

**DeKALB COUNTY GOVERNMENT  
c/o DeKalb County Rehab & Nursing Center  
2600 N. Annie Glidden Road  
DeKalb, Illinois 60115**

Bids will be accepted via e-mail, to [bbecker@dekalbcounty.org](mailto:bbecker@dekalbcounty.org) until

***July 25, 2018, at 2:00 P.M. (CST)***

**For**

***Electronic Health Records Web-Based  
Software and Accounting System Software***

CONTACT PERSON – Bart J. Becker  
Administrator  
DeKalb County Rehab & Nursing Center  
DeKalb, IL 60115  
Phone - (815) 217-0303  
Fax - (815) 217-0451

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COMPANY

DATE

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CONTACT PERSON

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ADDRESS

E-MAIL ADDRESS

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CITY, STATE, AND ZIP CODE

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TELEPHONE NO.

FAX NO.

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FEIN, or SOCIAL SECURITY NUMBER

The attention of bidders is directed to the DeKalb County Government Purchasing and Award of Contracts Policy, approved August 21, 2013, as amended. This Policy is incorporated by reference into this bid as if it were contained herein. If you have not received a copy of the above Policy and desire a copy, please contact the Finance Office, 200 N. Main Street, Sycamore, Illinois 60178-1431

SCOPE OF WORK

DeKalb County Rehab & Nursing Center (“DCRNC”), located at 2600 N. Annie Glidden Road, DeKalb, Illinois 60115, is seeking a proposal for a web-based comprehensive Electronic Health Record (EHR) software and accounting software, for a 190 bed Skilled Nursing Facility (up to 208 beds). DCRNC will be replacing our current systems with an integrated EHR solution, as well as a complete accounting software package, from a vendor partner. The vendor partner and DCRNC will enter into a mutually successful partnership evidenced by successful implementation and acceptance of a vendor’s solution for our Skilled Nursing Facility. We are seeking to find a vendor willing to enter into this relationship covering all of the categories of services, products, and solutions discussed within this proposal, and who is willing to assume responsibility for all of the categories. The vendor will provide Point of Care data sharing across the entire medical record and billing system with versatility to interface with other financial and clinical outside vendors (ie. Pharmacy, Therapy, Medicare, Medicaid, etc.). The vendor should be able to deliver function in the areas of general financial, resident financial, clinical, eMAR, support departments, and other areas at an excellent price point.

This RFP contains an overview of the process DCRNC will use to identify an EHR and accounting software vendor. Bid as per specifications contained herein.

PROFILE OF DEKALB COUNTY REHAB & NURSING CENTER

DCRNC has existed since 1853, when it started as a county “Poor Farm.” Since that time DCRNC has grown into a 190 bed Skilled Nursing Facility (within the next two years a new Transitional Care Unit will increase the number of beds to 208) with approximately 260 employees (up to 280 with the addition). DCRNC consists of eight resident hallways (two of which are an alarmed Dementia Unit). DCRNC provides quality rehabilitation and compassionate care for both long and short-term / post-acute care residents. DCRNC processes over 200 admissions and discharges per year.



**SCHEDULE OF EVENTS**

July 2, 2018-----	Bid Available
July 9, 2018-----	Vendors Questions Submitted via fax (815)217-0451, or by e-mail <a href="mailto:bbecker@dekalbcounty.org">bbecker@dekalbcounty.org</a> by 4:00 P.M. (CST)
July 18, 2018-----	Vendors Questions Answered via e-mail and Posted on Website by 4:00 P.M. (CST)
July 25, 2018-----	Bid due in at DeKalb County Rehab & Nursing Center by 2:00 P.M. (CST)

Responses shall be submitted in PDF format and sent using electronic mail. Send your response to: [bbecker@dekalbcounty.org](mailto:bbecker@dekalbcounty.org) by the date and time specified above. Receipt will be acknowledged via email. Please include the words "**RFP: Vendor Response**" in the subject line.

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

- Section 1** – Executive Summary (provide a concise summary of the products and services proposed)
- Section 2** – Vendor Profile (provide answers using the template and instructions below)
- Section 3** – Specifications (provide answers using the template and instructions below)
- Section 4** – Implementation Plan (provide a high level implementation plan with estimated timeline)
- Section 5** – Hardware and Configuration Specifications (provide a list of hardware requirements and configuration options [client/server, SaaS, etc.])
- Section 6** – Cost Estimate (provide answers using the template and instructions below)

#### PAYMENT

Payment will be processed after receipt of training and installation of E.H.R. and Accounting Systems and appropriate affidavit.

#### NON-DISCRIMINATION

Contractor shall comply with the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., as amended and any rules and regulations promulgated in accordance therewith, including, but not limited to the Equal Employment Opportunity Clause, Illinois Administrative Code, Title 44, Part 750 (Appendix A), 775 ILCS 5/1-102, which is incorporated herein by reference, and constituting of a written EEO Policy and a workforce profile that demonstrates its EEO practices. Furthermore, the Contractor shall comply with the Public Works Employment Discrimination Act, 775 ILCS 10/0.01 et seq., as amended. The Contractor must have a written sexual harassment policy, which meets Illinois State Statutes, 775 ILCS, 15/3.

#### PREVAILING WAGE

The State of Illinois requires that all wages paid by the Contractor and each subcontractor shall be in compliance with The Prevailing Wage Act (820 ILCS 130), as amended. This requires payment of the general prevailing rate for each craft or type of worker, including payment of the general prevailing rate for legal holiday and overtime work. The Illinois Department of Labor publishes the prevailing wage rates on its website at [www.state.il.us/agency/idol/rates.htm](http://www.state.il.us/agency/idol/rates.htm). The Contractor shall review the wage rates applicable to the work of the contract at regular intervals in order to ensure the timely payment of current wage rates. The Contractor agrees that no additional notice is required. The Contractor shall be responsible to notify each subcontractor of the wage rates set forth in this contract and any revisions thereto. The prevailing wage rates are posted on the Illinois Department of Labor website at [www.state.il.us/agency/idol](http://www.state.il.us/agency/idol). If wage rates change during the course of the project, the new rates will be available at the same website. Vendors may access the Illinois Department of Labor website for updates [www.state.il.us/agency/idol](http://www.state.il.us/agency/idol).

#### CERTIFIED PAYROLL REQUIREMENTS (Public Act 94-0515)

Effective August 10, 2005 contractors and subcontractors on public works projects must submit certified payroll records on a monthly basis to the public body in charge of the construction project, along with a statement affirming that such records are true and accurate, that the wages paid to each worker are not less than the required prevailing rate and that the contractor is aware that filing records he or she knows to be false is a Class B misdemeanor.

The certified payroll records must include for every worker employed on the public works project the name, address, telephone number, social security number, job classification, hourly wages paid in each pay period, number of hours worked each day, and starting and ending time of work each day. These certified payroll records are considered public records and public bodies must make these records available to the public under the Freedom of Information Act, with the exception of the employee's address, telephone number and social security number. Any contractor who fails to submit a certified payroll or knowingly files a false certified payroll is guilty of a Class B misdemeanor.

### INCREASED PENALTIES FOR PREVAILING WAGE VIOLATIONS (Public Act 94-0488)

Effective January 1, 2006, penalties for violations of the Prevailing Wage Act will increase from 20% to 50% of the underpaid amounts for second or subsequent violations. An additional penalty of 5% of the underpayment penalty must be paid to workers for each month the wages remain unpaid (up from the current 2% penalty).

For violations that occur after January 1, 2006, the debarment period -- during which contractors are ineligible for public works contracts -- increases from 2 years to 4 years if two notices of violation are issued/serious violations occur within a 5-year period. In addition, a new monetary penalty of \$5,000 may be assessed against contractors who retaliate against employees who report violations or file complaints under the Prevailing Wage Act.

### OSHA REQUIREMENTS

The Occupational Safety and Health Act of 1970 (OSHA) "guarantees workers the right to a safe and healthful workplace". Under Section 5(a) (1) of the OSHA Act, the employer must "furnish to each of his employees' employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees."

There are times when the County must hire entities and individuals (contractors) to perform services. To this end, contractors hired by DeKalb County Government must perform their duties in a manner that is complaint with all state and federal health and safety laws and industry guidelines. It is the responsibility of the contractor to ensure that their personnel and subcontractors comply with all state and federal health and safety laws and regulations and industry guidelines, including, but not limited to those set forth by: OSHA and related regulations, the Safety Inspection and Education Act, the Health and Safety Act, the National Institute of Occupational Safety and Health, the National Fire Protection Association, the Centers for Disease Control, American Industrial Hygiene Association, the American Council of Governmental Industrial Hygienists, the Environmental Protection Agency, and the Department of Transportation.

### SUBSTANCE ABUSE PREVENTION ON PUBLIC WORKS PROJECTS ACT

The successful bidder must be in compliance with State of Illinois HB-1855 (Public Act 095-0635), which amends the Prevailing Wage Act. Before an employer commences work on a public works project, the employer shall have in place a written program, which meets or exceeds the program requirements in this Act, to be filed with the public body engaged in the construction of the public works and made available to the general public, for the prevention of substance abuse among its employees. The testing must be performed by a laboratory that is certified for Federal Workplace Drug Testing Programs by the Substance Abuse and Mental Health Service Administration of the U.S. Department of Health and Human Services.

### PROCUREMENT OF GREEN PRODUCTS AND TECHNOLOGIES

It is in the interest of public health, safety and welfare and the conservation of energy and natural resources to use and promote environmentally responsible products. The County strives to influence private purchases through the example of using government specifications and standards that are green or environmentally friendly when making its purchases.

Whenever available and cost-justified, the County should purchase those materials including the purchase of recycled products containing post-consumer materials rather than residual materials resulting from the processing or manufacturing from another product. To the extent practicable, all products standards shall emphasize functional or performance criteria, which do not discriminate against the use of recycled materials.

DeKalb County Government shall cooperate to the greatest extent feasible with other governments and organizations to develop a comprehensive, consistent, and effective procurement effort intended

to stimulate the market for recycled products, reusable products, products designed to be recycled, and other environmentally responsible products.

DeKalb County Government shall continue to participate in and shall encourage other public jurisdictions to participate with the County in the purchase of products containing recycled content. Participation in such cooperative systems shall be aimed at obtaining maximum practical recycled content in County purchases, to obtain best available price for products with recycled content, to facilitate or encourage lower prices industry-wide, and to encourage development of industries and markets dealing with recycled content products.

#### PROCUREMENT OF PRODUCTS THAT ARE ENERGY STAR QUALIFIED

DeKalb County Government shall select, where life cycle and cost-effective, ENERGY STAR and other energy efficient products, when acquiring energy-using products. This information will be required by the bidder in their bid submittal.

#### SECURITY

The contractor represents and warrants to DeKalb County Government that neither it nor any of its principals, shareholders, members, partners or affiliates, as applicable, is a person or entity named as a Specially Designated National and Blocked Person (as defined in Presidential Executive Order 13224) and that it is not acting, directly or indirectly, for or on behalf of a Specially Designated National and Blocked Person. The Contractor further represents and warrants to DeKalb County Government that the Contractor and its principals, shareholders, members, partners, or affiliates, as applicable, are not directly or indirectly, engaged in, and are not facilitating, the transactions contemplated by this Agreement on behalf of any person or entity named as a Specially Designated National and Blocked Person. The Contractor hereby agrees to defend, indemnify and hold harmless DeKalb County Government, the Corporate Authorities, and all DeKalb County Government elected or appointed officials, officers, employees, agents, representatives, engineers, and attorneys, from and against any and all claims, damages, losses, risks, liabilities, and expenses (including reasonable attorneys' fees and costs) arising from or related to any breach of the foregoing representation and warranties.

#### PURCHASE EXTENSION

This contract shall be offered for purchases to be made by other counties and governmental units within the State of Illinois as authorized by the Government Joint Purchasing Act. All purchases and payments made under this authority shall be made directly by the governmental unit to the Vendor. DeKalb County Government shall not be responsible in any way for such purchase orders or payments. All terms and conditions of this contract shall apply to all orders placed by another governmental unit.

#### ADDENDUM

Should the Vendor require any additional information about this Bid, please fax (815-217-0451) to Administrator, DeKalb County Rehab & Nursing Center, or e-mail, [bbecker@dekalbcounty.org](mailto:bbecker@dekalbcounty.org), any questions by the deadline as outlined in the schedule of events. ANY AND ALL changes to these specifications are valid only if they are included by Written Addendum to All Bidders. NO interpretation of the meaning of the plans, specifications, or other contract documents will be made orally. If required, all addenda will be faxed to bidder if a Notice of Intent to Bid has been completed and faxed to the DeKalb County Rehab & Nursing Center. In addition, all addenda are posted on DeKalb County Government's website. Failure of the bidder to receive any such addendum or interpretation shall not relieve the bidder from obligation under this Bid as submitted. All addenda so issued shall become part of the bid documents. Failure to request an interpretation constitutes a waiver to later claim that ambiguities or misunderstandings caused a bidder to improperly submit a bid.

Response to these questions will be made by means of an addendum. Only the Administrator at the DeKalb County Rehab & Nursing Center has the authority to issue an addendum.

Addenda are written instruments issued by the County prior to the date for receipt of proposals, which modify or interpret the Bid by addition, deletions, clarifications or corrections.

Prior to the receipt of bids, addenda will be faxed or delivered to all who are known to have received a Notice to Bid. Each vendor shall ascertain prior to submitting a bid that all addenda issued have been received and, by submission of a bid, such act shall be taken to mean that such vendor has received all addenda and that the vendor is familiar with the terms thereof and understands fully the contents of the addenda.

#### TAXES

DeKalb County Government is exempt from paying Illinois Use Tax, Illinois Retailers Occupation Tax, and Federal Excise Tax.

#### INSURANCE

Vendor will obtain and continue in force, during the term of this Agreement, all insurance as set forth below. Each insurance policy shall not be cancelled or changed without thirty (30) days prior written notice, given by the insurance carrier to DeKalb County at the address set forth above. Before starting work hereunder, Vendor shall deposit with DeKalb County certificates evidencing the following insurance it is to provide hereunder: (a) Worker's Compensation and Occupational Disease Disability insurance, in compliance with the laws of the jurisdiction where the work is being performed, (b) Employer's comprehensive general liability insurance for both personal injury and property damage in the minimum amount of \$1,000,000 per occurrence and \$2,000,000 aggregate per project, (c) Comprehensive business automobile liability insurance in the minimum amount of \$1,000,000 combined single limit, (d) Minimum umbrella occurrence insurance of \$5,000,000 per occurrence and \$5,000,000 aggregate, (e) Professional liability insurance in the minimum amount of \$1,000,000 per claim.

DeKalb County shall be named as an Additional Insured on a Primary and Non-Contributory basis with respect to all liability coverage. Further, all liability and workers' compensation policies must include a waiver of subrogation in favor of DeKalb County. DeKalb County shall also be designated as the certificate holder. DeKalb County's failure to demand such certificate of insurance shall not act as a waiver of Vendor's obligation to maintain the insurance required under this Agreement. The insurance required under this Agreement does not represent that coverage and limits will necessarily be adequate to protect Vendor.

#### HOLD HARMLESS CLAUSE

The successful bidder will agree to indemnify, save harmless and defend DeKalb County Government, its agents, servants, and employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorney's fees, for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the work covered by this contract upon award. The foregoing indemnity shall apply except if such injury, death or damage is caused directly by the willful and wanton conduct of DeKalb County Government, its agents, servants, or employees or any other person indemnified hereunder.

#### BID RESPONSE

It is highly recommended that the vendor completely read the bid prior to filling out to become acquainted with terms and conditions of the bid document and merchandise requirements. No relief will be allowed from the bid conditions unless you take written exception to that condition on your bid.

**BIDS MUST BE SUBMITTED VIA E-MAIL TO: [bbecker@dekalbcounty.org](mailto:bbecker@dekalbcounty.org). BIDS ARE DUE BACK BY 2:00 P.M. (CST) ON JULY 25, 2018.**

Bidders are urged to respond to this bid request in every case to insure being maintained on current bid lists. Explanations of the reasons for not bidding will assist in maintaining the bidder on the correct bid list(s).

#### **SUBMITTAL**

**Submit one (1) bid. Multiple bids will not be accepted.**

#### **GENERAL CONDITIONS**

This bid shall be firm for at least 120 days after the latest time specified for submission of bids and thereafter until written notice is received from the bidder.

#### **AWARD OF ORDER**

The County will award the order to the lowest responsive, responsible bidder meeting the County's requirements as listed in this document. The County will be the sole judge of acceptability of any products offered.

#### **WORKMANSHIP**

Items shall be manufactured according to the highest traditions of the industry and shall meet all commercial standards of quality. The County shall be the sole judge of acceptable products. Unacceptable products will be rejected and suitable price adjustments made.

#### **MISCELLANEOUS**

It is the bidder's task to be familiar with the referenced items and to offer only products of equal or greater quality. Any questions on specifications should be directed to the Administrator, DeKalb County Rehab & Nursing Center.

#### **EXCEPTIONS**

The bid speaks for itself. Bidders taking exception to any terms, conditions or specifications of this bid must clearly state in writing such exception(s) either on or with their bid. The County will be the sole judge of the acceptability of any exception noted, and is not bound to consider any bid submitted with exceptions.

#### **ALTERNATES**

Trade names are used solely for the purpose of setting minimum standards of quality and performance and are not to be construed as exclusionary. Bidders are encouraged to contact the Administrator, DeKalb County Rehab & Nursing Center prior to the bid opening for the purpose of clarifying specifications.

#### **FULL PRICING AND CONTINGENCIES**

The County shall hold the successful bidder to bid pricing. Additional charges for contingencies discovered by the vendor at any time after the date of opening of this bid will not be considered for payment by the County.

#### **RECOURSE FOR UNSATISFACTORY MATERIALS**

Payment shall be contingent upon the County's inspection of and satisfaction with completed work. Any defective work or materials, non-conformance to bid specifications, damaged materials, or unsatisfactory installation shall be corrected to the County's satisfaction by the successful bidder at no additional charge.

#### **TERMINATION**

Failure to comply with the terms and conditions as herein stated shall be cause for cancellation of the contract. The County will give written notice of unsatisfactory performance and the contractor will be allowed thirty (30) days to take corrective action and accomplish satisfactory control. If at the end of the thirty days, the County deems the contractor's performance still unsatisfactory, the contract shall be canceled. The exercise of its right of cancellation shall not limit the County's right to seek any other remedies allowed by law.

The successful bidder will agree that the resulting contract is made subject to available budgetary appropriations and shall not create any obligation on behalf of the County in excess of such appropriations. In the event that no funds or insufficient funds are appropriated and budgeted, this Contract shall terminate without penalty or expense to the County thirty (30) days after written notification of termination from the County.

The successful bidder will agree that pursuant to requirements imposed under Illinois law, the County shall have 120 days after each election of County Board Members to terminate this Agreement, without cause and without penalty.

#### CHOICE OF LAW AND VENUE

The bidder agrees that this bid has been executed and delivered in Illinois and that their relationship and any and all disputes, controversies or claims arising under this bid or any resulting contract shall be governed by the laws of the State of Illinois, without regard to conflicts of laws principles. The bidder further agrees that the exclusive venue for all such disputes shall be the Circuit Court for the 23<sup>rd</sup> Judicial Circuit of the State of Illinois, and the bidder hereby consents to the personal jurisdiction thereof.

#### REJECTION OF BIDS, WAIVER OF IRREGULARITIES

DeKalb County Government reserves the right to reject any or all bids, to waive irregularities, and to accept that bid which is considered to be in the best interest of the County. Any such decision shall be considered final.

#### PROTEST PROCEDURES

Any Bidder who believes contractual terms or specifications are unnecessarily restrictive or limit competition may submit a protest, in writing, to the Administrator, DeKalb County Rehab & Nursing Center. To be considered, the protest must be received by DeKalb County Government five (5) days prior to the stated bid opening. Any adversely affected or aggrieved Bidder shall have ten (10) days from the date of the bid opening to file a written protest regarding the intent to award the bid. Protests submitted after that date will not be accepted. Protests must specify the grounds upon which the protest is based (refer to appropriate statute, rule, code, or ordinance which defines the protest process).

#### BIDDER'S ATTACHMENT TO THE BID

Any attachment to this bid, as required by the bid conditions, or made at the bidder's option, must reference on their face the bid title, opening date, and time.

#### DELIVERY

Delivery will be considered in making the award and the bidders shall state, in the spaces provided, expected delivery after receipt of order. Failure to meet said delivery promises without prior consent of the Administrator, DeKalb County Rehab & Nursing Center will be considered a breach of faith.

#### FREIGHT

Freight is all inclusive unless otherwise stated.

#### FUEL SURCHARGE

DeKalb County Government does NOT accept any fuel surcharges.



## **SPECIFICATIONS**

DeKalb County Rehab & Nursing Center (“DCRNC”), located at 2600 N. Annie Glidden Road, DeKalb, Illinois 60115, is seeking a proposal for a web-based comprehensive Electronic Health Record (EHR) and a complete Accounting System, for a 190 bed Skilled Nursing Facility (expanding to 208 within approximately two years). DCRNC will be replacing our current systems with an integrated EHR solution and Accounting solution from a vendor partner. The vendor partner and DCRNC will enter into a mutually successful partnership evidenced by successful implementation and acceptance of a vendor’s solution for our Skilled Nursing Facility. We are seeking to find a vendor willing to enter into this relationship covering all of the categories of services, products, and solutions discussed within this proposal, and who is willing to assume responsibility for all of the categories.

The E.H.R. must efficiently generate various, timely, resident data reports (ie. resident fall history, resident treatments performed {Nebulizer, Blood Sugar tests, wound treatments}, incontinent resident lists, etc.). The E.H.R. must be able to gather necessary resident information as required to generate useful documents (ie. resident care plan guides/ resident bed-side cards/care plan schedules).

Physician order changes will generate a notice to update the care plan. Significant changes in resident will be indicated to the user to identify immediate attention needed.

Vendor will guarantee in the contract that the software will comply with all current and future federal and state mandates, including HIPAA.

Explain audit controls/ reports and *audit logs* and *audit trails*. Audit logs and trails will assist in reducing risk associated with: reviewing inappropriate access; tracking unauthorized disclosures of ePHI; detecting performance problems and flaws in applications; detecting potential intrusions and other malicious activity; and providing forensic evidence during investigation of security incidents and breaches.

Identify what audit reports customers can generate. Can customers generate these reports themselves, or does your company need to generate these reports? Can customers submit templates for reports? Please provide sample reports available.

System needs to have the functionality to allow a user to create PHI/Restriction popup alerts in the system.

The system should allow the user to identify or mark certain documentation “sensitive” when entering it? (i.e. HIV status).

An experienced vender is required to implement and support the Accounting System for DCRNC. The main system functions are as follows, though not limited to:

- Accounts Receivable
  - Cash Receipts
- Accounts Payable
- Payroll
  - Time Keeping / Editing
- General Ledger
  - Chart of Accounts
- Report Writing (full utilization of data base)
- Budget

The Accounting System is to be fully integrated within the functions and have layers of protected detail based upon authority given to user. The ability to integrate with other systems is essential. System should be Windows compatible allowing easy export of all data. Vendor is to provide reliable and responsive support in a timely manner.

Describe encrypted email, fax, and texting capabilities.

Describe emergency backup capabilities.

Describe approach to preventing ransomware attacks.

This RFP contains an overview of the process DCRNC will use to identify an EHR and Accounting vendor. The vendor should be able to deliver function in the areas of general financial, resident financial, clinical, support departments, and other areas at an excellent price point.

***THIS PAGE IS MANDATORY***

**BID ON**

Provide Electronic Health Record web-based software and a full Accounting Software System for DeKalb County Rehab & Nursing Center, a 190 bed (to be 208 beds within two years) Skilled Nursing Facility, located at 2600 N. Annie Glidden Road, DeKalb, Illinois 60115 Full delivered price:

\$ \_\_\_\_\_

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(Written dollar amount)

Please attach a detailed breakdown of the full delivered price above. The breakdown should be by system, listing each component under each system (ie. Accounting System - General Ledger, Accounts Payable, etc...). For each System, please note all License Fees, Professional Fees, Conversion Services, Implementation and Configuration Services, Training Fees, etc...

Note any discount for purchasing two systems.

Also, please note separately from the above cost breakdown all ongoing support and maintenance fees associated with the purchase. This total should not be in the bid amount.

Note any discount for purchasing two systems.

## **Vendor Profile**

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

<b>General</b>	
Name	Click here to enter text.
Address (Headquarters)	Click here to enter text.
Address Continued	Click here to enter text.
Main Telephone Number	Click here to enter text.
Website	Click here to enter text.
Publicly Traded or Privately Held	Click here to enter text.
<b>Parent Company (if applicable)</b>	
Name	Click here to enter text.
Address	Click here to enter text.
Address Continued	Click here to enter text.
Telephone Number	Click here to enter text.
<b>Main Contact</b>	
Name	Click here to enter text.
Title	Click here to enter text.
Address	Click here to enter text.
Address Continued	Click here to enter text.
Telephone Number	Click here to enter text.
Fax Number	Click here to enter text.
Email Address	Click here to enter text.
<b>Market Data</b>	
Number of years as EHR vendor	Click here to enter text.
Number of live sites	Click here to enter text.
Breakdown of sites by provider # (1-5, 6-9, >10)	Click here to enter text.
Number of new EHR installations over the last 3 years?	Click here to enter text.
What is the percentage of vendor-provided installs vs. outsourced to 3rd party companies?	Click here to enter text.
Breakdown of sites by specialty	Click here to enter text.
Size of existing user base	Click here to enter text.
Does the product have an Illinois presence? If so, # of install sites by specialty and size; list of Illinois reference sites.	Click here to enter text.
What is the current implementation timeframe when using only vendor-supplied resources?	Click here to enter text.
Number and percentage of practices in 2016 that did not get installed four (4) months after signing contract?	Click here to enter text.
How many organizations have de-installed any vendor systems over the past two (2) years? Please specify which systems and why?	Click here to enter text.
What is your EHR customer retention for the years 2014, 2015, and 2016?	Click here to enter text.
Total FTEs Last Year	Click here to enter text.
Total FTEs This Year	Click here to enter text.

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.

[Click here to enter text.](#)

**Product Information**

Product name and version#

[Click here to enter text.](#)

When is your next version release?

[Click here to enter text.](#)

Single Database for scheduling, billing, and EHR?

[Click here to enter text.](#)

Is it a Client Server, ASP or Hosted model?

[Click here to enter text.](#)

Does product include a patient portal?

[Click here to enter text.](#)

Was the product (or any of its significant functionality) acquired from another company?

[Click here to enter text.](#)

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?

Does the product include a patient portal and/or does it allow integration with 3rd party patient portals (e.g., Google Health, Microsoft HealthVault, iHealth, etc)?

[Click here to enter text.](#)

Is the product comprehensive or modular?

[Click here to enter text.](#)

Modular

[Click here to enter text.](#)

- 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.
- Which modules are necessary in order to meet meaningful use criteria?
- Are additional or multiple modules required to meet post-2011 meaningful use guidelines?

[Click here to enter text.](#)

[Click here to enter text.](#)

Comprehensive

[Click here to enter text.](#)

- Does the product meet meaningful use guidelines?
- Will the product continue to meet meaningful use guidelines through 2015 without significant changes?

[Click here to enter text.](#)

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?

[Click here to enter text.](#)

List all ways that a practitioner could import a patient's data into the product:

[Click here to enter text.](#)

- CD/DVD
- Flash Drive
- PDF Format
- Paper Copies
- Clinical Exchange Document

**Reporting Capabilities**

Do the products allow custom reports to be created?

[Click here to enter text.](#)

Ad hoc reporting by users an option?

[Click here to enter text.](#)

Provide a list of standard reports (no customization) which the customer may run at Go Live to meet meaningful use and/or HIPAA requirements.

[Click here to enter text.](#)

Can this report information be exported to CD/DVD in CSV or comma text delimited format?

[Click here to enter text.](#)

## ONC-ATCB Certification

Is the product ONC-ATCB certified?	<a href="#">Click here to enter text.</a>
Version and Year of Certification	<a href="#">Click here to enter text.</a>
Certified as Comprehensive or Modular?	<a href="#">Click here to enter text.</a>

## Meaningful Use

Are the modules necessary to meet each of the menu set objectives included in the attached pricing, or are they sold separately at an additional cost?	<a href="#">Click here to enter text.</a>
Do you have a guarantee the product will meet the current standards and future standards?	<a href="#">Click here to enter text.</a>

## Additional Information

Timeframe to receive demonstration of product	<a href="#">Click here to enter text.</a>
Is a demo copy available prior to purchasing?	<a href="#">Click here to enter text.</a>
Onsite implementation or remote?	<a href="#">Click here to enter text.</a>
Training sites	<a href="#">Click here to enter text.</a>
Training options (train-the-trainer, # hours all staff)	<a href="#">Click here to enter text.</a>
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.)	<a href="#">Click here to enter text.</a>
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.)	<a href="#">Click here to enter text.</a>
Does your company use resellers to distribute your product(s)? If yes, please answer the following: <ul style="list-style-type: none"><li>– What is your reseller structure?</li><li>– Who are your resellers who are authorized to sell within Illinois?</li></ul> If no, please answer the following: <ul style="list-style-type: none"><li>– What is your distribution and sales structure?</li></ul>	<a href="#">Click here to enter text.</a>
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.	<a href="#">Click here to enter text.</a>

## Security and Security Features

Describe how the product meets all HIPAA, HITECH, and other security requirements.	Click here to enter text.
Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings?	Click here to enter text.
Does the product provide different levels of security based on type of patient (Employee vs. VIP)?	Click here to enter text.
Describe the audit process within the product.	Click here to enter text.
List the security reports the product provides at Go-Live to meet all auditing and HIPAA reporting needs.	Click here to enter text.
Describe any remote tools you offer the provider to access patient data (e.g. iPhone) and how these devices/data may be secured if the provider loses their device or a breach is suspected.	Click here to enter text.
Describe the product's ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected.	Click here to enter text.
Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc).	Click here to enter text.
Describe the product's ability to create new security rights/roles based on new workflows or enhancements (e.g., customer-developed content such as Psych notes or departmental flowsheets).	Click here to enter text.
Are there limits to number of user log-ins?	
Can more than one user view and edit a record at one time?	

## Data Protection

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

## Licensing

How is the product licensed?	Click here to enter text.
Are licenses purchased per user?	Click here to enter text.
Define 'user' if it relates to the licensing model (i.e., FTE MD, all clinical staff, etc).	Click here to enter text.
– How does the system licensing account for residents, part time clinicians, and midlevel providers?	Click here to enter text.
– Can user licenses be reassigned when a workforce member leaves?	Click here to enter text.
If licensing is determined per workstation, do handheld devices count towards this licensing?	Click here to enter text.
Is system access based on individual licensing, concurrent, or both?	Click here to enter text.
What does each license actually provide?	Click here to enter text.
For modular systems, does each module require a unique license?	Click here to enter text.
In concurrent licensing systems, when are licenses released by the system (i.e., when the workstation is idle, locked, or only when user logs off)?	Click here to enter text.

## Computerized Physician Order Entry (CPOE)

Is CPOE part of the core product or a separate module?	Click here to enter text.
Is CPOE customizable per provider or are templates available?	Click here to enter text.
– Does the system allow for custom Order Sets to be built?	Click here to enter text.
– Does the system allow multiple Resultable Items to be mapped to a single Orderable Item? (e.g., Skin tests have multiple antigens (resultables) which must map to a single Orderable item code).	Click here to enter text.
Does the system allow free text ordering?	Click here to enter text.
Does the system provide the end user the ability to cancel pending orders?	Click here to enter text.
– If so, does an outbound interface message result, sending the cancellation message to 3rd party systems?	Click here to enter text.
Are there notification alerts for outstanding pending orders?	
Does the system utilize ICD9 or ICD10 coding?	Click here to enter text.
– Are codes pre-loaded?	Click here to enter text.
– Are future code updates vendor or user applied?	Click here to enter text.
Does the system allow custom questions per order to be developed?	Click here to enter text.
– If so, please describe how these items are built and managed by the customer.	Click here to enter text.
– Can these items be classified as "required" or "optional" to complete?	Click here to enter text.
Does the product support recurring orders?	Click here to enter text.
– If so, please describe how the system accommodates this workflow.	Click here to enter text.
Does the product support Orderable Favorites per user and/or per specialty?	Click here to enter text.
How does the product support ordering for off-site (non-integrated/interfaced) orders?	Click here to enter text.
Are there Reporting tools available to monitor all CPOE steps? (e.g., unsigned orders, overdue orders, certifications, etc.)	Click here to enter text.
Which LIS vendors currently interface "out of the box" with CPOE?	Click here to enter text.
Which RIS/PACS systems interface "out of the box" with CPOE?	Click here to enter text.

## E-Prescribing

Is E-Prescribing part of the core product or a separate module?	Click here to enter text.
Is E-Prescribing customizable per provider and/or at the enterprise level?	Click here to enter text.
What are the E-Signature Requirements for E-Prescribing?	Click here to enter text.
– What is required of the customer in order to set this up?	Click here to enter text.
Which local or national pharmacies interface with the EHR?	Click here to enter text.
– How are these updated and with what frequency?	Click here to enter text.
Is there an extra expense required for local pharmacies to be set up for E-Prescribing?	Click here to enter text.
– Rate per transmission?	Click here to enter text.
– What form of transmission is required?	Click here to enter text.
Is there a fax server incorporated in the EHR?	Click here to enter text.
– If so, does it require a separate server?	Click here to enter text.
– If not, are 3rd party vendor fax servers supported?	Click here to enter text.
– Which vendors are supported?	Click here to enter text.



Can Rx faxes be configured to use a separate fax queue from other faxed documents within the system?	Click here to enter text.
Is there a functional limit to the number of fax lines supported by the system?	Click here to enter text.
Can active faxes be cancelled during transmission by user or by system administrators?	Click here to enter text.
What security settings are available in the product to govern who can E-Prescribe?	Click here to enter text.
Are medication updates performed regularly?	Click here to enter text.
– Which vendor(s) does the product support?	Click here to enter text.
– Does it include Drug Contraindications?	Click here to enter text.
– Does it include Drug Interactions?	Click here to enter text.
– Does it include Drug Warnings received?	Click here to enter text.
Are reporting tools for E-Prescribing available?	Click here to enter text.
Describe how new medications are displayed in the system if added by: <ul style="list-style-type: none"> <li>• MD</li> <li>• RN</li> <li>• MA</li> <li>• PA/NP</li> <li>• Residents</li> </ul>	Click here to enter text.
Where is E-Prescription information housed in the EHR?	Click here to enter text.
Describe the audit features for E-Prescribing.	Click here to enter text.
– Does the system keep a running history of Rx renewal changes?	Click here to enter text.
Is there an alert for new medications ordered for nursing administration to review?	
Are alerts viewable at med pass screen to alert nursing of precautions (crushing meds, allergies, swallowing precautions, etc) Narcotics – security for shift to shift reports?	
Second nurse sign off for insulin administration / narcotic administration?	

### Infrastructure and Technology

If product is a client/server model, please respond to questions below:

What type of hardware is required?	Click here to enter text.
What are the recommended workstation requirements?	Click here to enter text.
What are the recommended server specifications?	Click here to enter text.
Recommended Manufacturer/Model?	Click here to enter text.
How many servers and server roles?	Click here to enter text.
• Application Server	Click here to enter text.
• Web Server <ul style="list-style-type: none"> <li>– IIS (version)</li> <li>– Apache (version)</li> </ul>	Click here to enter text.
• Other	Click here to enter text.
• Database Server	Click here to enter text.
• MS SQL (version)	Click here to enter text.
• Oracle (version)	Click here to enter text.
• Other	Click here to enter text.
• HL7 Interface System	Click here to enter text.

• Test Server	Click here to enter text.
• E-mail Server	Click here to enter text.
• Others (Fax, Print, Dictation, etc)	Click here to enter text.
• Operating system (Windows, Unix/Linux, Other)	Click here to enter text.
• Processor (number of processors and processor speed)?	Click here to enter text.
• Memory/RAM requirements?	Click here to enter text.
• Storage Space Requirements?	Click here to enter text.
• SANs Connectivity (Yes/No)	Click here to enter text.
– If yes, SANs requirements?	Click here to enter text.
• Network Card Speeds	Click here to enter text.
Dual NICs required?	Click here to enter text.
Other Components Required?	Click here to enter text.
What other applications are required for server?	Click here to enter text.
• Server Management Tools	Click here to enter text.
• Bandwidth Monitors	Click here to enter text.
• Database Management Suite	Click here to enter text.
Can systems be virtualized?	Click here to enter text.
– Will the product run on virtualized servers?	Click here to enter text.
– If yes, what virtualization and remote access software is required on server?	Click here to enter text.
• Citrix	Click here to enter text.
• BMC	Click here to enter text.
• Other	Click here to enter text.
– If no, are you moving toward certifying virtualized environments?	Click here to enter text.
Are we required to purchase hardware from your company?	Click here to enter text.
Do you have a recommended vendor with discount pricing to purchase equipment?	Click here to enter text.
What type of support is available if equipment purchased from your company?	Click here to enter text.
What are the recommended printer manufacturers/models?	Click here to enter text.
– What type(s) of printers are recommended? (Laser, Inkjet, Thermal)	Click here to enter text.
What are the recommended scanner manufacturers/models?	Click here to enter text.
Do you require Internet access for your product?	Click here to enter text.
– For remote connection/maintenance?	Click here to enter text.
– 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.	Click here to enter text.
– Remote Support?	Click here to enter text.
– 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.	Click here to enter text.
– Access System/Application Remotely?	Click here to enter text.
– Are there any Delta processes that run nightly/weekly/etc. and if so, what data is collected and how is it used?	Click here to enter text.
What are the minimum network infrastructure requirements?	Click here to enter text.
– Firewall/VPN Appliance?	Click here to enter text.

– Switches/Routers	Click here to enter text.
– Other Devices	Click here to enter text.
Will your product operate on Windows Terminal Services or Citrix?	Click here to enter text.
– If no, are there plans to certify in these environments?	Click here to enter text.
What are the backup requirements?	Click here to enter text.
– Do you require a separate server for backup services? (Tape, SANs)	Click here to enter text.
Are 3rd party backup solutions supported?	Click here to enter text.
Does product provide database software (Yes/No)?	Click here to enter text.
– If no, what database application is required? (MS SQL, Oracle, MySQL, Other)	Click here to enter text.
Can data be exported?	Click here to enter text.
– What format? (CSV, Text/Comma delimited, Other)	Click here to enter text.
Does product allow for ad hoc reporting against the database by customer using standard reporting software (Crystal Reports) or standard database queries?	

## Infrastructure and Technology

If product is an ASP model, please respond to questions below:

Do you provide ASP solutions or require 3rd party vendor participation?	Click here to enter text.
What is the 3rd party vendor's involvement?	Click here to enter text.
How are support issues handled?	Click here to enter text.
Does the ASP model require a server at the customer location?	Click here to enter text.
– If yes, what are the system requirements?	Click here to enter text.
• Number of Server(s)?	Click here to enter text.
• Processor	Click here to enter text.
• Storage and Fault Tolerance Requirements?	Click here to enter text.
• Memory?	Click here to enter text.
– <25 concurrent users	
– >25 concurrent users	
• Bandwidth Requirements?	Click here to enter text.
• System Backup Requirements?	Click here to enter text.
– Types of Server(s)	Click here to enter text.
• Database Servers	Click here to enter text.
• Web Servers	Click here to enter text.
• Interface Servers	Click here to enter text.
• Scanning Servers	Click here to enter text.
• Messaging (Fax, E-Prescribing, Print) Servers	Click here to enter text.
– If fax from server, what fax cards are supported?	
– Is separate fax software needed?	
Is virtualization supported or required (VMWare, XenApp, etc.)?	Click here to enter text.
– If so, on which servers and in what configuration?	Click here to enter text.
Are Citrix and/or Terminal Services supported?	Click here to enter text.
– If so, are there any application modules not supported or recommended for use in a virtualized environment?	Click here to enter text.
Does your product require or recommend a firewall?	Click here to enter text.
– If yes, what is the recommended manufacturer/model?	Click here to enter text.
– Do you recommend VPN access?	Click here to enter text.

Do you provide all CALs (client access licenses) for database and system access or does the customer purchase these?	Click here to enter text.
<ul style="list-style-type: none"> <li>- If customer must purchase, how many need to be purchased based on expected number of users on the product?</li> </ul>	Click here to enter text.
List all security enhancements which must be accommodated on workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc).	Click here to enter text.
Does the product support any of the following external devices: <ul style="list-style-type: none"> <li>• USB devices</li> <li>• Scanners (manufacturer/model)</li> <li>• Flatbed</li> <li>• Handheld (i.e., Barcode, PDA, BlackBerry Devices, etc.)</li> <li>• Card Readers (i.e. smart card, security</li> <li>• Other Input Devices</li> </ul>	Click here to enter text.
What are the bandwidth requirements per user?	Click here to enter text.
What are the workstation requirements?	Click here to enter text.
Manufacturer/Model <ul style="list-style-type: none"> <li>• Processor</li> <li>• Storage</li> <li>• Memory</li> <li>• Operating System</li> </ul>	Click here to enter text.
Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)?	Click here to enter text.
What applications are supported and/or need to be installed on the workstation? <ul style="list-style-type: none"> <li>• Java</li> <li>• Flash</li> <li>• Adobe Reader</li> <li>• Microsoft Office (i.e., Word, Excel, etc.)</li> <li>• Antivirus</li> <li>• Which folders/files must be excluded from active scanning?</li> <li>• Crystal Reports</li> <li>• Open Office</li> <li>• Remote Access Software (WinVNC, RDP, GoToMyPC, etc.) for support</li> </ul>	Click here to enter text.
Require ODBC driver or SQL application on workstations?	Click here to enter text.
Any other applications required?	Click here to enter text.
Can the product be securely accessed from any location with an Internet/broadband connection?	Click here to enter text.
How is data saved at the ASP location?	Click here to enter text.
How often is routine maintenance performed on remote system? <ul style="list-style-type: none"> <li>• Backups?</li> <li>• Updates?</li> <li>• Performance Monitoring and Enhancements</li> </ul>	Click here to enter text.
Since we would be dependent on Internet connection, what is our strategy if the Internet connection goes down and cannot use your system?	Click here to enter text.
How will the customer be able to download and distribute the patient's health record to meet meaningful use?	Click here to enter text.
How will the customer be able to upload patient-provided records (either paper or electronic format (radiology, medical records, lab data, etc.))?	Click here to enter text.

**If product is a SaaS model, please respond to questions below:**

Do you provide direct SaaS solutions or require 3rd party vendor participation?	Click here to enter text.
How are support issues handled?	Click here to enter text.
Does a 3rd party vendor host any part of your product and/or data?	Click here to enter text.
Does your product require or recommend a firewall on the client side?	Click here to enter text.
– If yes, what is the recommended manufacturer/model?	Click here to enter text.
Can the product be securely accessed from any location with an Internet/broadband connection?	Click here to enter text.
– What are the security requirements for remote users (non-office users)?	Click here to enter text.
Can tablets be used in facility for physician rounding?	
What are the minimum bandwidth requirements?	Click here to enter text.
List all security enhancements which must be accommodated on client workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc.).	Click here to enter text.
Does the product support any of the following external devices: <ul style="list-style-type: none"><li>• USB Devices</li><li>• Scanners (Manufacturer/Model)</li><li>• Flatbed</li><li>• Handheld (i.e., Barcode, PDA, BlackBerry Devices, etc.)</li><li>• Card Readers (i.e., Smart Card, Security)</li><li>• Other Input Devices</li></ul>	Click here to enter text.
What are the workstation requirements?	Click here to enter text.
Manufacturer/Model <ul style="list-style-type: none"><li>• Processor</li><li>• Storage</li><li>• Memory</li><li>• Operating System</li></ul>	Click here to enter text.
Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)?	Click here to enter text.
What applications are supported and/or need to be installed on the workstations? <ul style="list-style-type: none"><li>• Java</li><li>• Flash</li><li>• Adobe Reader</li><li>• Microsoft Office (i.e., Word, Excel, etc.)</li><li>• Antivirus</li><li>• Which folders/files must be excluded from active scanning?</li><li>• Crystal Reports</li><li>• Open Office</li><li>• Remote Access Software (WinVNC, RDP, GoToMyPC, etc.) for support</li></ul>	Click here to enter text.
Require ODBC driver or SQL application on workstations?	Click here to enter text.
Any other applications required?	Click here to enter text.
How is data saved and stored?	Click here to enter text.
How will the customer be able to download and distribute the patient's health record to meet meaningful use?	Click here to enter text.
How will the customer be able to upload patient-provided records (either paper or electronic format (radiology, medical records, lab data, etc.)?)	Click here to enter text.

Can information be exported to CD/DVD in CSV or comma text delimited format?	Click here to enter text.
Does product allow reports be created?	Click here to enter text.
<ul style="list-style-type: none"> <li>- Ad hoc reporting option?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>- Provide a list of standard reports (no customization) which the customer may run to meet meaningful use requirements.</li> </ul>	Click here to enter text.
How often is routine maintenance performed on remote system?	Click here to enter text.
<ul style="list-style-type: none"> <li>• Backups?</li> <li>• Updates?</li> <li>• Performance Monitoring and Enhancements</li> </ul>	
Can you provide a contingency strategy or disaster recovery plan in the event Internet service is lost and customer is unable to access your system and application?	Click here to enter text.
Do you have normal 'downtime' windows for system backup and maintenance?	Click here to enter text.
<ul style="list-style-type: none"> <li>- Does this affect access to the product?</li> </ul>	Click here to enter text.
How is data gathered during Internet outages?	Click here to enter text.
Is it uploaded into the system when Internet restored?	Click here to enter text.
<ul style="list-style-type: none"> <li>• Is this process done manually or automatically?</li> <li>• How do we verify information has been uploaded?</li> </ul>	
In the event access to your site is unavailable, what steps will you take to notify the customer of progress towards resolving the issue?	Click here to enter text.
<ul style="list-style-type: none"> <li>- What steps should the customer take during this time?</li> </ul>	Click here to enter text.
In the past two (2) years, how many outages have you experienced due to your own infrastructure problems?	Click here to enter text.
Do you have redundant Internet providers?	Click here to enter text.
Is there a patient portal?	Click here to enter text.
Is there a test environment for the customer to use?	Click here to enter text.
What are the network infrastructure requirements?	Click here to enter text.
What are your security requirements and recommendations for client workstations?	Click here to enter text.
Is your site secured with encryption and antivirus?	Click here to enter text.
<ul style="list-style-type: none"> <li>- How often is access audited and by whom?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>- Is there an off-site disaster recovery location for your server farm?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>- How often is this tested?</li> </ul>	Click here to enter text.
<b>Vendor Support</b>	
Do you offer multiple support programs? Please provide a detailed list of each with your standard SLA for each support program.	Click here to enter text.
What are your support statistics (# of Support Calls to the % of resolutions at each severity level)?	Click here to enter text.
Define the Support Structure (Tiered Approach, Client assigned 1 point of contact, etc.)	Click here to enter text.
What is your availability to the practice for meetings to discuss EHR issues and concerns?	Click here to enter text.
When is customer support available?	Click here to enter text.
<ul style="list-style-type: none"> <li>• Preferred method of contact (Phone call, e-mail, etc.)?</li> <li>• Where is your customer support staff located? Are they 'off-shore'?</li> <li>• What are your normal hours of support?</li> <li>• How is after hours support handled?</li> <li>• Will someone be on-call at all times?</li> </ul>	

Problem/Resolution Process <ul style="list-style-type: none"> <li>• Response time expectations for all levels of severity</li> <li>• Average time to close tickets by severity level</li> <li>• Escalation Process</li> <li>• Severity Level System</li> <li>• Issue/Resolution Tracking System</li> <li>• Test System vs. Live System</li> </ul>	Click here to enter text.
Who has ownership of the following: <ul style="list-style-type: none"> <li>• Data</li> <li>• Software</li> <li>• Enhancements or Customizations Paid for by Customer</li> <li>• Hardware</li> <li>• Servers</li> <li>• Workstations</li> </ul>	Click here to enter text.
What are your additional fee based services?	Click here to enter text.
Do you have online support (Knowledgebase, InfoCenter, etc.)?	Click here to enter text.
Is your support staff certified (i.e., HDI, SCP)?	Click here to enter text.
Is remote assistance an option for workstation and server issues?	Click here to enter text.
Describe Enhancement Request Model	Click here to enter text.
Do you have a user forum for practices to seek help from peers and share ideas?	Click here to enter text.
Do you have regional and national user conferences?	Click here to enter text.
On-going Maintenance	Click here to enter text.
Upgrade Process <ul style="list-style-type: none"> <li>• Will customer get to choose which upgrades they want?</li> <li>• Frequency of Upgrades?</li> <li>• How long can a customer delay an upgrade without losing support?</li> <li>• Will training be provided for new functionality?</li> </ul>	Click here to enter text.
Testing <ul style="list-style-type: none"> <li>• Will customer get a chance to test the product in a test environment?</li> <li>• Will customer get access to test scripts from vendor?</li> <li>• Will customer have an opportunity to parallel test with vendor or conduct Acceptance Testing?</li> <li>• End to End Testing?</li> </ul>	Click here to enter text.
Product Enhancement Requests <ul style="list-style-type: none"> <li>• If customer wants to add an enhancement, what is the process?</li> <li>• Are there additional costs for an enhancement?</li> <li>• How soon will customer be able to view, test, and use enhancement?</li> <li>• How will upgrades work with new enhancement?</li> <li>• Will all other customers get the enhancement one company has paid for?</li> <li>• How will the company stay up-to-date on required meaningful use definition changes?</li> </ul>	Click here to enter text.
<b>Training/Testing – All Phases (Selection through Post Go-Live)</b>	
Development/Training Environment	Click here to enter text.
Specify if this will be provided before or after a contract is signed.	Click here to enter text.
Will access be granted to development/training environment for testing during upgrades and during training processes?	Click here to enter text.
What types of online training are available?	Click here to enter text.

<p>Videos</p> <ul style="list-style-type: none"> <li>• Recorded Modules/Workflow Training Courses</li> <li>• Recorded Interactive "Many-to-One" Training Sessions</li> <li>• Quick Reference or Tips &amp; Tricks Videos</li> <li>• Trial Demonstration of EHR</li> </ul>	<p>Click here to enter text.</p>
<p>Web Based Training</p> <ul style="list-style-type: none"> <li>• Interactive training activity with screenshots &amp; instructions to give clinic exposure of EHR selected before core training</li> </ul>	<p>Click here to enter text.</p>
<p>Facilitator/Consultant Led Training Sessions</p> <ul style="list-style-type: none"> <li>• Module Training Sessions</li> <li>• Workflow Training Sessions (Nurse, Provider, Front Office, etc.)</li> <li>• One-on-One Training Sessions with Consultant</li> <li>• Describe your training personnel (i.e., background, position, medical credentials).</li> <li>• Vendor-Directed Demo (i.e., Web Ex Training, On-Site, etc.)</li> </ul>	<p>Click here to enter text.</p>
<p>Training Documents (Identify format of documentation)</p> <ul style="list-style-type: none"> <li>• Training Manuals</li> <li>• Quick reference guides that focus on specific tasks</li> <li>• On-line Printable Training Documentation</li> <li>• Upgraded Training Guide</li> <li>• Describe when these documents are modified and how quickly they are made available to the customer after product changes occur.</li> </ul>	<p>Click here to enter text.</p>
<p>Is Practice/Specialty Specific Training Offered?</p>	<p>Click here to enter text.</p>
<p>What is created by vendor vs. customer?</p> <ul style="list-style-type: none"> <li>- Creating specialized templates for efficient documentation</li> <li>- Creating favorites/shortcuts within the product</li> <li>- Does the product have customizable preferences?</li> </ul>	<p>Click here to enter text.</p>
<p>Will a workflow assessment be completed by the vendor?</p> <ul style="list-style-type: none"> <li>- Will a document be sent to be completed by clinic?</li> <li>- Will vendor complete on-site workflow assessment?</li> <li>- Is there an additional cost for workflow assessment?</li> </ul>	<p>Click here to enter text.</p>
<p>Will recommendations be provided for abstracting or bulk loading data from paper charts into the EHR?</p>	<p>Click here to enter text.</p>
<p>Contractually, can users access the live EMR system prior to Go-Live for build or 'pilot' purposes?</p>	<p>Click here to enter text.</p>
<p><b>Super User Training</b></p> <ul style="list-style-type: none"> <li>- Will super users be trained by vendor?</li> <li>- Remote or on-site training provided?</li> <li>- Number of super users?</li> </ul>	<p>Click here to enter text.</p>
<p><b>Cost of Training</b></p> <ul style="list-style-type: none"> <li>- Describe training options included in contract agreement.</li> <li>- Will additional costs be incurred on clinic for training?</li> </ul>	<p>Click here to enter text.</p>



<p><b>On-Site Training</b></p> <ul style="list-style-type: none"> <li>- How many days does EHR vendor provide for on-site training?</li> <li>- Will Go-Live be scheduled shortly after initial staff training?</li> <li>- What is the consultant/provider ratio during training?</li> <li>- Will trainers complete a readiness assessment before Go-Live?</li> <li>- Will vendor provide clinic with on-site demos before and after contract is signed?</li> <li>- Will office be trained on hardware if purchased through the vendor before Go-Live training?</li> </ul>	<p>Click here to enter text.</p>
<p><b>Go-Live</b></p>	<p>Click here to enter text.</p>
<p>Will vendor staff be on-site during 'Go Live' timeframe?</p>	<p>Click here to enter text.</p>
<p>What will be their role during 'Go Live'?</p> <ul style="list-style-type: none"> <li>- Trainer</li> <li>- Technical</li> </ul>	<p>Click here to enter text.</p>
<p><b>Post Go-Live Training and Support</b></p>	<p>Click here to enter text.</p>
<p>After 'Go-Live', who (i.e., support team, implementation manager, etc.) will be available to answer questions, issues, and/or training requests?</p> <ul style="list-style-type: none"> <li>- If original implementation team, how long before this level of service is transferred to "normal" support team?</li> </ul>	<p>Click here to enter text.</p>
<p>Will a post Go-Live assessment be completed after a specified amount of time by the vendor?</p>	<p>Click here to enter text.</p>
<p>How will clinic be notified of upgrades when they are released and who is responsible for installing these updates (dates, training, documentation, etc.)?</p>	<p>Click here to enter text.</p>
<p><b>Contract Terms and Vendor Guarantees</b></p>	
<p>Will the customer be allowed to perform acceptance testing of this product prior to "Go-Live"?</p>	<p>Click here to enter text.</p>
<p>Will the customer be allowed to make payments based upon milestones with a significant portion of the fees not payable until "Go-Live"?</p>	<p>Click here to enter text.</p>

**What is the vendor's responsibility when:**

- Problem resolution is not met by a certain time based on severity level of the problem or issue?
- Meaningful use criteria are not met as promised?
- Upgrades cause problems (causes meaningful use criteria to no longer be met or critical workflows to break)?
- Training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables?
- Implementation is not completed by vendor in the agreed upon timeframe due to issues related to the vendor (staffing conflicts, software problems, etc.)?
- Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software?
- Promised product functionality does not exist at time of Implementation?
- Damages to hardware during transport if purchased through vendor or while vendor is on-site during installation?
- Data is corrupted during the course of normal use and operation of the product?
- SLAs are not met?

Click here to enter text.

Will you allow the representations made in your response to this RFI to be incorporated into the contract?

Click here to enter text.

Will you agree to a cap on price increases? For how long?

Click here to enter text.

How long will you guarantee to provide maintenance (or other support) on this product?

Click here to enter text.

What is the process that you will follow when "sunsetting" this product?

Click here to enter text.

Will you escrow the source code for this product?

Click here to enter text.

Will you agree to the contract being governed by [STATE] law (including the applicable provisions of the UCC)?

Click here to enter text.

Will you agree to negotiate a standard form contract for use by [REC] clients?

Click here to enter text.

**Other Vendor Services Offered**

What other companies have you partnered with to provide services on your behalf and what are their contact information?

Click here to enter text.

**Specifications**

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

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

**"Yes, Additional Cost"** = the function is available but it requires system customization at an additional cost

**"No"** = the function is not available

Use the column labeled **"Comments / Clarifications"** to include additional information you wish to include as part of your response. This column can also be used to indicate if a function is not currently available but will be available in a future release by indicating the

version number and approximate month/year when the function will be available (e.g. Version 8.2/August 2012). No comment or clarification should exceed half a page in length. Comments and Clarifications may be provided on a separate attachment.

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
<b>1. General</b>				
1.1 The system supports both a total paperless function and a hybrid function, where the contents of the electronic record can be printed for inclusion in the paper chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.2 The system includes automatic translation of codes to data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.3 The system includes support and updates for the above vocabularies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.4 The system includes SNOMED CT as the integrated standard nomenclature of clinical terms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.5 Your company provides after-hours call center support for the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>2. Demographics / Care Management</b>				
2.1 The system has the capability to record demographics including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
2.2 Preferred language, insurance type, gender, race, ethnicity, and date of birth.				
2.3 The system supports the Continuity of Care Document Continuity of Care Record, HITSP standard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
2.4 The system has the capability of importing patient demographic data via HL7 interface from an existing Practice Management System, Patient Registration System, or any such system used for patient registration and/or scheduling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>3. Patient History</b>				
3.1 The system has the capability to import patient health history data, including obstetrical history data, from an existing system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
3.2 The system presents a chronological, filterable, and comprehensive review of patient's EHR, which may be summarized and printed, subject to privacy and confidentiality requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>4. Current Health Data, Encounters, Health Risk Appraisal</b>				
4.1 The system includes a combination of system default, provider customizable, and provider-defined and reusable templates for data capture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
4.2 The system obtains test results via standard HL7 interface from: laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
4.2.1 The system obtains test results via standard HL7 interface from: radiology/ imaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
4.2.2 The system obtains test results via standard HL7 interface from: other equipment such as Vitals, ECG, Holter, Glucometer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
4.3 The system has the capability to capture and monitor patient health risk factors in a standard format.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
4.4 The system provides a flexible, user modifiable, search mechanism for retrieval of information captured during encounter documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
4.5 The system provides a mechanism to capture, review, or amend history of current illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
4.6 The system enables the origination, documentation, and tracking of referrals between care providers or healthcare organizations, including clinical and administrative details of the referral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
4.7 The system tracks consultations and referrals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>5. Encounter – Progress Notes</b>				
5.1 The system records progress notes utilizing a combination of system default, provider customizable, and provider-defined templates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
5.2 The system includes a progress note template that is problem oriented and can, at the user's option be linked to either a diagnosis or problem number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>6. Problem Lists</b>				
6.1 The system creates and maintains patient-specific problem lists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
6.2 For each problem, the systems has the capability to create, review, or amend information regarding a change on the status of a problem to include, but not be limited to, the date the change was first noticed or diagnosed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>7. Clinical Practice Guidelines (CPG)</b>				
7.1 The system includes and maintains evidence-based Clinical Practice Guidelines (CPGs) published and maintained by credible sources such as the American Heart Association (AHA), U.S. Preventive Services Task Force (USPSTF), American College of Cardiologists (ACC), American College of Physicians (ACP) and other groups. The guidelines incorporate patient education and <b>actionable</b> alerts and reminders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
7.2 The system allows reporting and analysis of any / all components included in the CPG.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
7.3 Included in each CPG, the system has the capability to create, review, and update information about:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
7.3.1 The performance measures that will be used to monitor the attainment of objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
7.3.2 The quantitative and qualitative data to be collected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
7.3.3 Performance metrics: CPG shall allow for decision support based on standardized discrete data to be used to calculate clinical performance measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
7.3.4 Collection means and origin of data to be evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
7.4 The system allows the provider or other authorized user to override any or all parts of the guideline. The system is able to collect exceptions for NOT following the CPG.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>8. Care Plans</b>				

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
8.1 The system provides administrative tools for organizations to build care plans, guidelines, and protocols for use during patient care planning and care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
8.2 The system generates and automatically records in the care plan document, patient-specific instructions related to pre- and post-procedural and post-discharge requirements. The instructions must be simple to access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>9. Prevention</b>				
9.1 The system has the capability to display health prevention prompts on the summary display. The prompts must be dynamic and take into account sex, age, and chronic conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
9.2 The system includes user-modifiable health maintenance templates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
9.3 The system includes a patient tracking and reminder capability (patient follow-up) updatable by the user at the time an event is set or complied with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>10. Patient Education</b>				
10.1 The system has the capability to create, review, update, or delete patient education materials. The materials must originate from a credible source and be maintained by the vendor as frequently as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
10.2 The system has the capability of providing printed patient education materials in culturally appropriate languages on demand or automatically at the end of the encounter. At minimum, the materials must be provided in English and Spanish as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>11. Alerts / Reminders</b>				
11.1 The system includes user customizable alert screens / messages, enabling capture of alert details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
11.2 The system has the capability of forwarding the alert to a specific provider(s) or other authorized users via secure electronic mail or by other means of secure electronic communications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>12. Orders</b>				
12.1 The system includes an electronic Order Entry module that has the capability to be interfaced with a number of key systems depending on the health center's existing and future systems as well as external linkages, through a standard, real time, HL7 two-way interface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
12.2 The system displays order summaries on demand to allow the clinician to review/correct all orders prior to transmitting/printing the orders for processing by the receiving entity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>13. Results</b>				
13.1 The system has the capability to route, manage, and present current and historical test results to appropriate clinical personnel for review, with the ability to filter and compare results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
13.1.1 Results can be easily viewed in a flow sheet as well as graph format.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
13.2 The system accepts results via two way standard interface from all standard interface compliant / capable entities or through direct data entry. Specifically – Laboratory, Radiology, and Pharmacy information systems. <u>Please attach list of currently available interfaces, if available</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
13.3 The system includes an intuitive, user customizable results entry screen linked to orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
13.4 The system has the capability to evaluate results and notify the provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
13.5 The system allows timely notification of lab results to appropriate staff as well as easy routing and tracking of results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
13.6 The system flags lab results that are abnormal or that have not been received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>14. Medication and Immunization Management</b>				
14.1 The system identifies drug interaction warnings (prescription, over the counter) at the point of medication ordering. Interactions include: drug to drug, drug to allergy, drug to disease, and drug to pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
14.2 The system alerts providers to potential administration errors for both adults and children, such as wrong patient, wrong drug, wrong dose, wrong route, and wrong time in support of medication administration or pharmacy dispense/supply management and workflow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
14.3 The system supports multiple drug formularies and prescribing guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
14.4 The system provides the capability for electronic transfer of prescription information to a patient or organization selected pharmacy for dispensing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
14.5 Alerts generated for missed medications.				
14.6 Description of why resident is taking medication?				
14.7 Medication lookup for nursing staff?				
<b>15. Confidentiality and Security</b>				
15.1 The system provides privacy and security components that follow national standards such as HIPAA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
15.2 The system provides privacy and security components that follow Wisconsin state-specific laws and regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
15.3 The system hardware recommendations meet national security guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
15.4 The system has hardware recommendations for disaster recovery and backup.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>16. Clinical Decision Support</b>				
16.1 The system offers prompts to support the adherence to care plans, guidelines, and protocols at the point of information capture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
16.2 The system triggers alerts to providers when individual documented data indicates that critical interventions may be required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>17. Reporting</b>				
17.1 Are standard clinical reports built into the system for the user to query aggregate patient population numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.2 The system can generate lists of patients by specific conditions to use for quality improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.3 The system has the capability to report ambulatory quality measures to CMS for PQRI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.4 The system can generate patient reminder letters for preventive services or follow-up care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.5 The system supports disease management registries by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.5.1 Allowing patient tracking and follow-up based on user defined diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.5.2 Providing a longitudinal view of the patient medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.5.3 Providing intuitive access to patient treatments and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.6 What reporting engine is utilized within the software? (ex. Crystal Reports, Excel, proprietary).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.6.1 If utilizing Crystal Reports do you provide a listing of all reportable data elements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.7 Does the end user have the ability to create custom reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.8 Can reports be run on-demand during the course of the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
17.9 Can reports be set up to run automatically as well as routed to a specific person with in the office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>18. Meaningful Use</b>				
18.1 The system has a bi-directional lab component.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
18.2 The system can check insurance eligibility electronically from public and private payers. List clearinghouses with which this functionality exists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
18.3 The system can submit claims electronically to public and private payers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
18.4 The system can provide patients with timely electronic access to their health information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
18.5 The system can provide clinical summaries to patients for each visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
18.6 The system can provide a summary care record for each transition of care and referral visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
18.7 The system can exchange key clinical information among providers of care and patient authorized entities electronically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
18.8 The system can submit immunization data electronically to the Wisconsin immunization registry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
18.9 The system can provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
18.10 Does the system allow for supply tracking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
18.11 Alert or acknowledgment when staff read messages?				
<b>19. Cost Measuring / Quality Assurance / Reporting</b>				
19.1 The system has built-in mechanism/access to other systems to capture cost information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
19.2 The system supports real-time or retrospective trending, analysis, and reporting of clinical, operational, demographic, or other user-specified data including current and future UDS reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See <a href="http://bphc.hrsa.gov/uds/">http://bphc.hrsa.gov/uds/</a>
19.3 The system allows customized reports or studies to be performed utilizing individual and group health data from the electronic record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
19.4 The system will provide support for third-party report writing products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>20. Chronic Disease Management / Population Health</b>				
20.1 The system provides support for the management of populations of patients that share diagnoses, problems, demographic characteristics, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
20.2 The system has a clinical rules engine and a means of alerting the practice if a patient is past due.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
20.3 The system generates follow-up letters to physicians, consultants, external sources, and patients based on a variety of parameters such as date, time since last event, etc. for the purpose of collecting health data and functional status for the purpose of updating the patient's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
20.4 At minimum, the system is able to generate a variety of reports based on performance measures identified by the Physician Consortium for Performance Improvement (AMA/Consortium), the Centers for Medicare & Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA) for chronic diseases. Information on these measures can be found at: <a href="http://www.ama-assn.org/ama/pub/category/4837.html">http://www.ama-assn.org/ama/pub/category/4837.html</a> . The system follows measures approved by NQF (national quality form) and prompted by the AQA (ambulatory quality alliance) as well as those identified by the HRSA's Health Disparities Collaborative <a href="http://www.healthdisparities.net/">http://www.healthdisparities.net/</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>21. Consents, Authorizations, and Directives</b>				
21.1 The system has the capability for a patient to sign consent electronically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
21.2 The system has the capability to create, maintain, and verify patient treatment decisions in the form of consents and authorizations when required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
21.3 The systems captures, maintains, and provides access to patient advance directives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>22. Technical Underpinnings</b>				



Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
22.1 The system incorporates extensive, secure telecommunications capabilities that link staff and clinicians from remote locations to the central site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
22.2 Do you provide hardware or have a relationship with a hardware vendor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
22.3 If working with a hardware vendor do you have negotiated pricing with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>23. Billing</b>				
23.1 The system provides a bidirectional interface with practice management systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>24. Document Management</b>				
24.1 The system includes an integrated scanning solution to manage old charts and incoming paper documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
24.2 Scanned documents are readily available within the patients chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
24.3 Scanned documents can be attached to intra office communication and tracked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
24.4 The system has the ability to bulk scan and easily sort old patient charts for easy reference later.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
24.5 Images and wave files can also be saved and stored in the document management system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
24.6 Insurance cards and driver's license can be scanned and stored in patient demographics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
24.7 Scanned documents can be attached to visit notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
24.8 In a multiple location environment can each office scan in the same manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
<b>25. Technical Support</b>				
25.1 What hours is technical phone support available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
25.2 What is the average amount of time for issue resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
25.3 If a problem persists what is the escalation process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
25.4 Do you have electronic ticketing for non-emergent technical support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
25.5 Do you have a user forum for practices to seek help from peers and share ideas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

## Specialty Specific Requirements

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
<b>1. Specialty Specific Requirements –</b>				
1.1 The system can include new and old Medicare recipient numbers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.2 Can the system track/monitor resident oxygen use amounts by liters as well as oxygen delivery type (concentrator/ E tank/ Liberator, etc. (for each source for billing purposes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
1.3 Can Physician Orders automatically/appropriately carry over to the resident Care Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.4 Will Physician Progress Notes be in the E.H.R. ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.5 Resident Isolation information will be carried over in all appropriate areas of the E.H.R.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.6 Does the Care Plan have pre-generated goals/approaches/interventions, etc. for problem/need areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
<b>2. Specialty Specific Requirements –</b>				
1.7 Does the E.H.R. interface with NICL Labs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.8 Does the E.H.R. interface with Symbria Pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.9 Does the E.H.R. interface with Symbria Therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.10 Does the E.H.R. interface with Mobilex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.11 Does the E.H.R. interface with dietary software?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.12 Does the E.H.R. interface with eHealth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.13 Does the E.H.R. interface with Case Management software?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.14 Does the E.H.R. interface with EPIC; (our local Hospital's system)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.15 Does the E.H.R. A/P interface with "Pentamation"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.16 Does the E.H.R. interface with our alarm system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.17 Can the E.H.R. track/trend, gather, resident fall/incident accident history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.18 Will the system automatically trigger assessments due related to fall? (for example, if a resident falls, neuro check, MORSE, 72 hour vitals assessments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.19 Does the system pull the resident information to use in creating a resident "bed card" "resident care plan guide" for quick reference in the resident room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.20 Can the system gather and report resident treatments for billing purposes (ie. nebulizer, blood sugar, wound)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
<b>3. Specialty Specific Requirements –</b>				

Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
1.21 Can the software create a report to track resident use of Medicare therapy caps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.22 Is there a way to create an invoice for billing Townships within the County a set rate per patient day for each Township?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.23 Is there a way to create an invoice for Hospice billable supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.24 Has the capability of having a Resident Trust Fund account by resident and related reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.25 Has a full General Ledger with ability to run financials and upload (if necessary) the A/R balances each month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.26 Can budget amounts (from GL) by department, ability to dump into Excel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.27 Has the ability to input Accounts Payable and print a County voucher to send to County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.28 Has the ability to upload info into County system (E Finance Plus by Superior).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.29 Can generate reports by department with the ability to dump info into Excel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.30 Is able to interface with Pentamation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.31 Allows for electronic billing to Medicare, Medicaid, and other third party insurances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.32 Allows auto-crossover to bill secondary claims from Medicare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.33 Easily set up payers and ancillary charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.34 Easily update RUGs amounts each year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.35 Can easily set up billing order (Medicare, co-insurances, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.36 Prints statements, including private pay amount (resident liability, private co-pays, etc.) and holding those filed with insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.37 Ability to scan info into file, ie, insurance cards, billing letters, contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.38 Ability to dump billing info into Excel spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.39 Ability to upload Symbria file into billing system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.40 Ability to run a full complement of nursing home reports, including census, accounts receivable, MDS, etc. and sortable by payer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.41 Variety of report capabilities – ie., actual, actual vs. budget, YTD actual/budget, multiple year format, etc....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.42 Maintenance program; track PM's, repair history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.43 What is your criteria for offering an update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.44 Audit trail with user, date, and time stamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.45 Drill down throughout all modules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.46 Flexible reporting by cost center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.47 Ability to report on all modules and fields in the database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.48 Ability to email reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
1.49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

***THIS PAGE IS MANDATORY***

***REFERENCES***

List three (3) references that you have done similar work for, or supplied similar services or products to within the last twelve (12) months. (Only correct contact names and phone numbers will be acceptable).

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

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Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

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Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

**THIS PAGE IS MANDATORY.**

**RUBBER STAMPED, FAXED, COPIED, OR TYPED SIGNATURE  
WILL DISQUALIFY YOUR BID (MUST BE AN ORIGINAL  
SIGNATURE)**

**CERTIFICATIONS**

Vendor certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961, as amended. \_\_\_\_\_ Yes \_\_\_\_\_ No

Vendor certifies that it is aware that all contracts for the Construction of Public Works are subject to the Illinois Prevailing Wage Act (820 ILCS 130/1-12) \_\_\_\_\_ Yes \_\_\_\_\_ No

Under penalties of perjury, I certify that \_\_\_\_\_ is my correct Federal Taxpayer Identification Number. I am doing business as a (please check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Real Estate Agent       |
| <input type="checkbox"/> Sole Proprietorship                                      | <input type="checkbox"/> Government Entity       |
| <input type="checkbox"/> *Partnership   | <input type="checkbox"/> Tax Exempt Organization |
| <input type="checkbox"/> **Corporation  | (IRC 501(a) only)                                |
| <input type="checkbox"/> Not-for-Profit Corporation                               | <input type="checkbox"/> Trust or Estate         |
| <input type="checkbox"/> Medical and Health Care<br>Services Provider Corporation |  |

\*State full names, titles, and addresses of all responsible principals and/or partners below;

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

**If needed please submit any additional sheets.**

**PROPOSER'S CERTIFICATION**

I have carefully examined the Bid, Scope of Work, Specifications, and any other documents accompanying or made a part of this Bid.

I hereby propose to furnish the goods or services specified in the Bid. I agree that my proposal will remain firm for a period of at least 120 days after the latest time specified for submission of bids and thereafter until written notice is received from the bidder in order to allow the County adequate time to evaluate the qualifications submitted.

I verify that all information contained in this proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this Bid on behalf of the firm as its act and deed, and that the firm is ready, willing, and able to perform if awarded the contract.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a proposal for the same product or service. No officer, employee or agent of DeKalb County Government or any other proposer is interested in said proposal and that the undersigned executed this Proposer's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

\*\*State of Incorporation \_\_\_\_\_

\_\_\_\_\_  
(Individual - Partnership - Company - Corporation)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(By Printed Name and Signature) (Title)

\_\_\_\_\_  
(Witness Signature) (Title)

\_\_\_\_\_  
(Telephone No.) (Fax No.)

\_\_\_\_\_  
(Date)

*End of Document*