide the details for the expenditure data and how the details are arranged. (day, week, month, calendar or fiscal year)			Claim level and CPT level
Does the EHR have the ability to manually place a client's service on hold for a specific time frame?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to place a service on hold for a specific client?	X Yes	<input type="checkbox"/>	
When error corrections are made in any billing related field, (example Medicaid Number), does the EHR have the ability to auto update any pending bills with the correct information?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to print on demand a paper claim specific to patient and date of service?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to mark services included as a batch with bill date?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability keep a historical record of services billed and rebilled?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to allow notes on client ledger by each line item?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to flag or mark the client ledger if a note is attached to a line item?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to alert users when posting any amount to the ledger prior to finalizing an entry?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability preventing payments posted to incorrect payer source?	X Yes	<input type="checkbox"/>	
Does the EHR mandate posting payments or denials to a specific services within the ledger, not allowing just a running balance?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to transfer balance for billing from primary to secondary to tertiary payor?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to create 835 reconciliation report listing all CPT codes by practice or clinic and amounts?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to create 837 billing file for EDS?	X Yes	<input type="checkbox"/>	Varies to requirements
Does the EHR have the ability to transfer 837 file for EDS?	X Yes	<input type="checkbox"/>	Varies to requirements
Does the EHR have the ability to accept an 835 file from EDS	X Yes	<input type="checkbox"/>	Varies to requirements
Does the EHR have the ability to create billing for batch standard file to any approved clearinghouse?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to create billing for batch standard file to other insurance carriers?	X Yes	<input type="checkbox"/>	

Does the EHR have the ability to transfer 837 file to any approved Clearinghouse and other Medicare plans?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to accept 835 Electronic Remittance Notification (ERN)	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to generate RA, Remittance Advice from selected 835 ERN?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to automatically have client bills put on hold before test or production run if client's insurance company is one that wants all maternal health services submitted after delivery of baby?	<input type="checkbox"/>	X No	Manually
If yes, please provide detailed explanation of this process.			
Does the EHR have the ability to print the name and address of the insurance company at the top of the form (CMS 1500)?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to create client list using specific bad debt write-off criteria?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to create specific bad debt write-off alert message(s)?	<input type="checkbox"/>	X No	Reporting available for debt set off
Does the EHR have the ability to reinstate the amount of a write-off back to the patient's ledger for a payment?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to allow notes in the client ledger if a client has been sent a collection letter, sent to a collection agency, sent to debt setoff and/or wrote a bad check?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to generate patient billing statements	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to specify specific billing date to automatically generate patient billing statements based on amount owed and billing schedule?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to exclude confidential contacts, non-forwarding addresses?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to create and modify patient statement layout?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to generate patient statement files for printing vendors?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to create individual client dunning messages?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to create template dunning messages based on specific aged accounts milestones?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability when a payer denies payment, the balance is transferred to the client so a statement can be sent?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to generate a billing receipt for each patient encounter?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to store patient insurance/billing information?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to track payment type: cash, credit/debit card or check?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to override a service fee?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to generate file for North Carolina Debt Setoff program?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to perform billing corrections and/or adjustments?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to correct/adjust a drug fee charge?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to generate/export payment data for collections process?	X Yes	<input type="checkbox"/>	

Does the EHR have the ability to manage collection payments?	X Yes	<input type="checkbox"/>	
Explain the process for encounter billing and AR accounts receivable processing.	Encounter Billing: Charge Entry > Coding Verification > Eligibility verification > Claim scrubbing > Claim submission > EDI Rejection > Payment Posting > Secondary submissions (if applicable) > denials fixing		
Does the EHR have the ability to recognize when inbound reflex lab data has been resulted in the EMR and subsequently have the capability to create a bill for that lab test?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to calculate sliding scale fees based on income and does the scale have the capability to slide to 0?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to create a sliding fee scale (automated discount amount) for self pay patients based on family size and income?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to allow, with supervisor approval, modification of self-pay status after x amount of business days?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to run queries relating to HIS Business Rules?	X Yes	<input type="checkbox"/>	
Does the EHR include a complete Practice Management Component?	X Yes	<input type="checkbox"/>	
Does the EHR check insurance eligibility electronically from public and private payers? Medicaid? BCBS? UHC?	X Yes	<input type="checkbox"/>	
Does the EHR submit claims electronically to public and private payers?	X Yes	<input type="checkbox"/>	
Provide what clearinghouse(s) the EHR utilizes?	CureConnect		
Please explain the fee structure for clearinghouse fees?	Inclusive		
Does the EHR allow for payments to be posted in an automated method?	X Yes	<input type="checkbox"/>	
Does the EHR provide a flexible schedule for the generation of patient bills based on patient type and payer/payer health plan or medical service?	X Yes	<input type="checkbox"/>	
Does the EHR provide for several customer-defined bill hold criteria by patient type and insurance type including number of days after discharge, missing data, diagnosis?	X Yes	<input type="checkbox"/>	Will need to be added and removed from "hold" status manually
Does the EHR continually validate that all necessary information has been entered based on payer/ payer health plan billing requirements?	X Yes	<input type="checkbox"/>	
Does the EHR provide worklists to alerts for missing information?	X Yes	<input type="checkbox"/>	
Does the EHR display the following details on the account and the patient statement? a. Source of payment (i.e.: Medicaid, United Health Care, or Blue Cross payment) b. Date of service to which the payment was applied c. Contractual allowances or not-allowed amount d. Co-payment amount e. Co-insurance amount	X Yes	<input type="checkbox"/>	
Can UB-04 and 1500 CMS billing forms be generated from the EHR?	X Yes	<input type="checkbox"/>	
Does the EHR support electronic billing of third-party payers with automatic verification of transmittals, retransmission of corrected transmittals, and cancellation of prior transmittals?	X Yes	<input type="checkbox"/>	
Does the EHR provide an enterprise charge definition and pricing master file for use by all facilities and locations with on-line access for query and updating?	X Yes	<input type="checkbox"/>	

Does the EHR allow the entry of multiple standard codes (example 99211) with varied office codes (example 99211NC and 99211FP)?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to "explode" bundled charges into individual components for revenue and statistical reporting while maintaining a single line item for billing or detailed line items?	<input type="checkbox"/>	X No	
Does the EHR provide online access to the patient's complete financial history, including charges, billing dates and payers in an easy look-up format available both on a system screen and printed? Provide sorts and look-ups including: a. Patient b. Guarantor c. Patient Type d. Account Type e. Account age f. Balance range (e.g.: greater than \$1000) g. Include or exclude zero balance accounts h. Include or exclude bad debt accounts	X Yes	<input type="checkbox"/>	
Does the EHR allow the definition of institutional accounts against which charges can be posted?	X Yes	<input type="checkbox"/>	
Does the EHR support the operation of a Central Billing Office serving multiple facilities and office locations with the ability to consolidate functions while maintaining separate accounting buckets?	X Yes	<input type="checkbox"/>	
Does the EHR support the operation of internal and external secondary business offices for collection of receivables? This could include external collection agencies.	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to define and monitor special payment arrangements by individual account?	X Yes	<input type="checkbox"/>	
Does the EHR support automatic and on-demand generation of customer-defined collection letters based on account type and aging criteria to pull in patient and account information such as: a. Patient name (separate the name into first, last, middle initial, title) b. Encounter number c. Visit Date d. Insurance payer e. Total billed	X Yes	<input type="checkbox"/>	
Does the EHR electronically accept claim denials and perform tracking and appeal processing?	X Yes	<input type="checkbox"/>	
Does the EHR support electronic remittance for Medicaid and selected insurance carrier?	X Yes	<input type="checkbox"/>	
Does the EHR enable both online and batch posting of payment and adjustment transactions with adequate audit trail to ensure cash controls?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to apply payments to an account or line item level?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to generate reports for the health system while maintaining ability to drill down to facility and departmental information?	X Yes	<input type="checkbox"/>	
Does the EHR system have the ability to store all reports, bills and statements in an integrated document imaging repository?	X Yes	<input type="checkbox"/>	

Does the EHR provide AR reports by a. Service/Location b. Providers c. Patient Type d. Insurance Payer/Health plan e. Insurance Type f. Type of Account g. Date of Service h. Age of Account i. Balance Range	X Yes	<input type="checkbox"/>	
Does the EHR provide for generation of an A/R aging report sorted by delinquency period by specific information?	X Yes	<input type="checkbox"/>	
Is the EHR compliant with HIPAA 1510 requirements for transactional security?	X Yes	<input type="checkbox"/>	
Can the EHR handle HL7 batch and real-time communications?	X Yes	<input type="checkbox"/>	
Does the EHR have the ability to capture General Ledger data for each practice in the maintenance file? For example: Practice Family Planning Greensboro must be associated with Lawson code 210355.	X Yes	<input type="checkbox"/>	
Can the EHR handle EDI transaction via ftp transfer?	X Yes	<input type="checkbox"/>	Additional cost
Does the EHR maintain audit logs of user access, data transferred?	X Yes	<input type="checkbox"/>	
Does the HER have the ability to create and use simultaneously multiple sliding fee scales? For example: A sliding fee scale for Women's Health services and a sliding fee scale for CHRP services. Each sliding fee scale would have independent slide ratios. One may slide as 20%, 40%, 60%, 80% and the other may slide as 25%, 50% and 75%.	X Yes	<input type="checkbox"/>	
Is there a method within the EHR to determine for which patients the sliding fee scale should be applied, based on patient account type (i.e. Medicaid, Insurance, Self Pay) and practice (i.e. Family Planning)?	X Yes	<input type="checkbox"/>	
Can patient billing be generated by Account# range or patient last name range?	X Yes	<input type="checkbox"/>	
Can access to specific patient accounts be denied or granted to specific staff?	X Yes	<input type="checkbox"/>	
Please describe how the user maintains claim edits.	Practice wide setting and can be controlled from the settings module		
Please describe how the EHR produces a point of service bill?	System has the ability to create a quick charge		
Please describe types of online editing that is available when charges are entered.	Need clarification		
Please describe options for time-based charging.	Time duration can be manually entered at the charge screen		
Please describe how the EHR supports online and batch charge entry?	Batch charges can be created from the esuperbills		
How does the EHR support denial management and the appeal process?	A dedicated module is available in CureMD for denial management. See attached document labeled (Denial Management)		
Can patient statements be run during normal business hours without degrading on-line performance or locking records?	Yes		
Can patient statements be interrupted by an operator?	Yes		
Can patient statements billing runs that have been interrupted by an operator or a system crash be restarted at the point of interruption?	No		

Does the patient statements billing process display the current account being processed	Yes
Does the patient statements billing process display: A count of the number of patients processed? A count of the number of patients yet to be processed [for the specified range of accounts]. The estimated time of completion?	Yes
Does the billing use the insurance Effective and Termination dates when billing, and does it notify anyone that the patient's insurance is no longer in force?	Yes
Can authorized staff: Create and run custom queries/reports directly to the underlying data tables? Directly browse the contents of the underlying data tables?	Yes – functionality needs to be clarified and discussed as to whether this would be a customization and cost
Is there a detailed database schema and data dictionary available that includes definitions of: Relationships between tables Definitions of coded values?	No
Due to the way that NCTRACKS bundles the multiple days' worth of Claims adjudication into a single payment file, it is not unusual to receive Payments, Reversals, and revised Payments for the same Service in the same 835 batch but not in a contiguous series of transactions. Can this billing system successfully handle such complex remittance data?	Yes
Does the system have the ability to configure the electronic Claim [837] to match the requirements of individual Carriers? For example, Medicaid must be billed by Rendering Provider if they are NP's or greater. Otherwise, [i.e. RNs and LPNs, etc.], the Supervising Physician for the Practice being billed is reported as the Rendering Provider. On the other hand, Medicare requires us to report the actual Rendering Provider and the Supervising Provider. Note: A Staff member's Supervising Provider can change [even the same day] depending upon the location or Practice for which the Service is being rendered.	Yes
Does the EHR have the ability to custom format paper claims based upon individual Insurance Carrier requirements (i.e. Medicare claims have different requirements than Medicaid for Public Health Department)?	Yes
Is there an integrated backup system and: can it be scheduled to run automatically? can it automatically force off users that have left their sessions active at the end of the day?	Yes

4.1.7 Implementation Plan

Using the template below, please provide the requested information on your implementation plan. Your response may be entered directly to the template below or may be attached as a separate document. If attached as a separate document, please indicate the topic heading. There should be a response to each element requested, even if the response is N/A.

Implementation Plan	
1. Describe and attach your typical implementation plan and timeline of key accomplishments (milestones). Indicate personnel engages/responsible for reaching each milestone.	Please refer to implementation guide for all questions below
2. Describe the experience and qualifications of your installation team.	(All implementation specialists and project managers are Cure MD trained and have multiple account experience in public health EHR).
3. What kind of client communication and implementation planning is done prior to the installation? After installation?	
4. Describe the training provided. Include a training outline.	
5. Explain your typical Go-Live Plan.	
6. Explain your support during Go-Live.	
7. Explain your support immediately after Go-Live.	
8. Explain your support 30, 60, 90 days after Go-Live	
9. Explain user acceptance testing and final system acceptance sign-off procedures	
10. What timeframe after contract signing can your resources begin the project and the implementation start?	
11. What is the average time from contract signing to implementation completion?	

4.1.7 Implementation Plan

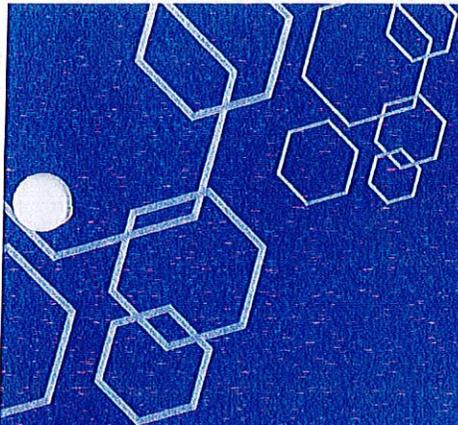
Please see the following documents below for additional information:

Implementation Plan

Sample Statement of Work

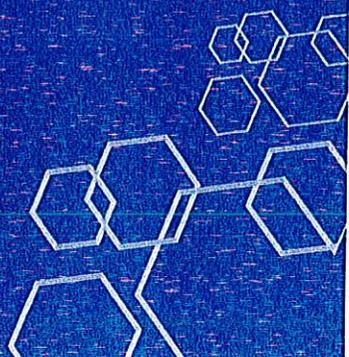
Sample Project Implementation Schedule

Project Acceptance and Sign off



CureMD™

Practice without boundaries



Implementation Guide EMR & PM



Section 1: Welcome

Welcome to CureMD

CureMD offers an all-in-one EMR, Practice Management, and Patient Portal solution via software as service (SaaS) model to help reduce upfront costs, minimize errors, improve quality, patient safety and operational efficiency.

CureMD's revolutionary technology simplifies decision making, streamlines operations and ensures compliance to industry standards and best practices, ultimately saving time and effort to maximize value and returns.

CureMD offers two implementation models — On Demand and On Premises

On Demand (Subscription Service)

On demand secure subscription service includes hosting, IT and businesses continuity services; eliminating the need for upfront capital expenditure on hardware, and ongoing IT Administration.

On Premises (Client / Server)

Medium to large practices with IT staff can keep their own server with CureMD installed for local and remote access, store data in your own office, and achieve greater control and flexibility. With On Premises (client / server) model, there is no hosting fee.



Roles required at client end

Member	Role
EHR Implementation Manager	<p>The EHR Implementation Manager is responsible for keeping the project moving. In most implementations, there is a vendor counterpart to this position. The project manager is responsible for monitoring the work plan to ensure that the project is on schedule; maintaining a list of vendor and practice issues that need to be resolved; scheduling implementation-related events, such as hardware deliveries and live dates; and delegating tasks to the other members of the implementation team. In a small practice setting, the project manager is usually responsible for communicating updates to the rest of the practice. The practice manager often takes on this role.</p>
Physician Champion	<p>An EHR implementation should not begin without a physician champion. The role of the physician champion is to act as a liaison between the physicians in the group and the implementation team. The physician champion acts as a point of reference for how things are done from a clinical perspective and how physicians need the EHR application to function. The physician champion is responsible for keeping the physicians up to date on the progress of the EHR and for maintaining physician "buy-in" to the project.</p>
Nurse Lead	<p>The Nurse Lead plays a central role on the team and with fellow nurses; he or she should be a respected thought leader who understands clinical workflows, can inspire nursing staff to embrace change, and drives consensus among nursing staff.</p>
MA Lead	<p>The Medical Assistant Lead plays a central role on the team and with medical assistants; he or she should understand medical assistant workflows, inspire medical assistant staff to embrace change, and drive consensus among medical assistants.</p>
Scheduler Lead	<p>The Scheduler Lead plays a central role on the team and with other scheduling assistants; he or she should understand scheduling workflows, inspire Scheduling staff to embrace change, and drives consensus among scheduling staff.</p>
Registration Staff Lead	<p>The Registration Lead plays a central role on the team and with other registration assistants; he or she should understand registration workflows, inspire registration staff to embrace change, and drive consensus among registration staff.</p>
Lab staff Lead	<p>The Lab Lead plays a central role on the team and with other laboratory staff; he or she should understand lab workflows, inspire lab staff to embrace change, and drive consensus among lab staff.</p>
Information Technology Lead	<p>The Information Technology Lead is responsible for deployment and operation of the software and hardware (e.g., workstations, wireless tablets, printers and scanners). This is the go to person for people who have questions about the operation of the software and hardware.</p>



Member

EHR Builder	The EHR Builder is responsible for building and customizing any EHR application areas such as templates, drop-down boxes and pick lists. This person will know more about how the EHR functions than any other person in the practice. This person may also have regular communication with the EHR vendor and may be involved in training of new staff in how to use the EHR.
Meaningful Use Lead	The Meaningful Use Lead is responsible for training staff in how to use the EHR to successfully achieve meaningful use.
Workflow Redesign Lead	The Workflow Redesign Lead is responsible for training staff in how to assess current workflows and how to redesign workflows with EHR implementation.
Super-User Lead	The Super-User Lead is responsible for drafting a description of Super-User responsibilities and working with various other leadership team leads to recruit and train Super-Users. A Super-User is a regular staff member who learns the system prior to implementation so that they can expedite IT support and provide problem-solving at the point of need to other staff members during implementation.



Section 2: Implementation

Implementation Specialist (Small to Medium Size Practices > 1-9 Providers)

- Develop, manage and coordinate project plans
- Work with the responsible parties to manage day-to-day action items and escalate issues
- Coordinate with CureMD departments to achieve key milestones
- Organize project status updates
- Perform risk management checks

Project Manager (Large Practices only > 10 or more providers)

- Work with the client leadership team and CureMD consulting team to design, develop, manage and drive the overall strategy and implementation plan
- Coordinate with CureMD departments to achieve key milestones
- Manage relations with external vendors and monitor key performance indicators
- Support Practice Lead in maintaining the project schedule
- Provide application expertise and guidance
- Coordinate reviews and project status updates and escalate issues

Small to Medium Practice (1-9 Providers)- Implementation Specialist

- Lead the practice on EMR adoption & successful rollout
- Communicate and collaborate with CureMD to meet scheduled timelines, milestones and deliverables
- Responsible for overall practice management workflow in the new system
- Manage expectations with other external vendors
- Mitigate internal and external risks
- Work to achieve project milestones



Large Practice (10+ Providers) - Project Manager

- Be the lead trainer as well as the contact person
- Lead the practice on EMR adoption & successful rollout
- Communicate and collaborate with CureMD to meet scheduled timelines, milestones and deliverables
- Manage expectations with other external vendors
- Mitigate internal and external risks
- Work to achieve project milestones

Billing Lead (Revenue Cycle Management Clients only)

- Work directly with the project manager to facilitate their billing requirements
- Responsible for billing related workflow in the new system
- Be the lead trainer as well as the contact person for all billing related queries

Workflow Coordinator (usually same as Implementation Specialist / Project manager)

- Lead the practice towards EHR adoption
- Own, manage and customize database content based on practice Workflow
- Lead, oversee, schedule and organize meetings for the EHR process redesign, including workgroup schedules and documentation
- Complete workflow documentation and follow-up on outstanding questions between meetings
- Ensure day-to-day practice operations/procedures are covered in the workflows and ensures that adapted workflows are staff-friendly

IT Manager (IT Services Clients only)

- Manage and support the IT infrastructure of the practice and adhere to CureMD standards and procedures
- Collaborate with CureMD and interfaced laboratories
- Own, manage and support lab interface communications, testing and go live

CureMD Certified Trainer (Large Practices only)

- Attend CureMD training certification course at CureMD Learning Center in New York City
- Organize and oversee training during go live
- Train staff and physicians on an ongoing basis



Project Timelines

The following Implementation Timeline is a guideline, for a typical implementation. Each practice has its own individual requirements; Therefore, it is only a suggested standard, not a guarantee. Typically, the Go-Live date for small to medium practices is between 4-6 weeks after the Kick-off Call. For larger practices the Go-Live date takes between 8-10 weeks after the Kick-off Call. This timeline is dependent upon the size and scope of the project.

Small - Medium Practice Implementation

Week 1:

Schedule Kick-Off Call: Your Implementation Specialist/Project Manager's will contact you to schedule a Kick-Off Call followed by a welcome email that includes the Implementation Guide, hardware requirements along with any preferred add-on services (e.g. fax services/dictation/

Perform Kick-Off Call: A Kick-Off Call will be performed by your Implementation Specialist/Project Manager. Client will be introduced to implementation processes, help you make choices with integration features (labs, Interfaces, PACS etc), third party services (eRx, EDI clearing house, eFax etc). During this call your specific data migration requirements will be discussed along with:

- Customized Implementation Plan
- Implementation Portal Sign Off
- Scheduling Trainings
- Determine Go Live
- Billing Discovery Sheet

Welcome Email: You will also receive a "Welcome Email" from your Implementation Specialist/Project Manager. This will contain the following information:

- Implementation Specialist/Project Manager's contact information
- Live Date for Practice Management and EMR (may be provided separately)
- Trainings and Data Extraction Details
- List of discussed items (to be obtained from the client)



Hardware Approval / Ordering: Provide existing hardware specifications to CureMD for review and approval. Order recommended hardware through CureMD if required.

Return IT Inventory & Checklist: Complete and return the IT Inventory & Checklist from the Technical Guide. (IP, passwords)

Week 2-3

Install Check: An installation specialist will remotely connect to your network to ensure that it meets the specifications for running CureMD application.

Practice Management Training: Below are the required training sessions conducted prior to Practice Management Live Date:

Sr.	Trainings/Sessions	Duration	Required Staff
1.	Browser Configuration Session <ul style="list-style-type: none"> - User account control settings - Browser configurations - Environment Inspection 	1 Hr.	Any
2.	System Configuration & FD Management <ul style="list-style-type: none"> - Practice Level Configurations - Practice User Role Configuration - Patient Registration - Appointment Scheduling - User Preferences 	2 Hrs.	Front Desk, Office Manager

Application Installation: Account manager will schedule with the IT Department the installation of the CureMD application and other integration features, (e.g. configure the workstations etc.)

Initial Data Migration & QA (optional): Data migration specialist will perform an initial migration of your patient and appointment data, your staff will verify the migrated patient and appointment data.

Week 4:

Data Migration: Perform a final migration of patient and appointment data, if required.



Week 5-6:

EMR workflows : The Implementation Specialist/Project Manager will verify all your processes and workflow are available and are set up, guide you in getting started with customizing your EMR system.

Template and Custom List Finalization: the Implementation Specialist will go over the templates and clinical lists populated during Implementation for final revisions.

Electronic Management Records Training: Below are the required training sessions conducted prior to the EMR Live Date:

Sr.	Trainings/Sessions	Duration	Staff
1.	eRx & Clinical Intake <ul style="list-style-type: none"> - User Preferences - Clinical Intake - CPOE - Patient Histories 	2 Hr.	Clinical Staff
2.	Provider Notes Review Session <ul style="list-style-type: none"> - Review Existing Provider Note Templates - Review & Finalize ROS Templates - Review & Finalize Custom Lists 	1 Hr.	Provider
3.	Provider & Phone Notes Training Session <ul style="list-style-type: none"> - Creating Provider Notes - Creating Phone Encounters - E & M Calculator 	2 Hrs.	Provider

**** EMR GO LIVE ****



Implementation Processes

Kick-Off Call

The Kick-Off Call is an introduction to the implementation process. During this call we will discuss the overall implementation timeline, specific practice requirements and integration features. CureMD suggests the following people be available for the Kick-off Call:

From the Practice:

Office Manager
Providers
IT Specialist

From CureMD:

Implementation Specialist/Project Manager
IT Specialist (as needed)

After the Kick-Off Call is complete, your Implementation Specialist will send a follow-up email message recapping the implementation choices and schedule.

Printing Patient Statements:

You can use CureMD to print Patient Statements. These statements can be customized to the clients liking by using different layouts, paper sizes, messages etc.

If you would like CureMD to manage your statements (process, print, stamp & post) then please contact your Account/Project Manager for further details. (We charge \$0.75 per statement)



Data Migration

Data Migration:

CureMD offers a data migration service as a large part of the implementation process. The data migration involves extracting your data from your existing practice management system and moving it to CureMD in two separate increments (initial and final). CureMD can extract and migrate much of your existing data, including, but not limited to the following types of data:

- Patient Demographics
- Appointment Information
- Insurances
- Pharmacies
- Referring Provider Information

There are two options CureMD offers for gathering data for migration. The first option, which most clients prefer, is having CureMD extract from their current practice management system. The second option is having the client provide the data. The following lists what is required for each method:

CureMD Extracts:

- Inform CureMD of Application/System name
- Practice must schedule a Gotomeeting Session with their Implementation Specialist
- Inform CureMD with an Admin username/password on system
- Inform CureMD of location of data on system (path or directory)

Client Provides Data

- Prepare data and supply in Excel format in CureMD' Data Migration Template
- Send files to Project Manager via email, CD, or FTP (password protected files)

Once the extraction is performed, regardless of method, the data is reviewed by CureMD to ensure that the data can be migrated successfully. A Data Evaluation Plan will be provided and a conference call arranged to discuss the findings of the evaluation. It is also at this point that a Application Setup Spreadsheet will be generated and provided to the practice for training, review and completion.

Standard data migrations are usually completed within 3-4 days. This time is spread over the course of your Implementation, including the many steps in which our Data Migration Team performs to ensure the integrity of your data.



Once the final migration is completed, any and all further changes will need to be tracked on paper or entered into CureMD.

Important! CureMD cannot migrate flat file, binary, encrypted, or scrambled data.
Important! CureMD does not migrate clinical and financial information (such as provider notes, patient complaints, Medications, Histories, Review of System, Diagnosis, Procedures, Physical Exam, prior claims, outstanding AR, etc.)

Application Setup Spreadsheet with Data Migration

In order to preload data into the application, CureMD will populate an Application Setup Spreadsheet (ASS) based on the data provided during the initial extraction/migration phase. This data will include provider & staff details, patient demographics, practice & location details, referring provider details etc.

Although CureMD is responsible for populating the ASS with data, it is the client's responsibility to review and update the ASS according to the recommendations from CureMD team. CureMD will provide training for this purpose. After the client has updated the ASS, CureMD will review and approve the information provided. The ASS will then be uploaded into the system at the time of initial migration.

In case the ASS is not approved by the CureMD staff, the ASS will be sent back to the client with further instructions. It is vital that the client complete the ASS in a timely manner, otherwise the scheduled implementation, training and live dates would have to be postponed.

Application Setup Spreadsheet without Data Migration

If the client does not require data migration, it is still possible to preload data such as provider & staff details, patient demographics & insurance, practice & location details, referring provider details etc. into the system. This can be done by completing a blank ASS template. Upon completion and approval of the ASS by CureMD staff, it will be uploaded into the system.

Labs Interface Overview

CureMD can be interfaced with most major labs such as Quest, LabCorp, Sunrise etc. This allows the system to send lab orders, and receive lab results from the lab electronically.

Timeframe: The following general rules apply for lab interface lead times:

- 10-12 weeks lead time required from the date of approval (by the lab) for currently interfaced labs
- Up to 4 months lead time required for hospital or local labs, in which CureMD has never interfaced with before



Cost

It will cost the End User/Practice the following to install lab interfaces.

List of labs that CureMD has developed interfaces with:

1. Ackerman
2. AcuPath
3. AmeriPath
4. Bio Reference
5. Botswick Laboratories
6. Clinical Labs
7. Derm Path
8. D-Path
9. East River Imaging
10. Empire City Labs
11. Enzo Clinical Labs, Inc
12. Genzyme
13. LabCorp
14. Lenco Diagnostics Laboratories
15. MedTox Laboratories
16. Northshore LIJ Laboratories
17. Plus Diagnostics
18. QDX Laboratoories
19. Quest Diagnostic
20. Shiel Medical Laboratories
21. Sunrise Clinical Lab
22. ProPath
23. Ameritox
24. Columbia Pathology

Note: You may be required to sign an agreement with the lab(s) of your choice prior to their authorization of the interface.



Optional Integration Features

Midmark Devices

CureMD has developed interfaces with Midmark EKG, Spiro meter and Holter devices.

The interface costs \$750 and is configured on a single computer. It will cost \$250 to setup another computer with the device.

Visit www.midmarkdiagnostics.com for further information on their product offerings and purchase details.

Welch Allyn Devices

CureMD can also be integrated with some Welch Allyn devices. The interface costs \$750 and is configured on a single computer. It will cost \$250 to setup another computer with the device.

Visit www.welchallyn.com for further information on their product offerings and purchase details.

Scanners

CureMD can be integrated with different types of card scanners and normal scanners that are TWAIN compliant. The card scanner will allow you to scan insurance cards directly into the system. The paper scanner will allow you to scan lab results and other documents directly into CureMD. The OCR scanner will allow the user to register new patients by scanning licenses/IDs/insurance cards. It will also allow the user to check-in scheduled patients.

EPAD

CureMD can be integrated with an ePad as well. This will allow you to input patient's or provider's signatures in the system, which can be used on consent forms, letters etc.

Patient Portal

The CureMD Patient Portal enables you and your patients to share healthcare information in a highly secure, HIPAA compliant environment. Patients can schedule appointments, request refills, view lab results and more. The patient portal delivers vital care information directly to your patients desktop to help you enhance customer satisfaction, eliminate preventable errors, as well as open additional care collaboration between you and your patients.



Functions of the Patient Portal are as follows:

- Messages: Send/receive messages to/from doctor's office.
- Appointments: Request a new appointment and view upcoming appointments
- Provider Notes: Review provider notes
- Labs: Review and examine lab reports
- Demographics: Enter or modify personal information and other demographic information
- Reminders: Receive reminders from doctor's office about when the next immunization or lab is due. Receive emails for reminders, upcoming appointments and statements.

For further information on the Patient Portal options, please contact your account manager.

Appointment Reminder Systems

In order to further optimize its EMR system, CureMD can send appointment reminders to patients automatically. These reminders will be sent to the patient via email. This feature will make your practice more efficient, organized and technologically adept at providing outstanding patient care.



ePrescribing - Surescripts

ePrescription is a rewarding feature of CureMD that allows you to write and send prescriptions electronically to your local pharmacies. ePrescription uses a service called Surescripts that forwards prescriptions from the physician to the pharmacist.

Features

- Patient's Prescription Benefit information in real time during an office visit
- The Prescription Benefit service puts eligibility, benefits and formulary information at a prescriber's fingertips at the time of prescribing
- Ability for prescribers to select medications that are on formulary and are covered by the patient's drug benefit
- Prescription history information across providers during a patient's office visit through electronic prescribing
- Securely access and aggregate patient prescription history data from community pharmacies and patient medication claims history from payers and pharmacy benefit managers.
- Routing new prescriptions electronically to retail and Mail orders
- Electronic prescription renewals

Please note the following information for setup:

- Physicians can sign up for ePrescribing and start using it as soon as they go live on CureMD, if they wish.
- For providers who currently use ePrescribing, the enrollment is fairly quick; your Account Manager will provide you with a Change of Vendor form to be filled out and returned for processing.
- For providers who are new to ePrescribing, the enrollment may take from 3-4 weeks.
- For enrollment purposes, please provide your physician information, including NPI and the DEA number.



eFax Services (HIPAA compliant integrated inbound and out bound electronic faxing service)

CureMD has an optional service which allows the user to send and receive faxes directly from the application. You can fax prescriptions, provider notes, lab orders, documents etc. directly from the software. It just takes a few clicks to send the faxes, and administrators can monitor the fax activity of users from the application as well.

Set up fee and monthly charges apply

MD Consult

MD consult is another Value Added Service provided by CureMD. It offers the most comprehensive information available in one convenient online resource. With instant access to full-text articles from over 80 medical journals and Clinics, 50 leading medical references across a wide range of specialties, clinically relevant drug information, and over 10,000 patient handouts, MD Consult is truly all you need.

More physicians than ever are turning to MD Consult for authoritative and relevant medical answers. Its unmatched depth and breadth exceeds the demanding needs of practitioners with a wealth of specialty information not available anywhere else – all presented in an easy-to-use format that allows physicians to:

- ☒ **Diagnose with Clinical Support**
Whether it's being able to quickly reference the latest full-text article from over 80 medical journals and Clinics, compare 50,000 images in the image database or leverage evidence-based summaries, MD Consult offers physicians an abundance of clinical decision support information resources.
- ☒ **Easily Cross-Reference Leading Medical Texts**
With over 50 books covering more medical specialties than any other online resource, referencing a favorite medical textbook from leading authors has never been easier thanks to the authoritative collection of books on MD Consult.
- ☒ **Understand the Latest Practice Guidelines**
Updated regularly and arranged by topic, specialty, and authoring organization, MD Consult's collection of more than 1,000 peer-reviewed practice guidelines makes it easy for physicians to stay current on the latest guidelines.
- ☒ **Search Smarter not harder**
organized by what matters most to physicians, MD Consult's recommended search results pages pull out the best and most current thinking on major medical topics. And with a synonym database of over 2.5 million medical terms, you can be confident knowing that you will find what you're looking for quickly and easily.
- ☒ **Discover New Treatment Options**
MD Consult offers physicians multiple ways to stay on the forefront of new treatment options and medical news. The drug information database is updated regularly to show recent approvals, safety notices and even off-label usages.



The MD Consult news section not only keeps physicians current on the latest medical news, it also allows them to customize RSS feeds for streaming medical news content or sign up for weekly e-newsletters.

Patient Education

CureMD has a comprehensive database containing patient education material, which can be easily accessed from within the CureMD application. It provides a detailed description of various diseases, along with diagrammatic illustrations. It is therefore a very useful reference tool for users of CureMD.

The education material covers most specialties such as Cardiology, Immunology, Internal Medicine, OBGyn, Oncology, Ophthalmology, Pediatrics, and Urology etc. Information is also available on most diseases such as Measles, Chicken Pox, and Zinc Deficiency etc. Additional material can be added on request, and the practice can even provide own material to be added to the system, if needed.



Section 3: Infrastructure & Setup

Hardware

The speed and stability of your CureMD system is directly dependent on the network configuration and hardware being used at your practice. CureMD will provide you with a Hardware Requirements document, which will state the recommended network and hardware requirements needed for smooth operation of CureMD. The client is advised to review this document with their IT specialist, and have the recommended hardware installed before implementation of CureMD is scheduled.

Once all the hardware has been installed, CureMD will review and test the hardware to make sure that it is fully functional. CureMD will also test your network to ensure that network speeds are within specification.

Install Check

The Install Check is performed by CureMD, typically a week before trainings, to ensure the network meets specifications and all hardware and devices are ready for installation. A CureMD representative visits the site or remotely connects to the client's network through a Remote Desktop Connection (RDP) or web conferencing to perform this important step in the implementation process. The following is a list of what is verified during the Install Check:

For Client Server:

- Verify server power redundancy & network connectivity
- Verify that all network components, machines, and software are configured correctly and are in working order
- Systems are in accordance with CureMD's hardware specifications (processor speed, memory, hard drive space, operating systems, routers)
- Verify all operating system updates are installed
- Test the Scanner(s), Camera(s), Finger print reader(s) and Signature Pad(s) are installed and working correctly
- Test Internet speed, Static IP and connectivity to the network
- Firewall settings
- SSL (secured socket layer) status for access on the internet
- Verify all required ports are open/available, if part of a hospital network
- Verify FTP connectivity
- Check for speed between the server and client machines (workstations, laptops, tablets)
- Test connectivity between multiple locations and connection type/speed



- Load setup Files

For Cloud and ASP

- CureMD remotely connects to the client's network through a Remote Desktop Connection (RDC)
- Verify that all network components, machines, and software are configured correctly and in working order
- Verify systems are according to CureMD hardware specifications (processor speed, memory, hard drive space, operating system, routers)
- Verify all operating system updates are installed
- Test the Scanner(s) , Camera(s), Finger print reader(s) and Signature Pad(s) are installed and working correctly

- Test Internet speed and connectivity to the network
- Verify all required ports are open/available, if part of a hospital network
- Verify FTP connectivity
- Check for speed between the server and client machines (workstations, laptops, tablets)

The Installation team uses the information from Technical Guide – IT Checklist & Inventory during the Install Check. It is crucial that the client completes and returns the IT Checklist & Inventory no later than two weeks prior to the scheduled Install Check. If this document is not received on time; the Install Check will be cancelled. This may then affect the remaining implementation dates.

Also, CureMD requires that the IT specialist be available at the practice during the Install Check, which typically lasts about two hours.

System Customization

CureMD can be customized to meet your requirements. Before your training sessions, you will be given a demo of the CureMD system. In this session, you will be given an overview of the system and briefed on some of the customizations that can be made to CureMD. These customizations will include templates and other components which can be customized to your liking. You can discuss all the customizations you would like made to the system with your account manager, and they will be implemented before your training sessions.



CureMD 101 Training

“Super Users” will be technically savvy staff members who will be responsible for supporting other staff with the system. They will be responsible for the training of other staff members, and therefore must be trained with adequate knowledge of CureMD.

CureMD will first train the super users on the system’s features and configuration management. This will provide enough understanding of the system to suggest any customizations to the workflows and the system. Therefore, they should be present in the meetings on system customization.

Testing

System testing will be the final step before going live. This will give the staff a chance to review the customizations that have been made to the system. Apart from that, they will be able to verify that all workflows are working properly. This will also provide them with a chance to make sure that other accessories like scanner, printer, webcam, signature pad etc. are working properly. If everything is working well at this stage, then the practice will be taken live.

In addition to the workflows, successful testing will include:

- Submission and receipt of payment of claims to each of the practice’s primary payers
- Order, collection, processing and receipt of lab results from the practice’s primary lab
- Audit of all users that are entered into the system (to ensure all users have CureMD accounts and all providers have CureMD licenses) and a list of security permissions set by role

Onsite Training

In order to best utilize the trainer's time with your practice, it is recommended that you not have a full load of patients scheduled during training. Some patients are recommended after a few days of training, but patients should be scheduled for double the time typically allocated for each visit type.

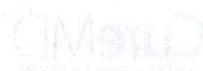
Training hours are conducted between the hours of 8:30 AM – 5:30 PM with a one hour lunch break.

The following general topics are fully covered during the training:

- All Office Members
 - System Overview
 - Personal (KPI - Dashboard)
 - Patient Lookup



- Patient Profile
 - Phone Encounters
 - Messaging
 - Document Manager
 - eFax
-
- Front Office
 - Patient Registration
 - Appointment Scheduling
 - Patient Check In/Out
 - Weekly/Multiple Views
 - Chain Scheduling
 - Scanning in Registration
 - Scanning in Patient's Charts
 - Running Letters
 - Scheduling Reports
 - Mid Office (MAs/Pas/NPs/Nurses and Providers)
 - Monitor Patients in the Practice
 - Progress Notes
 - Lab, Imaging, Procedures and Immunization Flow
 - Referral Management
 - Alerts/Recalls
 - Templates
 - Flow Sheets
 - Custom Forms
 - eRx
 - Immunization
 - Clinical Alerts
 - Order Sets
 - EMR build and customization
 - EMR Reports



In addition to the hours allocated above, it is recommended that each staff member spend additional time on their own during the week getting familiar with the software.

- Each provider session with the trainer must consist of at least four consecutive hours uninterrupted by seeing patients.
- Work with the Account Manager to discuss the best scenario for your practice.
- Providers need to spend time getting familiar with their tablet PCs prior to training.
- It is strongly advised that staff have basic computer training prior to training.
- Any practice letters, forms, or other documents should be given to the trainer on day 1 of the training so that they can be entered or duplicated in the CureMD system.

The Office Manager should separate staff into the groups outlined in the schedule and identify which staff members will attend each session.

Trainers will bring in a Checklist for the Office/Practice Manager or Doctor to sign upon completion of training. Trainers in turn will give one copy to the practice and submit one copy to the Account Manager at CureMD.

Note: CureMD provides comprehensive training on the software during the week before go live, along with standard CureMD practice operation's manual. It is the practice's responsibility to communicate their training expectations to CureMD, develop any customized training materials they will need for their staff (for example, outlining how practice-specific policies and procedures will change with the EHR), and ensure that CureMD trainers understand how these materials should be incorporated into the overall training.

Product Documentation and Wiki

Your CureMD Application gives you access to a comprehensive user manual which will cover all the modules in the application. Along with the documentation



Post Go-Live Support

If you encounter any problems after Training, please contact support department by calling: 718-360-0597 or you can send an email: support@curemd.com

Support Hours: 8:30 am to 5:30 pm (EST) Monday - Friday

Severity	Description	Response Time	Resolution
Critical	Critical/Show stopper. System cannot function or suggested alternative has drastic impact on the productivity.	1 Hour	4 Hours
Medium	Minor error. System can function. Clear work around available.	4 Hours	2 Days
Low	Functional Enhancement	5 Days	Next Upgrade Release

Practice without Boundaries

CureMD is the leading provider of Cloud based EHR, Practice Management and Medical Billing services to transform the administrative and clinical operations of healthcare organizations of all sizes. Our award winning solutions simplify decision making, streamline operations and ensure compliance with industry standards and best practices - ultimately saving time and effort to maximize value and returns.

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Sample Project Plan- Guilford County

Description	Budget Hours	Scheduled		Actual	
		Start	Finish	Start	Finish
Introduction and Discover Phase					
Discover Phase & Kick off call	3.00	3/1/2016	3/21/2016		
SoW					
Project Overview					
Introductions					
Enroll Batch County Forms					
Implementation Portal					
Discovery workflow document					
Discovery billing document					
Discovery Phase Review Call	4.00				
Review Completed Discovery & Billing Documents					
EDI Enrollment Form					
Database Order					
Schedule PM Training and Go Live					
Technical Specification Review Call	3.00				
Label printing set up					
HCFA form set up					
Send Browser Configuration & IT Setup					
Batch Interface Review Documentation	2.00				
Review Batch Interface Process					
Database Build	5.00				
Initial Build					
efax Service					
HCFA Printing					
Patient Statements					
Lab Interface and Management					
Introduction and Discover Phase- Project Mgt.	20.00				
Practice Management Training Phase					
Super User Training #1	2.00	3/21/2016	5/14/2016		

Calendars and Blocks		
Super User Training #2	2.00	
Roles, Permissions and Titles		
Practice Set up		
Super User Training # 3	2.00	
Fee Schedules		
Programs		
Sliding Fee Scales		
Super User Training #4	2.00	
Modifiers, Internal Codes, Diagnosis		
Document Manager Folder Creation		
Letters		
Data Migration and Validation	10.00	
Map for Appointment Conversion		
EMR Conversion		
Validate Data with Client		
Migration Corrections		
Final Appointment Mapping		
Final Migration Validation		
Practice Management User Training	20.00	
Front Desk Training #1		
Front Desk Training #2		
Front Desk Training #3		
Front Desk Training #4		
Charge Entry Training #1		
Charge Entry Training #2		
Charge Entry Training #3		
Manual Payment Entry		
Practice Management Training Phase- Project	20.00	
Mgt.	1.00	
Go / No Go Call		
Practice Management Go Live	10.00	5/21/2016
PM Follow Up Calls	6.00	

Payment Posting and Denial Mgt. Follow Up Call #1 Follow Up Call #2 Follow Up Call #3 Follow Up Call #4	15.00	
Practice Management Go Live- Project Mgt.		
EMR Training Phase	6.00	5/30/2016
Schedule EMR Training and Go Live		6/21/2016
SureScripts Enrollment		
EMR Workflow Call		
Super User Training #1	3.00	
Creating Custom Lists (Dx, Labs, CPT, Meds)		
Custom Forms		
Flow Sheets		
Lab Defaults		
Educational Forms		
Super User Training #2	2.00	
Note Creation and Modification		
Provider Note Generation		
Super User Training #3	2.00	
Q&A with Users		
EMR User Training	21.50	
Nurse Training #1		
Nurse Training #2		
Nurse Training #3		
Nurse Training #4		
Provider Training #1		
Provider Training #2		
Provider Training #3		
Provider Training #4		
Maternal Health Training		
Lab Training		

Q&A with Users	
EMR Training- Project Mgt.	25.00
EMR Go / No Go Call	1.00
EMR Go Live (5 Days)	50.00
Travel to and From Client Site	8.00
Implementation Expenses	0.00
	245.50
	6/30/2016



CureMD Implementation Project STATEMENT OF WORK

Purpose: To set expectations, roles, and responsibilities for both Carolinas IT and 'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' to ensure a successful implementation of CureMD.

The successful implementation requires sincere dedication and commitment. Your medical practice staff along with Carolinas IT implementation team must commit to the following tasks throughout the entire implementation process (Welcome call through your final post go live call):

- Assign a project champion/project manager who has solid understanding of their practices daily operations and needs.
- Review each device in which the application will be installed on and ensure system specifications are met (see attached list).
- Assign a qualified person to handle all Information Technology (IT) needs.
- Check email messages daily
- Notify Carolinas IT of any tasks not completed prior to the assigned date.
- On time Attendance of all scheduled sessions (No Shows will be charged at a rate of \$175.00 per scheduled hour). A client will be considered a "No Show" 15 minutes after scheduled session.

Initials: _____

Implementation Consulting Project Assumptions & Success Factors Acknowledgement

The customer Project Team will ensure that tasks are completed on time.

The customer Project Team is empowered to make workflow and design decisions and will be the key individuals responsible for the administrative and decision making sessions.

Adequate facilities will be made available for design and training sessions. 'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will provide a completed design decisions document to the CIT Implementation Consultant no later than 2 weeks prior to the start of End User training.

CIT Healthcare and customer project team will work in collaboration toward transition to regular support within 45-60 days post-live.

Once the CIT Implementation Consultant schedule is confirmed, additions or changes will be evaluated as to the impact on the go-live date and feasibility of the change

'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will provide Pre-live metrics prior to or during the Workflow Assessment session. These metrics will be monitored Post-live to ensure stability and readiness to transition to support.

'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will provide samples of desired information, i.e., financial reports, patient documentation, billing reports; prior to or during the Workflow Assessment session to assist with determining the most suitable standardize workflow or reports.

'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will designate a training leader who will be responsible for ensuring timely completion of all trainings, as applicable. 'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will ensure that all necessary staff is available for the required training sessions as pertains to their job responsibilities.

'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will designate a primary and secondary contact that will be responsible for all communications between 'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' and the CIT Support team.

'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will designate a "Super User" for each component. Super users are more experienced product knowledgeable staff for the purpose of assisting in testing, training and go-live/post-live support of end users.

'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will work with our EDI representative and have all required enrollment forms completed in a timely manner, as this will ensure completion of necessary training modules.

'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will provide necessary training materials to our staff members.

'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will ensure that all issues, questions or changes will be communicated to the CIT Implementation Consultant in a timely manner.

'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' will ensure that all attendees to training sessions are familiar and comfortable within the MS-Windows environment.

Initials: _____

The implementation process consists of the following phases:

Welcome Call – This call is initiated by the sales person to introduce your Implementation Consultant (IC) to 'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES'. At this time we will review the Statement of Work and set all expectations for the project.

Initials: _____

Discovery – Critical information gathering that serves as the foundation of the implementation and guides the entire configuration. Discovery will include completion of an implementation discovery document, and gathering practice information for the Implementation Consultant (IC). ***Inaccurate information provided here can have a serious negative impact on the implementation and the ability to process claims.*** Your IC will review the discovery documents and schedule a Discovery Call which should include your Project Champion and lead biller. The discovery call is a conference call that is led by the IC assigned to your project. Discussions will include both billing and clinical workflow, as well as your project goals and objectives. During this call we will schedule all project session dates up to and including your go live dates. The schedule for your implementation is dependent on two dates; the Discovery Call date and the expected go-live date.

Initials: _____

Configure Phase:

The configuration phase consists of two parts:

- **Administrative Configuration** – Q&A Session(s) with your designated Project Champion to review contents to include user security, appointment templates, insurance payers/plans, referring doctors, procedure fee schedule, etc.
- **Provider Configuration** – Q&A Session(s) with your designated Champion Provider to review and customize contents of the clinical templates.

These sessions are not basic training. It is the practice's responsibility to have staff responsible and practitioners to prepare questions prior to the session. Following these sessions your IC will assign tasks that must be completed before progressing to the next step.

Your IC is available to answer questions, but cannot be responsible for configuration errors made by practice staff.

Initials: _____

Go/No Go Phase: This call is scheduled between the Project Champion and your IC. It is intended to review your progress to date and the practice's ability to move into the final stages of your implementation and the live environment. At the conclusion of this call

the go-live date will be confirmed by your IC. *** Any modifications to the Go Live date after this phase will result in a \$5,000 penalty including any travel costs incurred at this time.***

Initials: _____

Training:

These courses differ from the previously completed file building courses; they are related to actual usage and day to day operational workflows.

Your IC will conduct the following training sessions:

- Front Desk
- Billing
- Clinical
- Provider

These sessions will provide a review of the practical application based on end users roles and responsibilities.

It is the responsibility of the Project Champion to assess their staffs' competencies to effectively use the practice management and electronic health record in a live environment or have them repeat the training as necessary. All training sessions will be recorded for that purpose.

Initials: _____

Live Phase: 'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' begins using the system with live patients and data. A Carolinas IT implementation consultant will guide you through the beginning of this phase.

We strongly recommend a 50% reduction in schedules during the go live week. This allows the staff to get comfortable with the new system, as well as, alleviating excessive patient wait times. Your IC will be onsite for your scheduled go-live phase. You may also discuss allocating a portion of the onsite time to be spent with your IC the day before go-live for testing, additional Q&A, or practice with staff. This option depends on quantity of on-site days purchased with your implementation.

Initials: _____

Project Close Phase: Your IC will schedule four 1 hour Project Close Sessions upon conclusion of your onsite go-live phase. During this time, we will review any questions from the staff or providers. We strongly recommend that the Project Champion emails a list of issues/concerns to the IC prior to each call. For urgent matters during this period your staff will also have access to Carolinas IT Support.

Initials: _____

Signature: _____ Date: _____

Please provide a report containing a 12 month breakdown of your historical financial data including charges & payments to calculate the below

Current Average Monthly Charges: _____

Current Average Monthly Payments: _____

Does 'GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES' anticipate any organizational changes that would impact the Post-Live comparison of financial data? (i.e.: add/close clinic, add/decrease in the amount of providers)

End User Information

Consultant Logon	Password
citrainer1	

Practice Support Contact List:

Support Contact	Responsible Staff
Primary Contact	
Secondary Contact	



CureMD Support Agreement

Here at Carolinas IT, we strive to meet and exceed your expectations while providing you with peace of mind. In order to facilitate a smooth transition to support, we request that you read and follow the steps below in full.

1) Support Services will begin once your Implementation Project has been closed.

2) Carolinas IT Support will provide support from 8:00 AM to 6:00 PM Monday through Friday excluding holidays.

3) Support Services are handled differently depending on the priority of your ticket. Each ticket will be assessed and given a priority based on how it affects your clinic. Our priority statuses are as follows:

- **Critical/System Down:** This means that 100% of users are unable to work. Carolinas IT Support Staff will respond to a System Down Ticket within 30 minutes of your entry. The resolution times for these tickets will vary due to different circumstances but this priority will always receive top visibility. Our support team will work to resolve your ticket as quickly as possible.
- **Urgent:** This means that one or more users are unable to work. Carolinas IT Support Staff will respond to an Urgent Ticket within 2 business hours of your entry. While resolution times for this ticket status will vary, your ticket will still be completed as quickly as possible due to users having the inability to operate within the CureMD system.
- **Normal:** This means that there has been issues presented but no users are directly affected. This is our most common category and issues may range from workflow concerns, report questions, billing errors, etc. A Normal Ticket will be responded to within 4 business hours of your entry. As always, resolution times may vary due to the circumstances of the issue. Carolinas IT support Staff will be sure to keep you and your staff updated with the ticket as any progression is made and if as resolution dates are given.

4) How to contact Carolinas IT Support Staff:

There are two ways to contact Carolinas IT and enter a ticket.

- **Email:** EMRSUPPORT@CAROLINASIT.COM

Simply compose an email to the address listed above. In the subject line, we ask you summarize your issue. Then in the detail of the email, you will have the ability to explain the issues you are experiencing, how to replicate it (if possible), and provide us specific examples so we can research the case. **Please note:** the more detailed information you provide us, the quicker your ticket will be resolved. We also ask that you submit one issue per email. This will allow us to separate your concerns into different tickets and allocate additional resources if required.

- **Phone:** Local: 919-856-2300 Option 5
Toll Free: 1-877-798-3200 Option 5

If you choose to call in your ticket, we request that you do not contact your IC or support consultant directly. Please call using one of the phone numbers above. This will direct you to leave a voicemail. Once the voicemail has been completed, a ticket will become auto generated on our ticket board. This will allow the next available support analyst to work your ticket. **Please note:** the more detailed information you provide us, the quicker your ticket will be resolved. We also ask that you submit one issue per call. This will allow us to separate your concerns into different tickets and allocate additional resources if required.

5) Who can enter a ticket?

As discussed during the discovery phase of your implementation, **only Health Directors, Office Managers, and "Superusers" are allowed to enter tickets.** Carolinas IT has put this system in place to provide you with security and peace of mind. This measure was created so normal users cannot enter a support ticket and request changes that may be unwanted by administrative staff. If you have any questions or would like to update your "Superuser" list, please have your Health Director, Office Manager or a current "Superuser" enter a ticket requesting the updates to be made. We often recommend having 1 "Superuser" for every 10-15 people in your clinic.

Should you have any questions or concerns regarding this document or its contents, please feel free to discuss it with your Implementation Consultant prior to closing your project.

Client Signature and Date

IC Signature and Date

Support Consultant Signature and Date



Project Close Agreement

As your CureMD Implementation Project comes to a close, our goal is to provide you with piece of mind. The following agreement will help ensure that your Implementation Consultant has completed your project successfully.

Initials IC Initials

_____ _____ CureMD/Carolinus IT has satisfied the required Go Lives for your clinic.

_____ _____ CureMD/Carolinus IT has completed all required trainings for your clinic.

_____ _____ CureMD/Carolinus IT has instructed you on how to contact support, open a ticket and reviewed SLA's with you.

_____ _____ Your CureMD/Carolinus IT Implementation Consultant has noted the following outstanding items in which will be the IC's responsibility.

NOTES:

_____ _____ Please provide any additional notes, comments or outstanding items that you would like to address at this time.

NOTES:

Client Signature and Date

IC Signature and Date

4.1.8 Costs

Please provide cost quote based upon a typical installation. To allow us to be able to compare responses, assume that the product is going to be used at a minimum of two (2) site(s) with a maximum of 13 concurrent users. Please use the following template, if possible—or attach a cost estimate proposal that includes answers to each question below.

(Please refer to attached cost proposal)

One time fees	
One time implementation fees:	
Training fees:	
Consulting fees:	
Module fees	
Web Access fees	
Other fees for items required at time of Go-Live	
Ongoing annual costs (include all fees for maintenance, support, use, access, etc.)	
Annual support fees:	
Other module/fees:	
Five (5) year cost of ownership	
Please indicate the estimated TCO ("total cost of ownership") for the product over a 5 year period.	



Client Name: Guilford County Dept. of Health & Human Services

Date: 1/8/2016

Page 1

Client Proposal (License Purchase)

Software Applications	Client Hosted
Practice Management (<i>Scheduling, Registration, Billing</i>)	✓
Electronic Medical Records (<i>Clinical documentation, workflow, specialty content</i>)	✓
Document Management (<i>Document scanning/archiving</i>)	✓
Electronic Prescriptions (<i>Surescripts Gold Certified, Formulary, Rx History</i>)	✓
Patient Portal (<i>Registration, Appointment Requests, Rx Refills, Lab Results</i>)	✓
CureConnect EDI (<i>Eligibility, Claims, Electronic Remittance Advice</i>)	✓
Executive Management Reporting (<i>Administrative, Clinical, Financial</i>)	✓
Text-Messages (<i>Broadcast Alerts, Reminders</i>)	✓

Software License Fees

Master License - Clinic Site Fee (<i>If applicable</i>)	TBD
Master License - Integrated Central Enterprise Fee (<i>If applicable</i>)	TBD
1st Full Time Billing Provider	\$10,000
Additional FT Billing Providers (<i>Each</i>)	\$5,000
Additional PT and Non-billing Providers (<i>Each</i>)	\$2,500

System Implementation Services

Implementation, Database Configuration, Practice Set-up	✓
EDI Set-up & Provider Enrollment	✓
Online Training package 1 for 1st Provider (<i>20 hrs. online</i>)	✓
Online Training package 2 for each Add'l Provider (<i>10 hrs. online</i>)	✓
Online Training package 3 for each PT/Non-billing Provider (<i>5 hrs. online</i>)	✓
Data Migration, Conversion, Validation	Optional

System Implementation Services Fees (Per Provider)

Master License - Clinic Site Setup (<i>If applicable</i>)	TBD
Master License - Integrated Central Enterprise Setup (<i>If applicable</i>)	TBD
1st Full Time Billing Provider	\$7,000
Additional FT Billing Providers (<i>Each</i>)	\$4,000
Additional PT and Non-billing Providers (<i>Each</i>)	\$2,500

Terms & Conditions

The CureMD Client Hosted Solution is an all-inclusive, fully integrated suite of CureMD application software products. Each provider will receive a pre-packaged implementation and training program priced on a per provider basis. This is a one-time license purchase contract with an annual renewable software maintenance and support agreement payable at the start of each annual renewal period. All software licenses remain active as long as the annual support and maintenance contract remains current. In addition, each client will purchase the requisite implementation and training package priced on a per provider basis. Additional professional services (i.e. training) may be purchased at the clients discretion.

Optional Services: All one-time and monthly optional services will be billed separately and are not considered part of the core CureMD Client Hosted Software Solution Suite. Early termination of these services will not result in any early termination penalties.

Note: All monthly subscription and/or collection fees are to be paid by ACH or automatic Credit Card EFT authorization. By signing this proposal the client accepts the terms and conditions of CureMD "End User License & Services" agreement available at <http://www.curemd.com/eula.htm>

5 year breakout of costs for Guilford County Department of Health and Human Services (self-hosted)

Description of Service	Year 1	Year 2	Year 3	Year 4	Year 5
Site License (1 time cost)	10,000				
Provider Licenses (1 time cost)	52,500				
Annual Maintenance	12,900	12,900	12,900	12,900	12,900
Training (1 time cost)	64,000				
Claims Clearinghouse**	7,200	7,200	7,200	7,200	7,200
Cloud hosting @ Cure MD*	n/a	n/a	n/a	n/a	n/a
Addtl' Services (see quote)	10,499				
Total	\$157,099.00	20,100	20,100	20,100	20,100

Total 5 Year **\$237,499.00**

Description of Services:

Licensing:
 Provider Licenses and Master Site License are 1-time fees

Annual Maintenance

1st year support & maintenance is included in total. Subsequent annual support is billed at 1 year anniversary from system go live

Training:

All-inclusive package including onsite support at go live. Training is 1-time fee

****Claims Clearinghouse:**

Monthly fees for claims submission, tracking, electronic remittance. Billed monthly per provider @ \$100/month. This is the total # of providers who will attest to meaningful use.

***Hosting @ Cure MD**

Monthly cloud hosting. Includes all maintenance, updates and upgrades. Hosting fee is \$100/month/licensed provider. We do not charge by the number of users.

Clinical patient data conversion: this service is available. Examination of current client EMR database required before quoting. Also need to determine if conversion will be standard or discreet.

5 year breakout of costs for Guilford County Department of Health and Human Services (cloud-hosted@Cure MD)

Description of Service	Year 1	Year 2	Year 3	Year 4	Year 5
Site License (1 time cost)	10,000				
Provider Licenses (1 time cost)	52,500				
Annual Maintenance	12,900	12,900	12,900	12,900	12,900
Training (1 time cost)	64,000				
Claims Clearinghouse**	7,200	7,200	7,200	7,200	7,200
Cloud hosting @ Cure MD*	14,400	14,400	14,400	14,400	14,400
Addtl' Services (see quote)	10,499				
Total	\$171,499.00	34,500	34,500	34,500	34,500

Total 5 Year **\$309,499.00**

Description of Services:

Licensing:

Provider Licenses and Master Site License are 1-time fees

Annual Maintenance

1st year support & maintenance is included in total. Subsequent annual support is billed at 1 year anniversary from system go live

Training:

All-inclusive package including onsite support at go live. Training is 1-time fee

****Claims Clearinghouse:**

Monthly fees for claims submission, tracking, electronic remittance. **Billed monthly per provider @ \$100/month.**
 This is the total # of providers who will attest to meaningful use.

***Hosting @ Cure MD**

Monthly cloud hosting. Includes all maintenance, updates and upgrades. **Hosting fee is \$100/month/licensed provider.**
 We do not charge by the number of users.

Clinical patient data conversion: this service is available. Examination of current client EMR database required before quoting.
 Also need to determine if conversion will be standard or discreet.

4.1.9 References

Please provide reference list for Public Health Entities and other facilities that currently use the submitted Electronic Health Records & Practice Management System (EHR) Software Solution. Reference list should consist of 3 Public Health and 3 other facilities equaling 6 references. Include the following for references:

- Facility Name
- Primary Contact Name
- Primary Contact details (Phone Number and Email)

Current Cure MD NC Public Health clients (by County/district)

Albemarle Region (7 counties)

MTW District (3 counties)

Granville Vance District (2 counties)

Edgecombe

Wilson

Craven

Carteret

Wayne

Johnston

Onslow

Duplin

Sampson

Pender

Bladen

Columbus

Brunswick

Scotland

Lee

Union

Stanly

Cabarrus

Forsyth

Toe River (3 counties)

Madison

Clay

Henderson

NC Public Health Cure MD Reference List and Approved Hosting Sites

Albemarle Region Health Services

711 Roanoke Ave
Elizabeth City, NC
(252) 338-4400

Director: Jerry Parks- jparks@arhs-nc.org

Nursing Director: Nancy Nash- nnash@arhs-nc.org

Overview: 7-County District (NC's largest) with nearly 100 users utilizing Cure MD for Practice Management and EHR.

Craven County Health Department

2818 Neuse Blvd
New Bern, NC
(252) 636-4960

Director: Scott Harrelson- sharrelson@cravencountync.gov

Cure MD Staff Administrator: Sandy Cox- sdcox@cravencountync.gov

Overview: NC's longest running Cure MD client with over 125 users utilizing Cure MD for Practice Management and EHR. Health Department is #3 in NC for Medicaid visit count.

Pender County Health Department

803 South Walker Street
Burgaw, NC
(910) 259-1499

Director: Carolyn Moser- cmoser@pendercountync.gov

Nursing Director: Shirley Steele- ssteele@pendercountync.gov

Overview: Cure MD client with over 60 users utilizing Practice Management and EHR.

Cabarrus Health Alliance

300 Mooresville Road
Kannapolis, NC 28081
(704) 920-1000

Director: Dr. William F. Pilkington, DPA- ppilkington@cabarrushealth.org

Administrator: Ryan McGhee- Ryan.McGhee@Cabarrushealth.org

Progressive health center near Charlotte with over 70 users utilizing full suite of Cure MD solutions.

Other non-public health contacts

Carolina Vascular Specialists

146 Medical Park Road

Suite 102

Mooresville, NC

(704) 799-3939

Wallace Tarry, MD- wctarry@carolinavascularspecialists.com

Administrator: Hassie Case- ccase@carolinavascularspecialists.com

Busy 2 provider practice near suburban Charlotte, NC on Cure MD practice management and electronic medical records for over 1 year.

New Bern Surgical Associates

701 Newman Road

New Bern, NC 28562

(252) 633-2081

Administrator: Cathy Davis- catdavis65@gmail.com

Busy 7-provider practice located in eastern North Carolina. Cure MD client utilizing practice management and electronic medical records for over 2 years.



Elaine F. Marshall
Secretary

North Carolina

DEPARTMENT OF THE
SECRETARY OF STATE

PO Box 29622 Raleigh, NC 27626-0622 (919)807-2000

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Corporate Names

Legal: Carolinas IT, Inc.
Prev Legal: Sytec Business Solutions, Inc.

Business Corporation Information

SosId: 0575665
Status: Current-Active
Annual Report Status: Current
Citizenship: Domestic
Date Formed: 12/13/2000
Fiscal Month: December
State of Incorporation: NC
Registered Agent: Cavaliero, Mark

Corporate Addresses

Reg Office: 1600 Hillsborough St.
Raleigh, NC 27605
Reg Mailing: 1600 Hillsborough St.
Raleigh, NC 27605
Mailing: 1600 Hillsborough Street
Raleigh, NC 27605
Principal Office: 1600 Hillsborough Street
Raleigh, NC 27605

Officers

Secretary: Mark L Cavaliero
1600 Hillsborough Street
Raleigh NC 27605
Treasurer: Mark L Cavaliero
1600 Hillsborough Street
Raleigh NC 27605
President: Mark L Cavaliero
1600 Hillsborough Street
Raleigh NC 27605

Stock

Class: Common
Shares: 100000
No Par Value: Yes
Class: Preferred
Shares: 100000
No Par Value: Yes

