NORTH CAROLINA
GUILFORD COUNTY

THIS CONTRACT is hereby made, entered into, and effective as of this 1st day of May, 2016, by and between GUILFORD COUNTY, a body politic and corporate of the State of North Carolina, hereinafter referred to as the "**COUNTY**," and **CAROLINAS IT, INC.**, a corporation with a place of business in Raleigh, North Carolina, hereinafter referred to as the "**PROVIDER**," and also collectively referred to as the "Parties."

WITNESSETH:

WHEREAS, for the purpose and subject to the terms and conditions hereinafter set forth, the COUNTY hereby contracts for the items, goods, service or services of the PROVIDER and the PROVIDER agrees to provide the following items, goods, service or services to the COUNTY in accordance with the terms of this Agreement: **Replacement of the current EHR Management System, including Maintenance and Support and related services for the Guilford County Department of Health & Human Services, Public Health Division (hereinafter referred to as the "SYSTEM"); and,**

WHEREAS, the PROVIDER has submitted a proposal to provide such goods and/or services.

NOW, THEREFORE, in consideration of promises mutually exchanged the Parties agree as follows:

1. Goods and/or Services. PROVIDER will provide the goods and/or services as set forth in the **Specifications (Attachment A)** and **Proposal (Attachment B)**, attached hereto and incorporated herein by reference. All items and/or services shall be provided in a competent, workmanlike and professional manner acceptable to the COUNTY. Should there be any discrepancy between the PROVIDER's Proposal (Attachment B) and the Specifications (Attachment A) and/or the first four (4) pages of this Contract, the first four (4) pages of this Contract and/or the Specifications (Attachment A) shall prevail and control.

2. Appropriation. This Contract is subject to annual appropriation of funds by the GUILFORD COUNTY Board of Commissioners or other funding source, pursuant to N.C.G.S. Chapter §153A-13.

3. Pricing/Payment. As full compensation for the PROVIDER'S delivery of herein and goods and/or services, the COUNTY agrees to pay the amounts for the goods and/or services as set out herein and in Attachment B. The maximum financial exposure to the COUNTY under this Contract **will not exceed $214,863.00**, which is broken down in the attached "**3 Year Breakout of Costs for Guilford County Department of Health and Human Services (self-hosted)."** The cost of Annual Maintenance and Support for the second and third years of this Agreement is $12,900 annually, which will be billed and paid at the beginning of the second and third years.

There will be no price increases to the initial base pricing, as discounted herein, during the 3-year term of this Contract or during any future renewals that may be agreed upon by the Parties.

With the exception of the initial payment for the System hereunder, which is due upon execution of this Agreement, all payments will be made by the COUNTY to the PROVIDER within thirty (30) days of receipt of correct invoices and proper documentation that the goods and/or services have been delivered or provided by PROVIDER and accepted by the COUNTY in accordance with this Contract.

4. Term. This Contract shall be in effect for thirty-six (36) months, beginning May 1, 2016 through April 30, 2019.

5. Amendment. The terms of this Agreement may only be modified or amended with a written Contract Amendment executed by both Parties.

6. Termination. Either Party may terminate this Agreement for any reason and without penalty upon thirty (30) days written notice to the other Party. All goods and/or services provided and accepted as of the date of termination will be paid for; similarly, amounts paid in advance, if any, for which goods and/or services have not been provided and accepted by the COUNTY will be promptly refunded to the COUNTY by the PROVIDER within thirty (30) days of date of termination of this Contract.

7. Notices. All notices pursuant to this Agreement shall be in writing and delivered personally or mailed by certified mail, registered mail, postage prepaid, with return receipt requested, at the addresses appearing below, but each Party may change such address by written notice in accordance with this paragraph. Notices delivered personally will be deemed communicated as of actual receipt. Mailed notices will be deemed communicated as of three (3) days after mailing.

Marty K. Lawing, Guilford County Manager **GUILFORD COUNTY** 301 West Market Street Greensboro, NC 27401	Bill Adsit, Director Healthcare IT Division **CAROLINAS IT, INC.** 1600 Hillsborough Street Raleigh, North Carolina 27605

8. Independent Contractor/Indemnification. PROVIDER shall operate as an independent contractor for all purposes. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employer and employee between the COUNTY and either the PROVIDER or any employee or agent of PROVIDER. PROVIDER is an independent contractor and not an employee, agent, joint venture or partner of the COUNTY.

The Parties agree to each be solely responsible for their own acts or omissions in the performance of each of their individual duties hereunder, and shall be financially and legally responsible for all liabilities, costs, damages, expenses and attorney fees resulting from, or attributable to any and all of their individual acts or omissions to the extent allowable by law.

9. Assumption. If PROVIDER should undergo merger, acquisition, bankruptcy or any change in their ownership or their name for any reason, PROVIDER must immediately notify the COUNTY in writing of these changes and provide the COUNTY with legal documentation supporting these changes such as an Assumption Agreement, Bill of Sale, Articles of Incorporation, Articles of Amendment, sales contract, merger documents, etc. Further, PROVIDER will submit the names and address of the assuming PROVIDER's registered agent for service of process and /or all notices required under the Contract.

10. Severability. If any provision of this Contract is held unenforceable, then such provision will be modified to reflect the Parties' intention. All remaining provisions of this Contract shall remain in full force and effect.

11. Force Majeure. Neither Party shall be liable to the other Party for any failure or delay caused by events beyond such Party's control and not due to its own negligence, provided that such Party uses commercially reasonable efforts to resume performance as soon as reasonably practicable. The non-performing Party shall notify the other Party of the force majeure event within twenty-four (24) hours of the onset thereof. In the event that a force majeure event precludes PROVIDER from performing services and/or providing goods for a period of ten (10) consecutive business days, the COUNTY shall have the right to: (a) procure replacement goods and/or services from an alternative source and/or (b) terminate the Contract or portion(s) of Contract upon written notice to PROVIDER.

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12. Headings/Titles/Wording. Inclusion of titles of paragraphs or section headings, capitalization of certain words or phrases and/or bold face typestyle of certain words or phrases in this Contract are for convenience purposes only and shall not be used to interpret or construe the provisions of this Agreement. The terms "Contract" and "Agreement" have the same meaning and may be used interchangeably throughout this document. The terms "Attachment", "Exhibit" and "Addendum" have the same meaning and may be used interchangeably throughout this document.

13. Entire Agreement. This Contract, including the Exhibits and/or Attachments, if any, sets forth the entire Agreement between the Parties. All prior conversations or writings between the Parties hereto or their representatives are merged within and extinguished. This Contract shall not be modified except by a writing subscribed to by all the Parties.

14. Jurisdiction. The Parties agree that this Contract is subject to the jurisdiction and laws of the State of North Carolina. The CONTRACTOR will comply with bid restrictions, if any, and applicable laws, including N.C.G.S. §143-129(j) regarding E-Verify. Any controversies arising out of this Contract shall be governed By and construed in accordance with the laws of the State of North Carolina.

15. Iran Divestment Act of 2015. In accordance with N.C.G.S. §143C-6A-5 and other applicable sections of N.C.G.S. §143C-6A regarding the Iran Divestment Act of 2015, each Party hereby certifies that it is not identified on the State Treasurer's list of persons which the Treasurer has determined engage in investment activities in Iran, including any subcontractors of either Party.

(The remainder of this page is intentionally left blank.
This Contract continues with signatures on the following page.)

WITNESS the following signatures and seals all pursuant to authority duly granted, effective as of the day and year first above written.

GUILFORD COUNTY   ATTEST:

_____   _____
Marty K. Lawing   Date   Guilford County Clerk to Board   Date
Guilford County Manager

(COUNTY SEAL)

CAROLINAS IT, INC.   ATTEST/WITNESS:

_____   _____
Bill Adsit, Director Healthcare IT Division   Date   Corporate Secretary   Date

_____
Printed Name

(CORPORATE SEAL)

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

_____
N. Reid Baker   Date
Guilford County Finance Director

Guilford County's General Terms and Conditions

1. This bid package serves as official notice that GUILFORD COUNTY is soliciting and will receive bids for the item(s) and/or service(s) stated on the event cover page and outlined in the Bid specifications. Bids shall be submitted electronically via the Purchasing Department's Strategic Sourcing website: www.co.guilford.nc.us/sourcing **by the event close date and time specified.**

2. All addenda to this bid package will be issued electronically. No oral changes by anyone shall affect this bid package.

3. The official bid price, quote, response for RFP, RFQ, or otherwise instructed; shall be signed by a duly authorized person acknowledging full understanding of the bid information and all addenda. The signature shall be witnessed and the Corporate Seal affixed if a corporation. The exact legal name of the corporation or other entity shall be provided

4. Price quotes shall be net, to include all discounts and delivery charges to GUILFORD COUNTY. In cases of difference between unit price and total price, unit price shall prevail unless otherwise noted.

5. Items and services bid are for delivery or completion as soon as possible unless otherwise stated. Delivery or completion dates could therefore be important in making the award.

6. State and local sales taxes are not to be included in quotes, but they are to be added later to all invoices shown as a separate line item for payment. Federal (sales-excise) taxes, where applicable, are to be included in quotes as they are a part of the purchase price.

7. All Formal Bids will be publicly opened and recorded at the date and time specified by and in the Purchasing Department. It is GUILFORD COUNTY's policy to announce the award electronically. All other information, except that specifically noted by the Supplier as being of a Confidential nature, becomes public record in accordance with GS 132 and other applicable North Carolina laws. All interested parties are invited to attend any Formal Bid opening.

8. GUILFORD COUNTY will have a period of thirty (30) days, unless otherwise stated, after opening to analyze and award to lowest responsive and responsible bidder based on service, quality, delivery date, performance data and price. The successful supplier shall promptly enter into a contract acceptable to Guilford County.

9. All Events/Bids in the Formal Range require the final approval of the GUILFORD COUNTY Board of Commissioners who normally meet in open session two times each month, the first and third Thursday at 5:30 PM. Everyone is invited to attend those meetings.

10. A Bid Deposit may be required. If this is the case, it will be clearly stated in the Event specifications for each package. If a bid deposit is required, it should be no less than 5% of the total bid in cash, cashier's check, certified check, or a Bid Bond. The checks shall be drawn on a bank or trust company insured by the Federal Deposit Insurance Corporation; and, the bond shall be a corporate surety licensed under the State of North Carolina. The obligee in either check or bond shall be Guilford County.

11. If Bid Deposit Checks are received, they will be returned to all suppliers when the successful supplier has been selected and the contract awarded by Guilford County. The successful deposit check will be returned when the required contract has been executed.

12. In addition to the bid deposit or bid bond, some supplier's may require a separate

Performance Bond and/or laborers-materials men's bond as provided by law in the amount of the contract by the awarded supplier(s). If this is required, it will be clearly stated in the bid specifications. In place of a bond; cash, cashiers check, certified check or government securities shall be acceptable.

13. Guilford County reserves the right to reject any or all bids if in the best interest of the County.

14. In case of default by the Supplier, Guilford County shall retain the Bid Deposit or call upon the Bid Bond surety unless otherwise provided by Law.

15. Guilford County's policy is normally Net 30 days upon completion and acceptance. In the case of some longer term projects, Guilford County may choose to release partial payments to the supplier each month based on 90% of the estimated value of the work completed. The final payment will be released within thirty (30) days or less after the satisfactory completion of all work, its acceptance by Guilford County and the settlement of all other claims and accounts.

16. In the case of Continuing Service Type Contracts, payment will be made monthly or as otherwise agreed upon.

17. It is Guilford County's Purchasing Policy to conduct all purchasing within the North Carolina Laws and Guilford County Purchasing Policy, to provide each supplier/contractor an equal opportunity to participate, and to award on a best value basis. In order to accomplish our policy, we intend to make every supplier/contractor aware of each purchasing opportunity. Contracts shall be awarded to the lowest responsive and responsible bidder(s) based on quality, performance and the time specified in the proposal for the performance of the contract. Suppliers/contractors should register online at www.co.guilford.nc.us/sourcing.

18. A Material Safety Data Sheet (MSDS) shall be furnished to Guilford County for all products purchased that contain hazardous material and/or components.

19. Any supplier/contractor performing work on GUILFORD COUNTY property is required to have adequate Liability and Workers Compensation Insurance that will fully protect GUILFORD COUNTY from any damages to property and/or persons caused by the supplier/contractor.

20. The successful supplier shall be required (and is responsible) to take Affirmative Action to employ Disabled Veterans and Veterans of the Viet Nam era, including listing vacancies with the North Carolina Employment Security Commission, under 42 US Code 4212 and applicable regulations thereafter.

    The successful supplier shall be required to employ in the workforce only those laborers whose employment is consistent with all applicable State and Federal Laws. The successful supplier, and each subcontractor, shall prior to performance of the work receive clear written evidence from each laborer that said laborer may lawfully be employed. Said evidence shall immediately be submitted to the County. Failure of said Supplier or Subcontractor to receive, retain and/or provide to the County such evidence shall constitute a material breach of the Contract with the County.

21. The Supplier shall take Affirmative Action in complying with all Federal and State requirements concerning fair employment without regard to discrimination by reason of race, color, religion, sex, national origin or physical handicap.

22. The successful Supplier is responsible for compliance with all applicable Local, State and Federal Laws, including all state and local permits, licenses and fees.

23. If the Supplier/Contractor should undergo merger, acquisition or any change in
     their ownership or their name for any reason, the provider shall immediately notify
     Guilford County in writing of these changes and provide Guilford County with legal
     documentation supporting these changes, such as an Assumption Agreement, Bill of
     Sale, Articles of Incorporation, Articles of Amendment, sales contract, merger
     documents, etc. Further, the Supplier/Contractor shall submit the name and address
     of their registered agent for Service of Process and/or all notices required under
     the contract(s). This contract shall not be assumed or otherwise transferred to
     another party by the Supplier/Contractor without the express written consent of
     Guilford County, which said consent will be evidenced by acceptance memo, letter or
     e-mail from the Guilford County Manager, or designee, to the original
     Supplier/Contractor under the contract and the assuming Supplier/Contractor.

24. Provider shall operate as an independent contractor for all purposes. The Parties
     agree to each be solely responsible for their own acts or omissions in the
     performance of each of their individual duties hereunder, and shall be financially
     and legally responsible for all liabilities, costs, damages, expenses and attorney
     fees resulting from, or attributable to any and all of their individual acts or
     omissions to the extent allowable by law.

25. This contract is governed by the Laws of the State of North Carolina.

Guilford County Department of Health & Human Services

Public Health Division

Request for Proposal:

Electronic Health Records & Practice Management System

Event 501

Guilford County Department of Health & Humans Services – Public Health Division
1203 Maple Street
Greensboro, NC 27405

Table of Contents

1 Statement of Work

1.1 Purpose

The Guilford County Department of Health & Humans Services – Public Health Division is seeking an Electronic Health Records & Practice Management System (EHR) to replace the current EHR system. The EHR chosen from the result of Request for Proposal, will provide at minimum the functionality of the existing EHR Management System of the Guilford County Department of Health & Humans Services – Public Health Division. The Guilford County Department of Health & Human Services – Public Health, formally known as the Guilford County Department of Public Health was organized in 1911 as the first full-time county health agency in North Carolina and the second county health department in the country. The department provides a wide variety of services and programs to help our residents protect their health, prevent illness, disease and injury and promote our community's health.

First and foremost, the most critical need is to establish a new base system, which meets the primary needs of our clinical services. The system is expected to follow all Federal Regulations and HIPAA requirements with timeliness and accuracy.

1.2 Coverage & Participation

Guilford County Department of Health & Human Services – Public Health Division is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by Guilford County Department of Health & Human Services – Public Health Division to award any contract.

The Guilford County Department of Health & Human Services – Public Health is not responsible for any costs incurred by any vendor or their partners in the RFP response preparation or presentation.

Information submitted in response to this RFP will become the property of The Guilford County Department of Health & Human Services – Public Health. All responses will be kept private from other vendors. Guilford County Department of Health & Human Services – Public Health reserves the right to modify this RFP at any time and reserves the right to reject any and all responses to this RFP, in whole or in part, at any time.

All Proposals must be submitted to the Guilford County Purchasing Department, Attn: Purchasing, 301 West Market Street, Old Courthouse, B-32, Greensboro, NC 27401, in hard copy form with one original and seven copies by the close date and time of 3:00 PM (EST) on Friday, January 8, 2016. Late deliveries will not be accepted. Proposals submitted must be binding for not less than ninety (90) days from date of fully executed contract.

1.3 Contractual Requirements

The County expects the selected/awarded Supplier(s) to comply with the contractual requirements listed below as to licensing, maintenance, payments, and performance. The contract will require the following properties:

1. The RFP, Supplier's response, clarifications, and all addendum(s) will be part of the final contract and Proposal.

2. Prices must be held firm for 90 days from date of fully executed contract.

3. Payment is dependent on acceptance procedures.

Payment terms will be as follows:

1. Payments will be based on tested and validated milestone completions.

All payments are expected to be net 30 days.

2.0 REQUIREMENTS

2.1 Pre-Bid Meeting

Optional teleconference meeting will be held at 3:00 PM, Wednesday, December 16, 2015. The telephone for the meeting will be 336-641-4200.

2.2 Scope

Guilford County Department of Health & Human Services is seeking to upgrade the Clinical Electronic Health Record & Practice Management System (EHR) Software solution. Clinical Services provided by Guilford County DHHS Public Health include HIV/STI Screening & Treatment, Family Planning, Immunizations, International Travel, Maternity Services, Child & Adult Refugee and Communicable Disease Investigation.

Guilford County Department of Health & Human Services supports two physical Clinic Locations, one in High Point NC and the other in Greensboro NC. The EHR chosen will need to support multiple clinic locations and provide consolidated reporting for all locations combined.

The EHR will interface with the Guilford County DHHS Public Health Laboratory Information System. Currently Guilford County DHHS Public Health is upgrading the current LIS Solution to either Orchard Harvest or CMG LABDaq solutions.

The EHR solution chosen will need to meet as many of the defined requirements as outlined within the Requirement Section of the RFP.

The County reserves the right to reject any and all proposals and to choose the course of action that is in its best interest.

3.0 General Information and Guidelines

3.1 General Information

Electronic copies of this Request for Proposal are available at Guilford website address: http://www.co.guilford.nc.us/sourcing.

All official County responses to prospective Bidder/Supplier's questions and official addenda regarding RFP revisions or additional information will be communicated by the County through the Strategic Sourcing Q/A function tab within this event.

ALL QUESTIONS must be submitted electronically by means of the Q & A Feature included within this bidding event. NO QUESTIONS will be answered by telephone, email, written correspondence or other means except as described herein. Answers to electronic questions properly submitted will be sent out electronically by means of the above described Q & A feature to all properly registered suppliers who received the Initial Notification of bidding event. Those suppliers who registered after the Event Preview date and time will not receive electronic correspondence relative to this Event. There shall be **no communication** with any Guilford County employees other than by means of the Q & A Feature or at the Pre-Proposal Teleconference. Violation of this requirement may invalidate your proposal.

All RFP Bid Submissions shall be submitted by hard copy which shall consist of **one original and seven copies of the RFP proposals** and must be received by the Guilford County Purchasing Department, Attn: Purchasing Buyer, 301 West Market Street, Old Courthouse, Suite B 32 Greensboro, NC 27401, by the close date and time of **3:00 PM, on Friday, January 8, 2016.**

Deadline for all Supplier's Q & A questions regarding the RFP is **Monday, January 4, 2016 at 3:00 PM.**

3.2 Procurement Timetable

The timetable for the RFP solicitation process is summarized below. Note that these are target dates and are subject to change by the County.

Activity	Target Date
County issue of RFP for Preview	12/10/15
Q & A Opens	12/10/15
Non-mandatory Teleconference	12/16/15
Q & A Closes	1/4/16
RFP Proposals Due-Close Date/Time	1/8/16

3.3 Confidentiality

All proposals submitted shall be regarded as public record, unless there is proprietary information, and then each such page must be marked CONFIDENTIAL.

4.0 Preparing Proposals: Requirements Information

4.1 Response

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

4.1.1 Executive Summary & Financial Summary

In the space below or on a separate sheet of paper, please provide a brief executive summary about your organization. Please make sure the document is labeled "Executive Summary". In addition, include a current Financial Statement, duly notarized, and prepared by a licensed Certified Public Accountant (CPA).

4.1.2   Vendor Profile

Using the template below, please provide the requested information on your organization. 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 indicated the topic heading. There should be a response to each element requested, even if the response is N/A.

General	
Name	
Address (Headquarters)	
Address Continued	
Main Telephone Number	
Website	
Publicly Traded or Privately Held	

Parent Company (if applicable)	
Name	
Address	
Address Continued	
Telephone Number	

Main Contact	
Name	
Title	
Address	
Address Continued	
Telephone Number	
Fax Number	
Email Address	

Market Data	
Number of years as EHR vendor.	
Number of live sites.	
Give a brief description of the evolution of your system.	
Number of new EHR installations over the last 3 years?	
Size of existing user base.	
Is this product being used in other health department facilities in North Carolina? If so, # of install sites by and size; list reference sites. List these in section 4.1.9 References	
Is this product being used in other facilities in North Carolina with similar procedures and volume of testing? If so, # of install sites by size; list reference sites. List these in section 4.1.9 References	
Number and percentage of systems in 2014 that did not get installed six (6) months after signing contract?	
How many organizations have de-installed any vendor systems over the past two (2) years? Please specify which systems and why?	
Total Number of employed FTEs Last Year	
Total Number of employed FTEs This Year	
Explain how your company is planning to meet the increase in demand for your EHR product (including implementation, training, and support) over the next five (5) years.	
List any industry awards/recognitions that you have received, the awarding party, and the date of the award.	

4.1.3 Product Summary:

Using the template below, please provide the requested information on the proposed Electronic Health Records & Practice Management System (EHR). 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 indicated the topic heading. There should be a response to each element requested, even if the response is N/A.

Product Information	
Product name and version#.	
When is your next version release?	
Does product include a web portal?	
Was the product (or any of its significant functionality) acquired from another company? If yes, please answer the following: – What was the original company's name that developed the product or functionality? – What was the original product's name? – What version did you purchase?	
Is the product comprehensive or modular?	
Modular – List all modules available, their current version, and provide additional documents with all technical specifications, requirements, and dependencies for each module to operate fully with the "core" product.	
Will there ever be a charge to copy, move, or retrieve patient data from the product should a customer decide to change vendors or a provider leave the customer?	

Reporting Capabilities	
Does the product allow custom reports to be created?	
Is Ad hoc reporting by users an option?	
Provide a list of standard reports (no customization) which the customer may run at Go Live.	
Can reports be exported to CD/DVD in CSV or comma text delimited format?	

Additional Information	
Is implementation onsite or remote?	
Describe your Training options. Where are your off-site training sites located?	
Do you offer a Test system prior to implementation?	
Do you offer a Test system after implementation?	
Has your company acquired, been acquired, merged with other organizations, or had any "change in control" events within the last five (5) years? (If yes, please provide details.)	
Is your company planning to acquire, be acquired, merge with other organizations, or have any "change in control" events within the next five (5) years? (If yes, please provide details.)	
Please provide information on any outstanding lawsuits or judgments within the last five (5) years. Please indicate any cases that you cannot respond to as they were settled with a non-disclosure clause.	
Does the system utilize ICD10 coding? If not, when do you expect to be ready for ICD10 codes?	
Do you currently have a plan to End of Life (EQL) this Product?	
How many years do you guarantee support for the product?	

Security and Security Features

Describe how the product meets all HIPAA, HITECH, and other security requirements.	
Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings?	
Does the product provide different levels of security based on type of patient (Employee vs. Contract person)?	
Describe the audit process within the product.	
List the security reports the product provides at Go-Live to meet all auditing and HIPAA reporting needs.	
Describe any remote tools you offer the provider to access patient and how these devices/data may be secured if the provider loses their device or a breach is suspected.	
Describe the product's ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected.	
Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc.).	
Does the EHR provide any end user biometric security access? If so list these biometric security access features.	

Data Protection

Describe how the patient's data is secured at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion).	
Describe how the patient's data is secured when accessed via handheld devices (e.g., secured through SSL web sites, iPhone apps, etc.).	

Licensing

How is the product licensed?	
How are the numbers of licenses required determined?	
If licensing is determined per workstation, do handheld devices count towards this licensing?	
Is system access based on individual licensing, concurrent, or both?	
What does each license actually provide?	
For modular systems, does each module require a unique license?	
In concurrent licensing systems, when are licenses released by the system (i.e., when the workstation is idle, locked, or only when user logs off)?	

Vendor Support

Provide a detailed description of your support program.	
What are your support statistics (# of Support Calls to the % of resolutions at each severity level)?	
Define the Support Structure (Tiered Approach, Client assigned 1 point of contact, etc.)	
What is your availability to the practice for meetings to discuss EHR issues and concerns?	
What is the average amount of time for issue resolution?	
If a problem persists what is the escalation process?	
When is customer support available? • Preferred method of contact (Phone call, e-mail, etc.)? • Where is your customer support staff located? Are they 'off-shore'? • What are your normal hours of support? • How is after hours support handled? • Will someone be on-call at all times?	
Who has ownership of the following: • Data • Software • Enhancements or Customizations Paid for by Customer • Hardware • Servers • Workstations	

What are your additional fees based services?	
Do you have online support?	
What hours is technical phone support available?	
Is remote assistance an option for workstation and server issues?	
Describe Enhancement Request Model.	
Do you have a user forum for practices to seek help from peers and share ideas?	
Do you have regional and national user conferences?	
Upgrade Process • Will customer get to choose which upgrades they want? • Frequency of upgrades? • How long can a customer delay an upgrade without losing support? • Will training be provided for new functionality?	
Testing • Will customer get a chance to test the product in a test environment? • Will customer get access to test scripts from vendor? • Will customer have an opportunity to parallel test with vendor or conduct Acceptance Testing? • End to End Testing?	
Product Enhancement Requests • If customer wants to add an enhancement, what is the process? • Are there additional costs for an enhancement? • How soon will customer be able to view, test, and use enhancement? • How will upgrades work with new enhancement? • Will all other customers get the enhancement one company has paid for? • How will the company stay up-to-date on required meaningful use definition changes?	

4.1.4 Training & Go Live Procedures

Using the template below, please provide the requested information for Training & Go Live Procedures related to the proposed Electronic Health Records & Practice Management System (EHR). 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 indicated the topic heading. There should be a response to each element requested, even if the response is N/A.

Training/Testing – All Phases (Selection through Post Go-Live)	
Will access be granted to development/training environment for testing during upgrades and during training processes?	
Provide a high level summary of how the new EHR will be implemented. Will a parallel testing environment be utilized to ensure the accuracy of testing from the current system to the newly implemented system?	
What types of online training are available?	
Videos • Recorded Modules/Workflow Training Courses • Recorded Interactive "Many-to-One" Training Sessions • Quick Reference or Tips & Tricks Videos • Trial Demonstration of EHR	
Web Based Training • Interactive training & activities with screenshots & instructions for the EHR & Practice Management System.	
Facilitator/Consultant Led Training Sessions • Module Training Sessions • Workflow Training Sessions • One-on-One Training Sessions with Consultant • Describe your training personnel (i.e., background, position, medical credentials). • Vendor-Directed Demo (i.e., Web Ex Training, On-Site, etc.)	
Training Documents (Identify format of documentation) • Training Manuals • Quick reference guides that focus on specific tasks • On-line Printable Training Documentation • Upgraded Training Guide • Describe when these documents are modified and how quickly they are made available to the customer after product changes occur.	
Are training materials provided?	

Will a workflow assessment be completed by the vendor?
  – Will any documentation be provided, and requested to be completed by Guilford County Public Health?
  – Will vendor complete on-site workflow assessment?
  – Is there an additional cost for workflow assessment?	

Super User Training
  – Will super users be trained by vendor?
  – Remote or on-site training provided?	

On-Site Training
  – How many days does the vendor provide for on-site training?
  – Will Go-Live be scheduled shortly after initial staff training?
  – What is the consultant/staff ratio during training?
  – Will trainers complete a readiness assessment before Go-Live?
  – Will vendor provide on-site demos before and after contract is signed?
  – Will office be trained on hardware if purchased through the vendor before Go-Live training?	

Go-Live	
Will vendor staff be on-site during 'Go Live' timeframe?	

What will be their role during 'Go Live'?
  – Trainer
  – Technical	

Post Go-Live Training and Support	
After 'Go-Live', who (i.e., support team, implementation manager, etc.) will be available to answer questions, issues, and/or training requests? — If original implementation team, how long before this level of service is transferred to "normal" support team?	
Will a post Go-Live assessment be completed after a specified amount of time by the vendor?	
How will Guilford County Public Health be notified of upgrades when they are released and who is responsible for installing these updates (dates, training, documentation, etc.)?	

Contract Terms and Vendor Guarantees	
Will the customer be allowed to perform acceptance testing of this product prior to "Go-Live"?	
Will the customer be allowed to make payments based upon milestones with a significant portion of the fees not payable until "Go-Live"?	

4.1.5 Infrastructure and Configuration Specifications

Using the template below, please provide the requested information for Infrastructure and Configuration Specifications related to the proposed Electronic Records Management System. 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 indicated the topic heading. There should be a response to each element requested, even if the response is N/A.

Infrastructure and Technology	
What type of hardware is required?	
What are the minimum recommended workstation requirements?	
Will your software run on machines 62bit, Windows 7, HP Compaq Pro machines?	
What are the recommended server specifications?	
Recommended Manufacturer/Model?	
Is the Client Application environment a Web Based Application or Windows Client Application? If Web Based, list supported web browsers.	
Does the Software application require additional add-on components, and if so what are they versions? (Example, Adobe Flash, Java, .Network Framework etc.)	
Is a fully hosted solution offered, SaaS? If so what are the minimum bandwidth requirements.	
Are server installations required? If so, how many servers and server roles?	
• Application Server	
• Other	
• Database Server	
• MS SQL (version)	
• Oracle (version)	
• Other	
• HL7 Interface System	
• Test Server	
• E-mail Server	
• Others (Fax, Print, Dictation, etc.)	
• Operating system (Windows, Unix/Linux, Other)	
• Processor (number of processors and processor speed)?	
• Memory/RAM requirements?	
• Storage Space Requirements?	
– If yes, SANs requirements?	
• Network Card Speeds	
Dual NICs required?	
Other Components Required?	
What other applications are required for server?	
• Server Management Tools	
• Bandwidth Monitors	
• Database Management Suite	
Can systems be virtualized?	
– Will the product run on virtualized servers?	
– If yes, what virtualization and remote access software is required on server?	

• Citrix	
• BMC	
• Other	
– If no, are you moving toward certifying virtualized environments?	
Are we required to purchase hardware from your company?	
Do you have a recommended vendor with discount pricing to purchase equipment?	
What type of support is available if equipment purchased from your company?	
Are any printers not compatible or supported with the EHR Software? If so list these printers	
What are the recommended scanner manufacturers/models?	
Do you require Internet access for your product?	
– For remote connection/maintenance?	
– If so, please detail security setup required for this access. If Delta processes are initiated and data is downloaded into the system automatically, detail that information here.	
– Remote Support?	
– If so, please detail security setup and access rules governing when connections are created and what type of work can be performed on the live system during normal business hours.	
– Access System/Application Remotely?	
– Are there any Delta processes that run nightly/weekly/etc. and if so, what data is collected and how is it used?	
What are the minimum network infrastructure requirements?	
– Firewall/VPN Appliance?	
– Switches/Routers	
– Other Devices	
Will your product operate on Windows Terminal Services or Citrix?	
– If no, are there plans to certify in these environments?	
What are the backup requirements?	
– Do you require a separate server for backup services? (Tape, SANs)	
Are 3rd party backup solutions supported?	
Does product provide database software (Yes/No)?	
– If no, what database application is required? (MS SQL, Oracle, MySQL, Other)	
Can data be exported?	
– What format? (CSV, Text/Comma delimited, Other)	
Does product allow for ad hoc reporting against the database by customer using standard reporting software (Crystal Reports) or standard database queries?	

4.1.6 Specifications

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

"Yes, Included" = the function is available in the system and it is part of the basic system

"No" = the function is not available

Using the template below, please provide the requested information on your product. 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 indicated the topic heading. There should be a response to each element requested, even if the response is N/A. Use the column labeled **"Comments / Clarifications"** to include additional information you wish to include as part of your response. This column can also be used to indicate if a function is not currently available but will be available in a future release by indicating the version number and approximate month/year when the function will be available. No comment or clarification should exceed half a page in length.

Scheduling, Reception, Registration – Requirement

Functional Requirements	Yes Included	No	Comments / Clarifications
Scheduling			
Does the EHR provide Appointment Reminders to Clients?	☐	☐	
If yes, please provide a list or reminder options. (i.e. email., text etc.) Please provide a sample of the appointment screen label as {Attachment #1}			
Does the EHR Scheduling Tool support appointments scheduled by provider?	☐	☐	
If yes, please describe this process flow, and provide a sample schedule labeled as {Attachment #2}			
Does the EHR software provide integration with VOIP Telephone Systems?	☐	☐	
Does the EHR provide next available appointment functionality without have to search the entire appointment calendar?	☐	☐	
Please provide a list of how appointments can be scheduled. (Example, By Resource, By Clinic, By Provider)			
Does the EHR search possible client records before allowing a new client record to be created?	☐	☐	
If yes, please describe this process.			

List fields available to search for patients. (Ex. First Name, Last Name, Phone, DOB)			
List fields available to search for appointments. (ex. Appointment Type, Date, Time)			

Reception & Registration

Does the EHR have Client Check-in functionality and provide client visit summary reporting? (Ex, Client Arrived at 9:00am, met with Provider at 9:30AM, checkout at 10:00am)	☐	☐	
If yes, please provide brief description of the process, and provide a sample summary report labeled as {Attachment #3}			
Does the EHR provide lobby management functionality?	☐	☐	
If yes, please provide brief description of the process			
Does the EHR support label printing?	☐	☐	
If yes, please list supported label printers?			
Does the EHR support Document scanning and attachments?	☐	☐	
If yes, is Fujitsi 6130z Scanners supported?	☐	☐	
If yes, list all supported scanners.			
Does the EHR support digital signatures?	☐	☐	
If yes, please list supported signature devices			
Does the EHR provide Insurance Verification?	☐	☐	
If yes, is this part of the EHR Solution or an additional cost?	☐	☐	
If yes, please provide brief description of the process, and Insurance Providers Supported			
Does the EHR provide form creation? (ex. HIPAA, Eligibility, Consent To Treat)	☐	☐	
If yes, does this provide the ability for new dynamic form creation as well as removal?	☐	☐	
Does the EHR provide functionality to fax patient medical information?	☐	☐	

Does the EHR provide the ability to print patient medical information? If yes please attach example printout and label it as {Attachment #4}	☐	☐	
Does the EHR provide the ability to print a patient single progress note? If yes please attach example printout and label it as {Attachment #5}	☐	☐	
Does the EHR provide a sliding-fee scale functionality?	☐	☐	
If yes, does it allow the ability to slide 0?			
If yes, please provide full description of the process?			
Does the EHR provide a Schedule Summary Report? If yes, provide data definition of the output and sample report labeled Attachment {Attachment #6}	☐	☐	
Does the EHR provide a Patient No Show Report? If yes, provide data definition of the output and sample report labeled Attachment {Attachment #7}	☐	☐	
Does the EHR provide the ability to add and configure addresses for multiple clinic locations?	☐	☐	
Does the EHR have Patient Web Portal Access?	☐	☐	
If the EHR has a Patient Web Portal, please describe and list all functionality.			

Clinical Services

Functional Requirements Clinical Services	Yes Included	No Included	Comments / Clarifications
Is the proposed EHR system a certified EHR? Please identify which meaningful use stage is supported.	☐	☐	
Is EHR capable of restricting templates available for a visit based on the type of visit the patient is receiving?	☐	☐	
Does the EHR provide access to UPTODATE clinical software?	☐	☐	
While creating notes within a patients chart within the EHR, can previous notes be viewed and referenced/linked within the note being created.	☐	☐	

While in a progress note, can a link be embedded to pull in all previous notes related to a subject? (Ex. Patient is evaluated for UTI. While in the progress note, there would be a link to pull in all previous UTI findings for the PE to review and decide if he/she wants to attach the information to the current note).	☐	☐	
Does the EHR have a standardized progress note that addresses a particular health issue that can be customized at the time of patient care visit via links and uploading information into the chart?	☐	☐	
Is the EHR developed to exchange information thru the NCHIE?	☐	☐	
What can trigger the creation of the electronic billing process? Please provide a description of this process.			
Where can letters, forms and notes be stored inside of the patient record?			
Explain the process of how a note is built.			

Templates

Functional Requirements	Yes Included	No Included	Comments / Clarifications
STD			
Does the EHR have progress notes that follow requirements by the State STD Branch?	☐	☐	
Immunization			
Does the EHR have an interface that accepts a patient's immunization record, downloaded from NCIR into the patient's EHR record? If no, are there any plans for development of this functionality.	☐	☐	
Does the system flag immunizations according to client's age, immunization history, and current immunization schedules? (If yes, provide an example of this process)	☐	☐	
Does the EHR have capability to update immunization list through an automated process with new immunization schedules according to ACIP recommendation revisions?	☐	☐	
Does the EHR allow manual entry of immunizations?	☐	☐	
Does the EHR have ability to create and edit pre-defined list of contraindications and adverse reactions?	☐	☐	
Does the EHR have ability to associate multiple contraindications to specific vaccines?	☐	☐	

Does the EHR have ability to create and edit predefined list of vaccines?	☐	☐	
Does the EHR have ability to document multiple contraindications to a particular patient on a particular day on a particular vaccine?	☐	☐	
Does EHR interface to allow for update of immunization record from the EHR to NCIR: include vaccine name, trade, lot number, vaccine expiration date, site, date vaccine given, VIS date, nurse name and title, eligibility? If no, are there any plans for development of this functionality.	☐	☐	

REFUGEE CHILD HEALTH

Does the EHR record vitals of a client including length/height, head circumference, blood pressure, temperature, and BMI?	☐	☐	
Does the EHR push head circumference, weight, length/height, BMI percentiles into a plotted chart?	☐	☐	
Does the EHR create a growth chart with above data based on age and sex?	☐	☐	
Can vision results be documented in chart?	☐	☐	
Can hearing results be documented in chart?	☐	☐	
Does the EHR allow creation of developmental screening forms, based on age?	☐	☐	
Does the EHR have developmental screening tools (ASQ-III, PCS) and risk assessments (i.e. HEEADSSS)?	☐	☐	
Does the well child template include all the components of a health check exam based on the age of the child?	☐	☐	
Does the EHR have the ability to manage a list of formulas for nutrition assessment?	☐	☐	
Can a state approved school physical form be created in the EHR, information populated automatically into the form and printed to give to parents?	☐	☐	
Can a state approved daycare physical form be created in the EHR, information populated automatically into the form and printed to give to parents?	☐	☐	
Can the EHR email/fax school forms with data entered from the client's medical record?	☐	☐	

Can the EHR allow input and editing of required Bright Futures data?	☐	☐	
Can EHR prompt referral for a dental exam?	☐	☐	

PRIMARY CARE

Does the EHR have an acute care template that can be used for all clients?	☐	☐	
Does the EHR have templates based on the client's age and well visit requirements?	☐	☐	
Does the EHR have templates related to a chief complaint?	☐	☐	
Does the EHR have a requirement to check medication list and allergies at each visit?	☐	☐	

FAMILY PLANNING

Does the EHR have the current, required state templates or a customized version?	☐	☐	
Does the EHR have a tracking mechanism in place for birth control methods?	☐	☐	
Does the EHR have the ability to track contraceptive device users for length of use, reason for discontinuation and complications?	☐	☐	
Does the EHR have the ability to store the following data including but not limited to: contraceptive/birth control method and pregnancy plans?	☐	☐	

MATERNITY

Does the EHR Allow the ability to add multiple past pregnancies in the medical history?	☐	☐	
Does the EHR Allow the ability to add multiple operations/hospitalizations in the medical history?	☐	☐	
Does the EHR select the appropriate prenatal weight gain chart based on pregavida BMI with appropriate ranges and recommendations (underweight, overweight, normal)?	☐	☐	
Does the EHR determine the prenatal weight gain by subtracting the pregavida weight from the current weight and plot on chart based on number of week's gestation?	☐	☐	
Does the EHR plot the prenatal weight gain chart at each visit on prenatal weight gain chart?	☐	☐	
Can multiple ultrasound results for EDC confirmation be displayed?	☐	☐	

Does the EHR create a physician's order form and send electronically to the hospital or other providers?	☐	☐	
Does the EHR create pre-defined care plan templates for each condition in pregnancy (anemia, placenta previa, etc.)?	☐	☐	
Does the EHR prompt diabetic screening based on family history, BMI, past gestational diabetes, etc.?	☐	☐	
Does the EHR track prenatal care, postpartum visit, and prenatal/birth outcomes?	☐	☐	
Does the EHR alert staff if client does not return for postpartum visit?	☐	☐	
Does the EHR alert staff if client does not return for labs between visits?	☐	☐	
Does the EHR generate a list of week/trimester of entry into care?	☐	☐	
Does the EHR generate reports of pregnancy outcomes-miscarriage, preterm, full term, birth weight, etc.?	☐	☐	
Does the EHR generate post-partum exam data from 6-8 week family planning visit?	☐	☐	
Does the EHR have the ability to notify staff when prenatal patient does not return within specified period of time, including by 2 months past due date for postpartum visit?	☐	☐	
Does the EHR flag patients as high risk for more intensive follow-up?	☐	☐	

Communicable Disease

Does the EHR allow authorized staff to input and/or add information to the medical history?	☐	☐	
Does the EHR have the ability to document contacts?	☐	☐	
Does the EHR have ability for customized CD templates?	☐	☐	
Is the EHR able to upload suspected or confirmed disease cases to the NCEDSS?	☐	☐	
Does the EHR have the ability to document the dates when the specific reports were filed with NCEDSS?	☐	☐	
Does the EHR have the ability to indicate educational materials given for specific communicable diseases?	☐	☐	

Does the EHR have the ability to document (link) CD interactions/events with client and case contacts?	☐	☐
Does the EHR have the ability to limit access to CD event and contact list?	☐	☐
Does the EHR have the ability to copy contact list from one client to another?	☐	☐

ALERGIES

Does the EHR have the ability to manage a list of allergies to choose from? (food, latex, medications)	☐	☐
Does the EHR have ability to have drop-down list of reaction to specific allergies?	☐	☐
Does the EHR have ability to select an allergy and list multiple reactions to the allergy?	☐	☐
Does the EHR have ability for an "other" data field for allergies and/or reactions for allergies and reactions that are not on the default list?	☐	☐
Does the EHR support a location to put other comments about the allergy, such as year it occurred?	☐	☐
Does the EHR allow the list of allergies to be updated by staff from different clinical areas?	☐	☐
Does the EHR allergy list automatically populate into the progress note?	☐	☐
Does the EHR provide an alert that will prompt clinicians to look for allergy information prior to ordering medication?	☐	☐

GENERAL

Does the EHR Templates have the capability to create toggles, drop-down lists, yes/no options, text boxes, etc.?	☐	☐
Does the EHR templates meet the NCDPH Program audit requirements?	☐	☐
If yes, How often are the standard templates revised by the company?	☐	☐
If yes, Can these be revised on short notice as new directives come from NCDPH?	☐	☐
Explain the procedure for customization of standard templates?		

	Yes	No	
Are the EHR system templates in compliance with federal and state standards?	☐	☐	
Can the EHR standard templates be customized by local designated staff?	☐	☐	
Can staff alter and rename "canned" templates within the EHR?	☐	☐	
Does the EHR allow for pop-up information (how does the system incorporate charting information into the progress note? Links or key word(s) within the note that will take us back to a chart item (e.g. lab results) without taking us OUT of the note) (want to be sure we can view ANY information in the chart without leaving/closing the chart note).	☐	☐	
Can new templates be created within the EHR by staff?	☐	☐	
Can text documents be imported or uploaded in the progress notes? Not an attachment but as a physical part of the progress note.	☐	☐	
Do note templates support conditional logic?	☐	☐	
Does data push and pull from other areas of the EHR? (Please list all areas) -Med List -Allergies -Vital Signs -Immunization history	☐	☐	
Is there capability of adding free text information in the progress note?	☐	☐	
Does the EHR have a patient-education module (patient education materials)?	☐	☐	

Progress Notes Signing

Explain the process for pending or minimizing a note before it is signed		
Explain the process for signing off a note		
How are the different parts of the chart signed off? Example (Pre-Exam, Exam and Post-Exam) Explain how is the note edited after it has been signed off?		
Is there a limit to the number of signatures on a note?	☐	☐	

ePrescribing

Functional Requirements	Yes	No	Comments / Clarifications

	Included	Included	
In-house pharmacy and outside retail pharmacies			
Does the EHR provide integration with QS1 pharmaceutical management software? If not, please list the systems the EHR does integrate with.	☐	☐	
Does the EHR give the capability of managing a list of medications?	☐	☐	
Does the EHR list generic and brand name together?	☐	☐	
Does the EHR have ability to manage a list of measurement amounts? (tbsp., cc, mg, ml, grams, drops, tablets, injection, oz., etc.)	☐	☐	
Does the EHR have ability to manage a list of frequency of dosages which include number of times and per day/hour?	☐	☐	
Does the EHR have ability to manage a list of routes of administration?	☐	☐	
Does the EHR have ability to select a medication and join dosage amounts, dosage measurements, routes to the medication?	☐	☐	
Does the EHR have ability to record all medications being taken? If yes, how are these current medications removed and will it remain for historical reference?	☐	☐	
Does the EHR have ability to have an "other" data field for medications?	☐	☐	
Does the EHR have start and stop date fields for each medication?	☐	☐	
Does the EHR populate a medication list for client that can be reconciled by the interviewer?	☐	☐	
Does the EHR have a way to document medication history if the patient received the meds from an outside provider?	☐	☐	
Does the EHR provide a field for who ordered the medication for each medication listed?	☐	☐	
Is the medication list easily accessible from all assessment and medical history templates?	☐	☐	
Does the EHR keep a history of medications that can be accessible?	☐	☐	
Does the EHR have electronic access to Physician's Desk Reference for a specific medication?	☐	☐	

If yes, please list any additional reference materials available?			
Does the EHR provide an alert to clinicians of drug interactions, drug dosage limits, similar medication client is taking within the drug category based on medication list in EHR?	☐	☐	
Does the EHR alert clinicians of drug interactions, drug dosage limits, similar medication client is taking within the drug category based on the medication list on the formulary?	☐	☐	
Does the EHR alert clinicians of medications that sound like the selected medication?	☐	☐	
Does the EHR manage a list of prescribers (tied to user ID) and their DEA number?	☐	☐	
Does the EHR cross reference medication with client's allergy list and alert clinician of possible crossover allergy?	☐	☐	
Does the EHR provide recommendations to the dosage levels form specific client based on various factors such as age and weight?	☐	☐	
Does the EHR have the ability to record all medications that are prescribed within the clinic separate from medication prescribed by outside providers?	☐	☐	
Does the EHR manage prescriptions that are dispensed by agency pharmacy and indicate who dispensed medication, date and quantity dispensed?	☐	☐	
Does the EHR have a dedicated fax line for prescriptions?	☐	☐	
Does the EHR have the ability to search for the pharmacy that client uses based on pharmacy name and/or geographic area?	☐	☐	
Does the EHR ePrescribe to external and internal pharmacies? (Our pharmacy at the Guilford County Health Department is considered an outside pharmacy when going through Surescripts.)	☐	☐	
Does the EHR print prescriptions for client?	☐	☐	
Does the EHR have the ability to update pharmacy information such as the pharmacy name, address, and phone number?	☐	☐	
Does the EHR receive requests for refills from a pharmacy?	☐	☐	
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?	☐	☐	

Does the EHR provide fields indicating which pharmacy the prescription is sent to, fields include pharmacy name, address, fax number, and phone number?	☐	☐	
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#s, refill expiration date, end date for refills, quantity to dispense, additional comments? Please identify any of the fields above not provided.	☐	☐	
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?	☐	☐	
Does the EHR have the ability to record the quantity dispensed by agency pharmacy for prescriptions including who dispensed medication (user ID) and date?	☐	☐	
Does the EHR have the ability to calculate the quantity remaining of each prescription filled by agency pharmacy for client?	☐	☐	
Does the EHR automatically generate an encounter when prescriptions are dispensed by agency pharmacy?	☐	☐	
Does the EHR have the ability to print pharmacy labels for specific medication that is being dispensed?	☐	☐	
Does the EHR have the ability to link medications to the NDC required data?	☐	☐	
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}	☐	☐	
Describe is the enrollment process for a provider using the ePrescribe Module.			
Describe how the EHR medication database is updated, how frequently, and who is responsible for applying updates as needed?	☐	☐	
If yes, please identify who supplies the data.			
Describe how the EHR insurance formulary is updated, how frequently, and who is responsible for applying updates as needed?	☐	☐	
If yes, please identify who supplies the data.			
Describe how the EHR drug interactions database is updated, how frequently, and who is responsible for applying updates as needed?	☐	☐	

If yes, please identify who supplies the data.		
Describe how the EHR pharmacy database is updated, how frequently, and who is responsible for applying updates as needed?	☐	☐
If yes, please identify who supplies the data.		
How can medications not currently listed in the medications database be accessed and prescribed through the EHR?		
Please describe how Standard Sigs and Extended Sigs function?		
Please describe audit features for ePrescribing, if available.		

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?	☐	☐	
Does the EHR interface with LabCorp?	☐	☐	
Does the EHR interface with Quest?	☐	☐	
Does the EHR have the capability to create lab requisitions and labels for multiple reference labs?	☐	☐	
In the event the lab interface is down, does the EHR allow for lab results to be entered directly into the EHR system?	☐	☐	
Does the EHR have the ability to print user defined labels including the patient name, ID, DOB, test ordered, source and date of collection?	☐	☐	
Does the EHR allow the user to select how many labels to print?	☐	☐	
Does the EHR allow the user to customize labels? Are there label templates?	☐	☐	
Does the EHR allow for specimen collection requirement information to be viewed for in-house labs? For labs being sent to a reference lab?	☐	☐	
Does the EHR have the ability to prioritize lab tests (Routine vs STAT)?	☐	☐	
Does the EHR alert the ordering provider which tests are in-house and which tests will be sent to a reference lab?	☐	☐	
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			
How does the EHR display lab tests that can be ordered? Can pre-defined list of test be created for clinic to choose from?			
Does the EHR allow for custom Order Sets to be built (Hepatic panel, CBC)?	☐	☐	
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)?	☐	☐	
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. 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)?	☐	☐	
Does the EHR have the ability to require Diagnosis codes when ordering labs?	☐	☐	
Does the EHR have the ability to link a lab test to a specific CPT code?	☐	☐	
Does the EHR allow for lab charges to be generated from the lab system or are these charges generated within the EHR system?	☐	☐	
When are lab charges generated (When ordered, when resulted)?	☐	☐	
How are corrected lab test results handled? Does the EHR flag revised results as corrected? Provide an example.	☐	☐	
How are lab results displayed within the EHR system? Can users view previous results? Can results be graphed?	☐	☐	
Do ranges/panic values come from the lab system and/or do they have to be built within the EHR system?	☐	☐	
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?	☐	☐	
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?	☐	☐	
How are abnormal/panic values flagged in the EHR? Provide an example.	☐	☐	
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?			
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?	☐	☐	
Where/how are lab comments displayed within the EHR system? Provide an example.	☐	☐	
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 resulted and who resulted them, when labs were reviewed by clinical staff and who 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)?	☐	☐	
Can the EHR generate a report that list which labs were ordered for a particular date range?	☐	☐	
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	☐	☐	
Describe how reference lab results are handled within the EHR? Can they be scanned? Where are reference lab results kept in the system?	☐	☐	
Does the EHR allow for specific fields to be integrated within the EHR, if lab results are received electronically from an outside reference lab?	☐	☐	
Does the EHR have the ability to identify a lab test as billable and/or reportable to the State?	☐	☐	
Describe the EHRs' process for documenting 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?	☐	☐	
Does your EHR allow for future lab orders to be entered?	☐	☐	
Does the EHR allow for the tracking of who collected the specimen, if collected in the clinic? Does it track specimen collection time?	☐	☐	
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?	☐	☐	
Does the EHR track pending reference labs and can the system complete the order once reference labs are received?	☐	☐	
Does the EHR have the capability of producing a report that provides all abnormal results received for a specific period of time?	☐	☐	
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?	☐	☐	
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?			
Explain how the EHR track cancelled orders?			
Does the EHR support recurring orders?	☐	☐	
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?	☐	☐	

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?	☐	☐	
Does the EHR have the ability to transmit discipline to HIS per HIS batch county interface standard file?	☐	☐	
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?	☐	☐	
Does the EHR have the ability to bill more than 1 payer source for different services on the same date of visit?	☐	☐	
If yes, please provide the details for the expenditure data and how the details are arranged. (day, week, month, calendar or fiscal year)			
Does the EHR have the ability to manually place a client's service on hold for a specific time frame?	☐	☐	
Does the EHR have the ability to place a service on hold for a specific client?	☐	☐	
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?	☐	☐	
Does the EHR have the ability to print on demand a paper claim specific to patient and date of service?	☐	☐	
Does the EHR have the ability to mark services included as a batch with bill date?	☐	☐	
Does the EHR have the ability keep a historical record of services billed and rebilled?	☐	☐	
Does the EHR have the ability to allow notes on client ledger by each line item?	☐	☐	
Does the EHR have the ability to flag or mark the client ledger if a note is attached to a line item?	☐	☐	
Does the EHR have the ability to alert users when posting any amount to the ledger prior to finalizing an entry?	☐	☐	
Does the EHR have the ability preventing payments posted to incorrect payer source?	☐	☐	
Does the EHR mandate posting payments or denials to a specific services within the ledger, not allowing just a running balance?	☐	☐	
Does the EHR have the ability to transfer balance for billing from primary to secondary to tertiary payor?	☐	☐	

Question			
Does the EHR have the ability to create 835 reconciliation report listing all CPT codes by practice or clinic and amounts?	☐	☐	
Does the EHR have the ability to create 837 billing file for EDS?	☐	☐	
Does the EHR have the ability to transfer 837 file for EDS?	☐	☐	
Does the EHR have the ability to accept an 835 file from EDS	☐	☐	
Does the EHR have the ability to create billing for batch standard file to any approved clearinghouse?	☐	☐	
Does the EHR have the ability to create billing for batch standard file to other insurance carriers?	☐	☐	
Does the EHR have the ability to transfer 837 file to any approved Clearinghouse and other Medicare plans?	☐	☐	
Does the EHR have the ability to accept 835 Electronic Remittance Notification (ERN)	☐	☐	
Does the EHR have the ability to generate RA, Remittance Advice from selected 835 ERN?	☐	☐	
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?	☐	☐	
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)?	☐	☐	
Does the EHR have the ability to create client list using specific bad debt write-off criteria?	☐	☐	
Does the EHR have the ability to create specific bad debt write-off alert message(s)?	☐	☐	
Does the EHR have the ability to reinstate the amount of a write-off back to the patient's ledger for a payment?	☐	☐	
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?	☐	☐	
Does the EHR have the ability to generate patient billing statements	☐	☐	
Does the EHR have the ability to specify specific billing date to automatically generate patient billing statements based on amount owed and billing schedule?	☐	☐	
Does the EHR have the ability to exclude confidential contacts, non-forwarding addresses?	☐	☐	
Does the EHR have the ability to create and modify patient statement layout?	☐	☐	
Does the EHR have the ability to generate patient statement files for printing vendors?	☐	☐	
Does the EHR have the ability to create individual client dunning messages?	☐	☐	
Does the EHR have the ability to create template dunning messages based on specific aged accounts milestones?	☐	☐	
Does the EHR have the ability when a payer denies payment, the balance is transferred to the client so a statement can be sent?	☐	☐	
Does the EHR have the ability to generate a billing receipt for each patient encounter?	☐	☐	

Does the EHR have the ability to store patient insurance/billing information?	☐	☐	
Does the EHR have the ability to track payment type: cash, credit/debit card or check?	☐	☐	
Does the EHR have the ability to override a service fee?	☐	☐	
Does the EHR have the ability to generate file for North Carolina Debt Setoff program?	☐	☐	
Does the EHR have the ability to perform billing corrections and/or adjustments?	☐	☐	
Does the EHR have the ability to correct/adjust a drug fee charge?	☐	☐	
Does the EHR have the ability to generate/export payment data for collections process?	☐	☐	
Does the EHR have the ability to manage collection payments?	☐	☐	
Explain the process for encounter billing and AR accounts receivable processing.			
Does the EHR have the ability to recognize when inbounding reflex lab data has been resulted in the EMR and subsequently have the capability to create a bill for that lab test?	☐	☐	
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?	☐	☐	
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?	☐	☐	
Does the EHR have the ability to allow, with supervisor approval, modification of self-pay status after x amount of business days?	☐	☐	
Does the EHR have the ability to run queries relating to HIS Business Rules?	☐	☐	
Does the EHR include a complete Practice Management Component?	☐	☐	
Does the EHR check insurance eligibility electronically from public and private payers? Medicaid? BCBS? UHC?	☐	☐	
Does the EHR submit claims electronically to public and private payers?	☐	☐	
Provide what clearinghouse(s) the EHR utilizes?			
Please explain the fee structure for clearinghouse fees?			
Does the EHR allow for payments to be posted in an automated method?	☐	☐	
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?	☐	☐	
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?	☐	☐	
Does the EHR continually validate that all necessary information has been entered based on payer/ payer health plan billing requirements?	☐	☐	
Does the EHR provide worklists to alerts for missing information?	☐	☐	
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			
Can UB-04 and 1500 CMS billing forms be generated from the EHR?	☐	☐	
Does the EHR support electronic billing of third-party payers with automatic verification of transmittals, retransmission of corrected transmittals, and cancellation of prior transmittals?	☐	☐	
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?	☐	☐	
Does the EHR allow the entry of multiple standard codes (example 99211) with varied office codes (example 99211NC and 99211FP)?	☐	☐	
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?	☐	☐	
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	☐	☐	
Does the EHR allow the definition of institutional accounts against which charges can be posted?	☐	☐	
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?	☐	☐	
Does the EHR support the operation of internal and external secondary business offices for collection of receivables? This could include external collection agencies.	☐	☐	
Does the EHR have the ability to define and monitor special payment arrangements by individual account?	☐	☐	

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
	☐	☐	

Does the EHR electronically accept claim denials and perform tracking and appeal	☐	☐	

processing?			
Does the EHR support electronic remittance for Medicaid and selected insurance carrier?	☐	☐	
Does the EHR enable both online and batch posting of payment and adjustment transactions with adequate audit trail to ensure cash controls?	☐	☐	
wDoes the EHR have the ability to apply payments to an account or line item level?	☐	☐	
Does the EHR have the ability to generate reports for the health system while maintaining ability to drill down to facility and departmental information?	☐	☐	
Does the EHR system have the ability to store all reports, bills and statements in an integrated document imaging repository?	☐	☐	
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	☐	☐	
Does the EHR provide for generation of an A/R aging report sorted by delinquency period by specific information?	☐	☐	
Is the EHR compliant with HIPAA 1510 requirements for transactional security?	☐	☐	
Can the EHR handle HL7 batch and real-time communications?	☐	☐	
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.	☐	☐	
Can the EHR handle EDI transaction via ftp transfer?	☐	☐	
Does the EHR maintain audit logs of user access, data transferred?	☐	☐	
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%.	☐	☐	
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)?	☐	☐	
Can patient billing be generated by Account# range or patient last name range?	☐	☐	
Can access to specific patient accounts be denied or granted to specific staff?	☐	☐	
Please describe how the user maintains claim edits.			
Please describe how the EHR produces a point of service bill?			

Please describe types of online editing that is available when charges are entered.	
Please describe options for time-based charging.	
Please describe how the EHR supports online and batch charge entry?	
How does the EHR support denial management and the appeal process?	
Can patient statements be run during normal business hours without degrading on-line performance or locking records?	
Can patient statements be interrupted by an operator?	
Can patient statements billing runs that have been interrupted by an operator or a system crash be restarted at the point of interruption?	
Does the patient statements billing process display the current account being processed	
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?	
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?	
Can authorized staff: Create and run custom queries/reports directly to the underlying data tables? Directly browse the contents of the underlying data tables?	
Is there a detailed database schema and data dictionary available that includes definitions of: Relationships between tables Definitions of coded values?	
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?	
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.	
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)?	

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?

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.	
2. Describe the experience and qualifications of your installation team.	
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?	