Request for Proposal/Information
Electronic Health Record and Integrated Practice Management System with noted modules

Re: Centro San Vicente
8061 Alameda Ave El Paso, Texas 79915

May 17, 2019

Point of contacts:
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SECTION I ORGANIZATION

I. INTRODUCTION

A. Purpose, Background, and Goals

Centro San Vicente (CSV) is seeking a strategic partner for new Electronic Health Record. CSV is currently using SuccessEHS, a Greenway Health solution for more than a decade. With the announcement of the sunset of SuccessEHS, CSV requires a new Electronic Health Record solution to meet its ongoing needs. The goal is to provide quality patient care to community in an integrated cost-effective manner. The goals of the project will include meeting clinical needs, finance and reporting with efficient workflows and effective training. Senior Leadership, EMR team, and CSV Board of Directors will review the total cost of ownership and return on investment along with capability to meet operational needs.

B. Overview and History

Centro San Vicente have provided compassionate health care in El Paso for 180 years. After the sale of Hotel Dieu Hospital in 1992, the Daughters transitioned their efforts, establishing a community health ministry known today as Centro San Vicente. Centro San Vicente is designated as a non-profit with 501(c) (3), Federally Qualified Health Center.

Centro San Vicente offers primary and preventive health services that address the needs of the total individual – body, mind, and spirit.

We have a total of 5 locations across El Paso, We provide care for chronic illnesses such as asthma, cardiovascular disease, diabetes, and depression, while providing preventative care as well. Women's health and Obstetric care, Pediatric care, behavioral/mental health, health education, dental, pharmacy, radiology, laboratory, outreach and enrollment services, are also available at select health centers. Specialty clinics are available to include Hepatitis C, PrEP and PEP, and the development of Medication Assistance Treatment Program for Opioid dependence.

We are affiliated with Ascension Health, the nation’s largest Catholic and non-profit health care system. Our mission, similar to that of other Ascension Health ministries, is to improve the health and well-being of our community and to be a presence of the Love of Jesus in the lives of all we serve and with whom we partner. Our vision is to improve the health status of the community. We will advance the long tradition of the health ministry to the people of El Paso, especially the under-served, through the development of a values-driven organization dedicated to primary care and preventive health services, addressing the needs of the total individual – body, mind, and spirit.

C. Service Offering/Organization Metrics & Information

Centro San Vicente serves more than 16,000 patients a year with a total staff of 200 plus.
Locations:

<table>
<thead>
<tr>
<th>Centro San Vicente Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centro San Vicente at Alameda</strong></td>
</tr>
<tr>
<td><strong>Centro San Vicente at Pebble Hills</strong></td>
</tr>
<tr>
<td><strong>Centro San Vicente at San Elizario</strong></td>
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<tr>
<td><strong>Centro San Vicente at Opportunity Center</strong></td>
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<tr>
<td><strong>Centro San Vicente Wellness Center at Emergence Health Network</strong></td>
</tr>
</tbody>
</table>

Service Line/Staffing:

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Providers</th>
<th>General Staffing</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Practice Providers</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD's/DO’s</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Access Reps</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Medical Assistants</td>
<td></td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Licensed Vocational Nurse</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>BH Providers</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Staff</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Care Management/Diabetes Educators</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Schedulers</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Medical Records</td>
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<td>2</td>
<td></td>
</tr>
<tr>
<td>Patient Support Specialist</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>PBX</td>
<td></td>
<td>1.5</td>
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</tr>
<tr>
<td>Greeter</td>
<td></td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Accounting</td>
<td></td>
<td>3</td>
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</tbody>
</table>
II. SCOPE OF PROPOSAL

The scope of the proposed project includes but is not limited to:

1. The provision of fully integrated software solution, appropriately sized and configured to accomplish goals of CSV and requested functionality.
2. The provision of necessary implementation/consulting services to assist with design, build and testing of the proposed solution including training of the staff and assimilation of the staff with the new system.
3. Recommendation and configuration of necessary hardware in support of proposed solution.
4. Ability to meet the go-live date of July 31st, 2019.
5. The proposed system must be able to demonstrate Meaningful Use, MIPS, Ryan White Service, Uniform Data Systems, HEDIS and PCMH requirements.

General Functionality being requested:

- Medical, Behavioral Health, Dental, Pediatrics, Obstetrics and Gynecology, Pharmacy, Community Outreach.
- Dictation/Speech Recognition.
- Revenue Cycle Management.
- Population Health Management with Patient Campaigns.
- Quality programs.
- Compliance and Credentialing.
- Analytics/Reporting and Data Warehousing.
- Meaningful Use, MIPS, Uniform Data Systems Reporting, Ryan White Reporting.
- Health Information Exchange.
- TeleHealth.
- Device integration – vital sign machine, signature pads, self-service, PFT, EKG, home monitoring.

Given the need to switch systems considering Success EHS sunset, this project will require a Fast Track Install Methodology to have a fully operational system by July 31, 2019. The current project milestones are as follows:

- Software Delivery/Begin solution build: July 5th, 2019.
Begin Testing: July 15th, 2019  
Go-Live: July 31st, 2019  

Please indicate modules that can be successfully implemented given the fast track methodology.

Vendor Demonstrations:  
Each proposer will be required to provide an executive level demonstration of the proposed solution to include: referenced functionality, any specified supporting products/modules and additional capabilities that are unique to the solution. Such demonstrations must be scheduled at the location of the CSV, at a time and place. Please reach out to Christina.paz@sanvicente.org or Howard.Williams@sanvicente.org to discuss your demonstrations plan and dates. The Proposers will be notified of their respective demonstration date within two business days following the bid openings.

III. INSTRUCTIONS FOR RESPONDING

A. Selection Process and Proposal Sections  
To meet the deadline for the initial approval, all responses to this RFP must be received electronically by May 27th 12:00 PM. All submissions will be submitted in PDF format and sent using electronic mail. Please include subject line – RFP: Vendor Response.

All responses should be organized as defined below to ensure consistency and to facilitate the evaluation of all responses. All the sections mentioned below must be included in the proposal.

Section 1: Executive Summary  
Section 2: Vendor Profile with annual report and any published financial information (Section II – IV Company Information)  
Section 3: Vendor Response/Requirements (Section II – I Requirements)  
Section 4: Implementation Plan with Fast Track Install methodology  
Section 5: Project Cost (Section II)  
Section 6: Staffing information (Section III)  
Section 7: Project timeline  
Section 8: On-site demonstration plan  
Section 9: Noted exceptions to RFP

B. Proposal Submission  
The following schedule had been defined to efficiently solicit multiple competitive proposals, select the most qualified vendor, and start the project within a short time period. CSV reserves the right to deviate from these dates upon notice. All noted times are central time.

<table>
<thead>
<tr>
<th>Process</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP Available for Issue</td>
<td>May 21, 2019 at 10:00 AM CST</td>
</tr>
<tr>
<td>Intent to respond via email</td>
<td>May 23, 2019 at 5:00 PM</td>
</tr>
</tbody>
</table>
Submit RFP Questions via email | May 24th, 2019 at 5:00 PM
---|---
Responses to RFP Questions | May 27th, 2019 at 5:00 PM
RFP Responses from vendor | June 1st 2019 at 12:00 PM
Vendor Demonstrations Dates available. | Please schedule June 1st to June 15th, 2019
Notice of Intent of Award | June 21st , 2019
Project Kick-Off | July 1st, 2019
Go-Live | July 31st, 2019

To schedule demonstrations, please reach out to Christina.Paz@sanvicente.org or Howard.Williams@sanvicente.org.

C. Proposal Conditions
All pages of your response should clearly include the company’s names, date of your proposal, and question it is addressing. You should respond to all items in the RFP as thoroughly as possible. Please provide clear answers. Please notate future products as such. Every requirement must be addressed. Since this document solicits multiple solutions/modules, please demonstrate needs/requirements if different in each module. CSV will accept functionality questions/clarity after proposal is submitted. The proposal must be signed by an authorized representative.

D. Communication/Questions and Answers
All vendors intending to submit a response are requested to submit a letter of intent by May 22nd, 2019 along with any questions they may have by May 24th, 2019. All questions from all vendors will be consolidated and answered in writing by May 28th, 2019 by 5:00 PM (CST).

Proposal submission and all questions concerning this RFP, including technical and contractual, should be directed to Christina Paz and Howard Williams

<table>
<thead>
<tr>
<th>Name</th>
<th>Christina Paz</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Phone</td>
<td>915-859-7545</td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>e-Mail</td>
<td><a href="mailto:Christina.Paz@sanvicente.org">Christina.Paz@sanvicente.org</a></td>
</tr>
<tr>
<td>Address</td>
<td>8061 Alameda El Paso, Texas 79915</td>
</tr>
<tr>
<td>Business Address</td>
<td></td>
</tr>
</tbody>
</table>

Soliciting information about this RFP from anyone other than this person may forfeit the vendor. Any proposal received after the required time and date specified for shall be considered late and non-responsive. Any late proposal will not be evaluated.

We encourage inquiries regarding this RFP and welcome the opportunity to answer questions from potential partners. Please direct your questions to Christina.Paz@sanvicente.org or Howard.Williams@sanvicente.org. Please include RFP: Inquiry in the subject line.

All RFP Submissions will be confirmed by email.
E. **Proposal Duration**
   All prices, terms, and conditions quoted in the vendor’s proposal or negotiated thereafter must remain firm for a minimum period of six months.

F. **Notifications**
   Vendors may be contacted for additional information or clarification of proposal following submission. A short list will be created and included vendors will be notified to continue in the selection process and present onsite demonstrations. Use Cases will be sent prior to or during demonstrations. Following final selection, each vendor will be notified of the final decision.

G. **Submission Due Date**
   All submissions are due by May 27th, 2019 12:00 PM central time

H. **Confidentiality**
   CSV is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by CSV to award any contract. CSV is not responsible for any costs incurred by any vendor or their partners in the RFP response preparation and demonstration. Information submitted in response to this RFP will become the property of CSV. All responses will be kept private from other vendors. CSV 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 and in part, at any time.

I. **Evaluation Criteria**
   All proposals submitted as described above in accordance with selection criteria deemed critical to the success of this initiative. The organization reserves the right to 1) reject any or all proposals and 2) waive formalities or irregularities in proposals received.

   All proposals will be reviewed using the following criteria:
   - Applicability of proposed solution
   - Completeness of proposed solution
   - Professional Experience of the vendor
   - Ease of Use of the proposed solution
   - Technology of proposed solution
   - Integration of proposed solution
   - Disaster/downtime solutions
   - Cost of solution and licensing model
   - Ability to deliver and clearly communicate the solution
   - Track record of successful implementation and satisfied customers
   - Completeness of Support and Training options
   - Review future scope in development
   - Assess upgrade/patch processes
   - Compatible to meet current and future proposed rules and regulations

J. **On-site Demonstration**
   Please provide a plan for on-site demonstrations. All on-site vendor demonstrations and associated costs are not covered by CSV. CSV is not responsible for any costs incurred during on-site
demonstrations. All demonstrations will be kept private from other vendors. CSV reserves the right to request modifications to on-site demonstrations at any time. Each proposer will be required to provide an executive level demonstration of the proposed solution to include: referenced functionality, any specified supporting products/modules and additional capabilities that are unique to the solution. Such demonstrations must be scheduled at the location of the CSV, at a time and place. Please reach out to Christina.paz@sanvicente.org or Howard.Williams@sanvicente.org to discuss your demonstrations plan and dates. The Proposers will be notified of their respective demonstration date within two business days following the bid openings. For demo, please refer to Attachment A for scenarios in addition to requested functionality.

K. Reference Calls
Please provide three references who use the solution and have recently implemented. Provide two long term clients (five years or more) who currently use the solution. The following information should be supplied along with vendors response:

- Organization name
- Organization address
- Geographic scope
- Number of sites/facilities/size
- Providers – Physicians, BH
- Organization Type – FQHC, RHC etc
- Go-Live dates
- Include leadership contact info

IV. VOLUME AND METRICS

A. Current Volume and Metrics
CSV serves more than 16,000 patients per year with a total of 60,000+ visits per year. The total number of associates is approximately 200+.

The approximate number of visits by service lines is below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>53250</td>
</tr>
<tr>
<td>Behavioural Health</td>
<td>1755</td>
</tr>
<tr>
<td>Dental</td>
<td>5361</td>
</tr>
</tbody>
</table>

SECTION II – VENDOR RESPONSE

I. REQUIREMENTS
Please provide more information on design, operational and functional aspects of the system. Please note that the functional requirement requested is available in general release. If not, available, describe the progress being made to make the functionality available if any. Please also, indicate if solutions are provided by a third-party vendor. In cases where a partner solution is required, please indicate how the vendor is responsible for delivery and performance. Please embed screenshots where applicable. Also, note any customizations required at code level changing programs vs tailoring/configuring the system within current solution.
A. General Requirements and Vision
- Share background, industry experience, and product development strategy
- Explain commitment to the development of incorporating new regulations and changes – value-based contracting
- Provide overview support/help desk processes including online solutions. Provide current SLA standards for support. Define support structure (Tier I/Tier II/Tier III). Do you have knowledgebase? Do you require staff to be certified to provide support? Describe emergency support and after hours support available.

B. Functional/Service Line Requirements
1. Front Office:
   - Pre-Register with few selected fields
   - Request Appointments and view open scheduling slots available off-site via online
   - Pay co-pay and print receipt off-site
   - Sign consents electronically (off-site) and print consents
   - Appointment reminders and associated back feed to schedules – automated/manual
   - Scheduling – facility/provider/resource (case managers, nurses) based
   - Scheduling group and individual appointments
   - Perform Eligibility Check (automate/visit date) along with Rx eligibility/formulary – multiple EDI processors
   - Check-in patients
   - Scan ID and Insurance cards that will pre-populate fields – attach, primary, secondary, custom, activate and inactivate, uninsured workflow
   - Guarantors
   - Advance Directive
   - Display mandatory fields to enter – race, ethnicity, language, transportation, SOGI, DOB
   - Social Determinants of Health fields
   - New insurance alert to enter new insurance that we are not credentialed with yet
   - Take a picture of the patient and attach to the patient chart
   - Screen for finance eligibility and complete sliding fee scale (demonstrate capability for multiple sliding fee schedules (dental, medical optometry)
   - Scan income and self-attestation forms
   - Update appointment status
   - Alert provider of patient check-in
   - Check Prior-authorization and automatic requests
   - Sign electronic consent forms – signature pads/kiosk
   - Regional HIE consent both (opt-in/opt-out) options
   - Integrate/consents for CommonWell and care quality
   - Enter income eligibility, housing, and SOGI
   - Enter the custom field – Research Study ID (alphanumeric)
   - Assign pharmacy – front office/clinical staff workflow
   - Pay co-pay on-site (check-in/check-out) with end to end encryption credit card processor; explain payment distribution
   - Patient portal/patient app
   - Send Welcome/Custom letter for new patients
   - Please explain the process for No Show campaigns/Cancel campaigns
   - Create a custom script for patients with no show and send campaign messages
   - Send a custom letter with a logo for no shows with pre-populated fields
   - Call center integration options
   - Messaging – individual and group
   - Report daily summary sheets by each patient access representative
Practice Management dashboard
Self Service check-in/Kiosks
Rules engine options for front office and billing efficiency – prompts/hard stops
Downtime procedure options
Document patient transitions
Lead time (paperwork) scheduling
Alerts on all insurances and yearly income updated
Ability to manage schedules – review open slots/no shows and cancelations in aggregate to facilitate appropriate decisions
Practice Management dashboard
Describe Practice Management audit capabilities

2. Pre-Visit Planning:
   Pre-visit planning
   Review health maintenance/preventive service reminders, registries and previous day communications
   Update huddle message discussion
   Incomplete note tracking
   Pre-visit tracking

3. Triage:
   Update patient visit status
   Display one-page view of previous encounters, history, medications, health maintenance, demographic and insurance information with expiration.
   Vital Signs with and without vital sign machine and available configurations for units at provider level/location/agency level
   Ability to document more than one Blood Pressure in a single encounter
   Assessment tools – PHQ2/9, GAD, , Activities of Daily Living, Fall Assessments, PRAPARE, MMSE, Columbia Risk Assessment Score, Pediatric Developmental Scales
   Custom assessment elements and associate scoring
   Administer vaccine consent
   Administer procedure consent
   Available medical devices and integration – EKG, Pulmonary Function Test,
   Automated CPT code for BMI/BP performed
   Identify high-risk/need patients in the system
   CQM’s alerts
   Notes to self to come back to and complete documentation
   Advanced directives

4. CPOE:
   Providers order entry – internal office tasking, diagnostic studies, , referrals, admissions
   Custom questions per order – both mandatory and optional/ CQM
   Ability to order standing/recurring orders
   Personalization/favorites for orders
   Dashboard/Tracking system for CPOE – pending orders, orders to sign off, overdue, referrals
   Order sets for diagnosis code
   Custom order/order set functionality with ability to track as labs – both numeric and text results
   Flag/alerts when the diagnosis code does not match the imaging or lab order
   Order sets for diagnosis code
Ability to archive orders/order sets
Ability to trend labs, developmental charts
Ability to automatically add order/order sets based on health maintenance rules
Audit functions

5. e-Prescribing:
   - e-Prescribing core
   - e-signature requirements
   - Interfaces to pharmacy to include change of dosage and discontinued medications
   - Drug database, and update process
   - Incorporation of fax
   - Medication education Literature
   - Dashboard for Rx queues
   - Multiple drug formularies and prescribing guidelines
   - Prescription writing with formulary check with alerts
   - Build custom formulary for grant funded programs
   - Drug interactions options: drug to drug; drug/drug class to allergy
   - Refill status history
   - Patient refill request processing
   - Audits and alerts
   - Medications with NDC code
   - Integrate with state Prescription Monitoring Program
   - EPSC ability
   - Dosage calculators
   - Current med list and medication instructions
   - Alerts for wrong drugs, wrong dose, wrong route and wrong time
   - Medication consents
   - Addition of notes on RX
   - Language preference
   - Renew multiple medications at once (queues)
   - Frequent updates on additional

6. Patient History:
   - Review all patient pertinent information on one sheet – past visits, past history – family, OB, Surgery, past diagnosis codes/problem history, past CPT codes, past labs, past procedures, health maintenance with the ability to customize view
   - Import history and other relevant questionnaires entered by the patients including obstetrical data
   - Enter history and other relevant questionnaires
   - Validate patient history
   - Capture, amend and review patient history
   - Historical immunization entry

7. Interface:
   - Bi-directional interface with multiple labs – Quest, LabCorp, Texas Immunizations, County Hospital UMC, Qs1,
   - Obtains test results for vitals, ECG, Holter, Glucometer, PFT
   - Capture and monitor Patient Health Risks
   - Interface with Diagnostic Imaging Services
   - Interface with Regional HIE, Paso del Norte HIE (PHIX)
8. Referrals:
- Referral workflow with tracking
- Referral-based form to collect specific structured data
- Referral printout with pertinent information and logo
- Ability to view labs, referrals, and appointment scheduled for patients from outside sources
- Ability to see all progress notes on one page
- Interfacing with insurance portals

9. Progress Notes:
- Ability to create system default-based templates and notes
- Ability to create progress note based on diagnosis
- Ability to create non-billable encounter
- Load template based on appointment type
- SOAP note
- Dictate/Speech recognition - note and orders
- Provider access to chart via phone/tablet
- Disease-specific flowchart
- Custom flow chart capabilities and display view
- Advanced Practice provider sign-off
- After hours documentation process review
- Preventative exams dates performed stick from one note to another unless changes are made
- Outside consults (physician, address, and specialty) documented stick from one note to another unless changes are made

10. Problem List:
- Review and update problem list that is patient specific
- Maintain problem list

11. Discharge:
- Comprehensive all discipline care plan with goals, objectives, and interventions
- Care communication with patient and care team
- Patient education with PCMH/JACHO incorporation
- Medication reconciliation for f/u visits and for hospital visits
- Medication summary
- Charge capture and E&M coding
- E&M calculator
- Patient follow-up – custom (next week Monday and Tuesday) and pre-configured follow-up (one month)
- Patient-provider communication
- Patient care team communication
- Provider-patient portal communication automated on sign off
- Note preview
- Advanced practice provider and physician sign-off
- Clinical summary – current visit including health maintenance, future labs and future appointments
- Medication synchronization and Medication Adherence reports

12. Clinical Practice Guidelines:
- Incorporates evidence-based guidelines – AHA, USPSTF, ACC, ACP, ACOG, AAFP
- Medical calculators – ASCVD, ASCCP scores, CKD/GFR
- Integrates with Up To Date
13. Medical Records:
- Enter Medical Record Request
- Access to confidential MR (minor/adult)
- Complete MR request life cycle
- MR status dashboard
- Ability to select/filter by date, encounters
- Ability to select clinical note components to display for Medical Records
- Ability to print – receipts, bill statements, invoices
- Ability to track requests and prioritize
- Integrated faxing and scanning options
- Document format options available – doc, pdf, tiff, etc
- Ability to print, save, download, import/export, fax and burn a CD with encryption

14. Pharmacy:
- Automated refill requests for Pharmacy
- Electronic approval of prescriptions for processing by technicians
- Custom consent forms signed electronically at Point of Service
- Signature for prescriptions
- Integrated transactions for prescription
- Integrated First Data Bank
- Picture guide for drug along with package insert in multiple languages
- Barcode-based scanning on meds
- Inventory management
- Integration with Micromedics™
- Integrated 340B program
- Drug expiration alerts/reports
- Integrated communication between EHR and Pharmacy application – to include updates and cancellations of drugs
- Updated/current insurance information transfer from EHR
- Ability to build Drug Dictionary – including editing prices
- Comprehensive Reports with updated information on Formularies and price change
- Integrated diagnosis codes availability
- Enhanced patient communication – including patient app
- Ability to build custom medication protocols
- Other module functions
- Bar coding
- Ability for patients to renew/request medications from patient portal
- Provider ability to build own sig vs standing order (customization of medication)
- Pharmacy ability to communicate to providers via EMR
- Pharmacy ability to respond to provider on refilled responses via EMR
- Patient intake form in EMR for ordering
- Ability to charge for medication in EMR
- Biometric scanner

15. Behavioral Health:
- Group session management and documentation along with coding
- Progress note template creation
- Therapy notes and confidentiality levels
- Minor therapy notes and associated confidentiality
- Treatment Plan – Goals, Objectives, and Interventions
One-page documentation of assessment tools
Generate non-billable
BH assessment tools – SBRIT, GAD, PHQ2/9, PRAPARE, Columbia Risk Assessment Score
Therapy consent forms
Custom Assessment forms
Display – patient demographics on note for a quick reference – age, name, and insurance
Telehealth – schedule and see a patient from another clinic or at home
Protected Behavioural Health records within EMR

16. Pediatrics:
- Growth Charts
- Pediatric based vital sign
- Clinical Guidelines (Bright Futures/CHADIS based) documentation
- ASQ assessment tools
- Well child visits documentation
- Comprehensive vaccine information
- Vaccination template with the ability to run reports on overdue vaccinations to build outreach campaigns
- Current or future ability to interface with Amtrak system for immunizations

17. OB/GYN:
- UDS data elements
- ACOG Documentation
- OB/Gyn Lab Tracking by trimester/custom templates
- Multiple pregnancy documentation
- Capability to document babies weight using multiple units of measurement – kilograms/pounds
- Gynecology – template-based document – custom/pre-defined (irregular periods/infertility)
- Ultrasound integration
- Ability to hand draw and electronically store digital images

18. Nutrition:
- Nutrition care plan documentation
- Coding for Diabetes Self-Management Education, Coding for Self-Management Support and Coding for Diabetes Prevention Program
- Documentation by both Diabetes educator and Credentialed Diabetes Educator
- Dietary/Nutritional educational materials to provide to patients and display on patient portal

19. Patient Education:
- Create, review, update and delete patient education materials
- Add custom educational forms
- Evidence-based educational source materials
- Languages – At minimum Spanish, English, French, Vietnamese
- Education form tracking/checklist

20. Result Tracking:
- Functionality to route, manage and present current and historical test results
- Flowsheet functions
- Custom flowsheet
21. Immunization Management:
- Immunization inventory system (bar code)
- Add vaccine with appropriate vaccine codes
- Immunization administration
- Immunization consent
- Immunization refusal documentation with added structured data
- Interface with Amtrak
- Ability to run tracking/trending reports on selected immunization(s) individually and across patient population

22. Dental:
- Clinical documentation for dental visits
- Operational functions – practice management and billing
- Patient communication – text and email integration
- Patient portal integration
- Capability to capture dental insurance
- Integration options with existing dental record – Dentrix (Demographics, Clinical, and Billing)
- Ability to create templates and use prompts
- Dental EDI processes
- Capable to separate dental billing – co-pays/payments
- Capabilities to track dental payments separate

C. Operational Requirements
- Meaningful Use
- Operation Metrics
- UDS
- PCMH
- HEDIS
- JACHO
- MIPS

D. Technical Requirements
- Explain hosted vs on-prem solutions - client-server, ASP, or cloud-based solutions
- Describe hardware platform, software needed, network infrastructure supported, end user devices, virtual desktops, wireless access, cellular access
- Describe Active Directory integration options
- Describe Two-factor authentications
- Describe security framework – HIPAA, HITECH
- Describe Common Well/Care Quality integration capabilities
- Describe audit function capabilities
- Explain incorporation/integration of standards – HL7, API, FHIR, Rx Norm, SNOMED, Vaccines, CCD/A, HITSP
Describe Workstation requirements/specification
Describe Virtualization options and associated license procurement
Internet servers required
Describe Scanner and printer specifications
Available remote options to access EHR when outside network
For hosted solutions, please indicate a back-up process
Additional applications (java, adobe) needed to be purchased
Telemedicine capabilities
Describe disaster and downtime procedures
Describe security/HIPAA compliance for hosted solutions
Explain process for cloud-based/ASP solutions to test internet speed
Please explain ICD10, CPT codes upload process, and procurement process
Please describe the functionality to HIE integrations
Describe multiple labs/diagnostic integrations functionality– Quest, LabCorp, Diagnostic Imaging and ability to order when multiple accounts exists with LabCorp, Quest and similar vendors
Describe the process for integration with immunization registry for Texas
Describe Single sign-on functions
Describe available rules engine
Code sets available and licensing models – vendor or users procured

E. Population Health
Functionality for PCMH documentation – please include screenshot
Functionality for HEDIS and ACO documentation
Reporting functionality for HEDIS and ACO along with other value-based models
Registry functions – to identify patients with disparities and chronic diagnosis
Describe risk models available for patient population stratification
Describe tracking and monitoring patient attribution
Patient-centric registry functions
Patient-centric care plans with goals, objectives, and interventions addressing different social and clinical conditions
Evidence-based care plans
Integration with claims data from health plans
Patient reminders
How does the system incorporate alerts for identified HEDIS gaps in care
Allows for patient-specific customization
Allows for provider-specific customization
Clinical Decision Support tools
Tools to build custom care plans, guidelines, and embed protocols
Describe functionality for patient campaigns including custom patient campaigns
Describe functionality for real-time/asynchronous patient feedback/patient satisfaction (CHAPS)
Pre-built and customizable analytical dashboards- global, measure-specific, by location, provider, group, payor and individual
Ability to stratify patients/Measures by social, economic and demographic data

F. Analytics/Reporting
How do you provide access to customer’s data?
Business Intelligence solutions or like
Data Dictionary for BI based analytics
Describe Self-exploratory analytics with functionality to develop custom reports
Pre-canned analytics and the ability to customize reports
Data conversion plan
Provision to connect analytical solutions such as Tableau and SAS
Natural language processing capabilities
Functionality ODBC driver/manager for hosted solutions
Integrated cognitive analytical solutions
Dashboard – prebuilt
Generate a list of patients for quality improvement
UDS reporting
Ryan White Services reporting
CMS Quality measures reporting
PCMH reporting
Meaningful Use functionality
MIPS functionality
Pre-built and customizable Analytic dashboards (ACO, HEDIS)- global, measure-specific, by location, provider, group, payor and individual
Geo-spatial reporting options
Describe data conversion process and include a data conversion plan if any

G. Patient Portal
Two-way communication with text and/or email functionalities
See appointment slots available
Request appointments
Self-service reset password
e-Payment
Patient-generated data – screening questionnaires, adherence, intake forms, HRA’s and functional status surveys
Ability to see statements for all service lines
Integration – Apple Health kit, Blue Button, and Samsung Health integrations
Patient reminders
Cancellation requests
Mobile/Tablet app
Patient portal in multiple languages

H. Document Management
Describe Document Management life cycle
Summary of folder and subfolder structure
Summary of document storage structure
Capability for an integrated scanning solution
Scanned documents are readily available in the patient’s chart
Ability to bulk scan
Ability to save images, videos and wave files
Describe formats supported for document scanning
Scan with OCR recognition for insurance and driver’s license
Scan with automation functionality
Ability to notate on each document scanned
Ability to create approval process for documents

I. Billing and Finance
Payment processing and balance posting
Co-pay posting
Payment distribution – automatic vs manual
Tracking payments by service line and attributing to correct visit
Insurance verification and alerts
Eligibility check – processing through multiple entities
Prior authorization workflow with an expiration date – visits, medications, procedures, imaging, referrals
Denial management and associated dashboard/reports
UB’s and HCFA’s – demonstrate primary and secondary insurances along with billing and service addresses options
Integration with General Ledger
Reports to add to General Ledger
Enhanced credit card processing with CHIP integrated technology and end to end encryption
Adjustment codes
Rules-based billing – diagnosis codes, demographics, modifiers, and procedure codes
Substitute CPT codes with alternate codes for billing purposes for certain insurances
Ability to add modifiers
Multiple fee schedules for each service line – Optometry, Pharmacy, Medical, Behavioral Health, Dental
Vaccine for Children codes with $0 charge
In-house lab tests with charges
HEDIS and incentive program tracking with the ability to run payor-specific reports/graphs
HEDIS and incentive program coding
Demonstrate reserve calculation built in for gross AR
Scrub and submit to collections
Statement generation process and availability of patient statements on portal and patient apps with the ability to pay
Ability to create small balance write-off policy administration
Sliding fee scale for the balance due after insurance payment
Sliding fee scale for self-pay patients
Describe post-go-live support for claims processing

J. Credentialing
Describe integrated Credentialing process
Ability accept clinician credential application
Ability to integrate/source data from - CAQH, NPI, NPPES, OIG, NPDB, State Licenses, DEA, PECOS and background check for provider
Ability to track renewals – CAQH, NPI, NPPES, OIG, NPDB, State Licenses, DEA, PECOS and background check for provider
Ability to capture privileging information including procedures/date of expiration
Ability to build custom forms for credentialing, privileging and peer review
Ability to structure folders and attach credentialing documents for each provider/staff
Internal staff messaging to track credentialing
Ability to enter billing effective and expiration date
Ability to track health plan network eligibility for each provider
Describe security and access control for credentialing process

K. Training, Go-Live and Post Go-Live support
Provide a comprehensive overview of implementation/go-live training
Please provide information on ongoing training and training administration process
Do you provide training environment/sandbox for implementation and demos and please outline associated costs?

Please discuss training formats available – videos, web-based, facilitator-led, documents, on-site training.

How can an organization assure the administration of training successfully to all associates on an ongoing basis with updates/patches?

1. Super User
   - Will Super Users be trained by the vendor? Training format – remote or on-site training
   - Cost of Training: Describe all training options available? Describe the training option to be included in the contract. Outline additional costs to train individuals if any.

2. On-site training
   - How many days of training will be provided by the vendor and in what format to support Go-Live and Post Go-Live?
   - Will go-live be scheduled after the training?
   - Will guides/training documents be developed by the vendor for each role?
   - What is the recommended staff to trainer ratio?

3. Go-Live
   - How is go-live facilitated?
   - What is the go-live timeframe?
   - How will you support go-live?
   - Please attach a custom/standard go-live plan

4. Post-Go-Live training and support
   - Describe post-go-live support and transition

L. Contract Terms and Vendor Guarantees
   - Explain the process for User Acceptance testing prior to go-live
   - Explain payment structure through go-live and after
   - Explain the process of problem/issue resolution
   - Explain how you will address the timeliness of deliverables and not meeting the set expectations
   - Explain sunset notification clause
   - Explain future upgrades/optimization and support/notification process and associated costs
   - Please attach proposed BAA/MAA

II. PROJECT COST
The proposal should include costs for one-time costs, implementation/installation cost, and recurring costs as separate line items. Note any assumptions in deriving cost data. The proposal should clearly define all costs expected to be incurred by CSV during implementation and throughout the five-year term. At a minimum include the following categories – hardware, software, modules (pharmacy, dental third-party applications, interfaces, data conversion, implementation, upgrades, maintenance, training, support costs)

III. PROJECT STAFFING
The proposal should include staffing requirements for the proposed solution. Please detail CSV and vendor staffing needs projected for the full scope of the project. Please provide a staffing plan.
IV. COMPANY INFORMATION

☐ Please provide complete information on the company including address, phone, fax, primary contact, and email address.

☐ Please describe end-user engagement for federally qualified health centers and community health centers.

☐ Please indicate contact associated with this RFP for all inquiries and subsequent discussions.

☐ Please provide a recent financial annual report or published financial information for a private entity.

☐ Please provide information on current number of organizations, providers, patient served, types of facilities and geographic scope of operations.

☐ Please provide revenues for the last three years.

☐ Please provide a history of the organizations – years and related services and products/solutions.

☐ What distinguishes your company’s capabilities from other firms in your industry?

☐ How do you support interoperability?

☐ How do you manage IP regarding ownership rights to knowledge created in the course of an engagement paid for by clients?

☐ How do you measure implementation success and satisfaction?

☐ Please provide a new EHR implementations over the past year.

☐ Please provide a number of organizations that have transitioned to another EHR. Please let us know why?

☐ What is the current implementation timeframe with the only vendor provided resources?

☐ Does your firm have a non-profit pricing model?

☐ Please attach proposed contracts and agreements related to this scope of RFP and other elements that may need consideration.

☐ Please provide information on product release and updated versions available currently and the plan for the near future along with release dates.

☐ Please list all modules available for the EHR product? What certifications and recognitions does that product have? Version and year of recognition

☐ Has your company been acquired, been acquired, merged or planning to acquire or merge with other organizations

☐ Describe product/module licensing models available? Define ‘user’ and roles with regards to licensing.

☐ How are residents, part-time clinicians, and Advanced Practice Providers accounted for in licensing?

☐ How are licenses transitioned? Please provide licensing models for all modules along with cost structure.

☐ Please provide information on outstanding lawsuits or judgments within the last 5 years

☐ Does your company use resellers?
V. AUTHORIZATION

Christina Paz
Chief Executive Officer

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Signature