**Request for Information/Request for Proposal (RFI/RFP)**

**Electronic Health Record (EHR) Systems**

**For New York State Behavioral Health Providers**

Template

November 2020

This RFI/RFP template was prepared by

the NYU McSilver Institute for Poverty Policy and Research

through the Managed Care Technical Assistance Center (MCTAC)



**Executive Summary**

The Managed Care Technical Assistance Center (MCTAC) has developed an Electronic Health Record Request for Information/Request for Proposal (EHR RFI/RFP) template for behavioral health providers to explore the adoption of an EHR system, upgrade current electronic health software, or consider software capacities your organization may want to leverage or expand in your existing contract.

In a Managed Care environment, it is critical for Electronic Health Record (EHR) systems to be adapted to meet the New York State requirements for new billing coding, modifiers and rates, case documentation, capitation rules, system alerts and exchange capabilities with managed care organizations and alternative payment arrangements. The template is intended to be revised to reflect the needs of your agency and its electronic health solution needs.

MCTAC has identified a list of vendors that are known to serve agencies in New York State. MCTAC has compiled this into a list (see following page) for agencies to use to guide the initial stages of your agency’s planning, research, and dissemination process. Please note, this list does not include all vendors working with organizations in New York State. MCTAC does not have any pre-existing partnerships with the identified vendors.

Additionally, MCTAC has developed a tip sheet for provider organizations to consider when preparing this document for release and developing a dissemination plan to engage potential respondents (see following pages). For additional information visit our website, [www.ctacny.org](http://www.ctacny.org).

Contact [mctac.info@nyu.edu](mailto:mctac.info@nyu.edu) with any further questions.

**There is no charge to access any of the Managed Care Technical Assistance (MCTAC) resources. It is not permissible to use this document for sale or distribution to private, paying consumers.**

**Identified Vendor List**

In October 2019, MCTAC hosted Electronic Solutions Vendor Fairs across New York State. These fairs were networking events aimed to allow BH and I/DD providers to engage with Electronic Health Record (EHR), Electronic Medical Record (EMR), and Electronic Billing Solution (EBS) vendors and their representatives. The following list includes each of the vendors that participated in the event. For a brief summary of each of the vendors and their contact information, visit the [Compilation of Participating Vendors and Contact Information](https://ctacny.org/sites/default/files/EHR%20Vendor%20Document%20%283%29.pdf) packet.

|  |
| --- |
| Software vendor company name |
| [Accumedic Computer Systems, Inc.](http://www.accumedic.com/) |
| [Cerner](https://www.cerner.com/) |
| [Core Solutions Inc.](http://www.coresolutionsinc.com/) |
| [eVero](https://www.evero.com/) Corporation |
| [Foothold Technology, Inc.](http://footholdtechnology.com/) |
| [IMA Systems LLC](http://imasys.com/) |
| [Medi-EHR, LLC](http://www.medi-ehr.com/) |
| [Millin Associates LLC](http://www.millinmedical.com/) |
| [Netsmart Technologies, Inc.](http://www.ntst.com/) |
| [Nextgen Healthcare](https://go.nextgen.com/ppc/behavioral-health-ehr/?utm_source=google&utm_medium=cpc&utm_campaign=behavioral%20health%20demo&gclid=CjwKCAjw8-78BRA0EiwAFUw8LDtlPqP3gfDQYqpPz8Ff-rwrqgeLrCXkgQMJt5GCrkR2eNHuML8OYxoCbM0QAvD_BwE) |
| [PrecisionCare Software](http://www.precisioncare.com/) |
| [ProComp Software Consultants, Inc.](http://www.procompsoftware.com/) |
| [Streamline Healthcare Solutions](https://streamlinehealthcare.com/) |
| [TenEleven Group Inc](http://www.10e11.com/) |
| [Therap](https://www.therapservices.net/) Services |

**Tip Sheet for Agencies**

1. After downloading this template from [www.ctacny.org](http://www.ctacny.org/), keep the template in Word format so your agency can make edits and vendors can fill out the scorecard.
2. We strongly suggest that your agency puts together a team that represents all areas of your organization and is able to review this EHR RFI/RFP template collectively. We encourage you to include executive leadership, legal, finance, program operations, IT, and the QA/evaluation team, as well as any other staff that might be helpful in reviewing and revising your agency’s EHR RFI/RFP. If assembling such a team is not feasible, we recommend that someone from each of these areas reviews your agency’s final EHR RFI/RFP before it is circulated to EHR vendors.
3. This RFI/RFP template is intended to be a starting point for agencies. The use of the template is optional. In order for your RFI/RFP to make sense to EHR vendors and effectively serve your needs, agency-specific changes to the template are necessary in certain sections. We strongly encourage you to make additional revisions, including to the scorecard, to best suit the needs of your agency.
4. Any areas of this template that require your input have been highlighted, and drafter’s notes have been added to provide clarification about suggested agency-specific changes to the RFI/RFP. Please review and revise all bracketed/highlighted language, remove all drafter’s notes, and correct any leftover formatting such as highlighting before finalizing and distributing your agency-specific RFI/RFP.
5. A suggested schedule has been provided on Page 8 of the template. When you are preparing your agency-specific RFI/RFP, please fill in the schedule with actual dates to fit your agency’s desired timeline. We suggest providing around 3-5 months total for the entire process, from circulation of your RFI/RFP to selection of an EHR vendor, but the right timeline for your agency may be longer or shorter depending on your needs and how many RFI/RFP responses you intend to consider.
6. Delete this tip sheet, the page below, and the preceding pages of this template from your final RFI/RFP. Your RFI/RFP should begin with the cover page below that will include your agency name, issue date, etc.
7. Please see the acronym guide below for explanations of some of the acronyms used throughout this template and the scorecard.
8. Please see the Additional Resources section below for links to other tools and materials that may be helpful. If you have suggestions for additional resources or guidance that may be helpful to you and other providers, please email us at [mctac.info@nyu.edu](mailto:mctac.info@nyu.edu). We welcome feedback and suggestions from providers.

**Additional Resources**

If you have questions about how to best utilize this EHR RFI/RFP template, please review the resources below, or email us at [mctac.info@nyu.edu](mailto:mctac.info@nyu.edu).

[CMS Meaningful Use Guidelines for EHR Systems](https://www.federalregister.gov/documents/2019/08/16/2019-16762/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the) - As of March 2020, this is the most recent version of the CMS guidelines on meaningful use for EHR systems, and may be useful for those wanting to gain a deeper understanding of the “Meaningful Use” section of the scorecard (Appendix A).

[Managed Care Technical Assistance Center Tools](https://ctacny.org/tools) – MCTAC provides several guides for understanding terminology and acronyms commonly used in managed care.

[Managed Care Technical Assistance Center Webinars](https://calendar.ctacny.org/) - On this page, you can register for future MCTAC webinars or access presentations and recordings of past webinars.

[The Electronic Solutions Vendor Fairs](https://www.ctacny.org/training/electronic-solutions-vendor-fairs) - In October 2019, the Managed Care Technical Assistance Center (MCTAC) and the Managed Care Community of Practice (MC-COP) hosted Electronic Solutions Vendor Fairs in Albany, Rochester, and NYC. Visit the link to access all of the resources from the events.

[Official Website of The Office of the National Coordinator for Health Information Technology (ONC)](https://www.healthit.gov/) - This website provides information for healthcare providers on utilizing health IT, comparing health IT systems, and what’s new in health IT regulations.

**Acronym Guide**

|  |  |
| --- | --- |
| Acronym | Explanation |
| ASP | Application Service Provider |
| LIS | Laboratory Information System |
| ODBC | Open Database Connectivity |
| ONC-ATCB | Office of the National Coordinator Authorized Testing and Certification Body |
| PACS | Picture Archive and Communication System |
| RIS | Radiology Information System |
| SaaS | Software-as-a-Service |
| SQL | Structured Query Language |

[INSERT your logo and contact info]

**Request for Information/Request for Proposal (RFI/RFP)**

**Electronic Health Record (EHR) Systems**

**For New York State Behavioral Health Providers**

Issue Date: [INSERT]

Response Due Date: [INSERT]

Reply to: [INSERT]

Released by

[INSERT Agency Name]

[DRAFTER’S NOTE: PLEASE REVISE THIS TEMPLATE

TO SUIT THE NEEDS OF YOUR AGENCY, INCLUDING THIS TOC]

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# **Acknowledgements/Rights Reserved**

The Managed Care Technical Assistance Center of New York (MCTAC) is a training, consultation, and educational resource center serving all behavioral health agencies in New York State. We help agencies strengthen their clinical and business infrastructure through training opportunities focused on implementing evidence-based practices and addressing the challenges associated with the recent changes in regulations, financing and overall healthcare reforms.

There is no charge to access any of the Managed Care Technical Assistance Center (MCTAC) resources.

This RFI/RFP is based on a template prepared by the Managed Care Technical Assistance Center (MCTAC). The template has been adapted from the Behavioral Health Information Technology (BHIT) Grant Request for Information (RFI): Electronic Health Record (EHR) Systems For New York Rest of State (ROS) Designated Home and Community Based Services (HCBS) Providers. MCTAC modified the National Learning Consortium scorecards to better serve the behavioral health provider community interests. These documents were publicly available and have been tailored for behavioral health providers interested in acquiring or updating an Electronic Health Record (EHR).

# **Preliminary information**

## **Introduction**

This Request for Information/Request for Proposal (RFI/RFP) is issued by [INSERT Agency Name] (the “Agency”).

[DRAFTER’S NOTE: PLEASE INCLUDE A BRIEF DESCRIPTION OF YOUR AGENCY]

[DRAFTER’S NOTE: PLEASE INDICATE WHETHER YOU ARE REPLACING AN EXISTING EHR SYSTEM, IMPLEMENTING A NEW SYSTEM, OR ADDING TO AN EXISTING SYSTEM]

## **Purpose of RFI/RFP**

The purpose of this RFI/RFP is to evaluate products from software vendors in the area of EHR.

## **Description of organization requesting information** [DRAFTER’S NOTE: COMPLETE FIELDS BELOW]

|  |  |
| --- | --- |
| **Agency Information** | |
| Name of Agency |  |
| Address (Headquarters) |  |
| Address (Notice) |  |
| Main Telephone Number |  |
| Website |  |
| **Main Contact** | |
| Name |  |
| Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| **Agency Details** | |
| Number of sites |  |
| Number of employees |  |
| Number of employees requiring access to EHR |  |
| Region(s) served |  |
| Scope of EHR | [Whole agency or certain programs, etc.] |

|  |  |  |
| --- | --- | --- |
| **Program Information** | | |
| Program Name | Number of employees | Program type |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
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|  |  |  |
|  |  |  |

# **Submission guidelines**

## **Requested documentation**

Interested vendors must submit the following:

Section I: Company & Product Profile

[DRAFTER’S NOTE: Please include any specific information you want to collect from the vendor]

Section II: Scorecard (Appendix A)

Section III: Pricing scheme used by the vendor (Appendix B)

Section IV: Certifications and other documentation (Appendix C)

## **Responses**

Responses not submitted using the prescribed forms may be considered incomplete or non-responsive, resulting in rejection. Failure to furnish all required documentation may result in delay in review or rejection. Vendors who wish to submit additional materials are welcome to do so; these materials may be considered during the evaluation process at the sole discretion of the Agency.

## **Submission deadline**

All responses are due no later than [INSERT date, time, timezone]. All responses should be submitted electronically to: [INSERT Agency’s POC]. Responses received after [INSERT date, time, timezone] may be reviewed at a later date, but this will be determined by the Agency in its sole discretion.

## **Inquiries**

We encourage inquiries and welcome the opportunity to answer questions from interested vendors. Questions must be submitted in advance to: [INSERT Agency’s POC]. All questions are due by [INSERT date, time, timezone]. Any oral communication with regard to this RFI/RFP and/or any email questions addressed to an account different from the above shall be considered unofficial and non-binding. Questions not submitted in advance [or asked during the Q&A session] will be answered at the sole discretion of the Agency.

[DRAFTER’S NOTE: THE FOLLOWING SECTION IS OPTIONAL - IF USED, REVISE MEETING INFO TO FIT YOUR SYSTEM] Questions shall be answered publicly during a Questions and Answers (Q&A) conference call which will take place on [\_\_\_\_\_\_\_] at [\_\_\_\_\_\_\_] using the following credentials:

Meeting: [\_\_\_\_\_\_\_]

Date & Time: [\_\_\_\_\_\_\_]

Meeting link: [\_\_\_\_\_\_\_]

Meeting number: [\_\_\_\_\_\_\_]

Meeting password: [\_\_\_\_\_\_\_]

Audio connection: [\_\_\_\_\_\_\_]

[\_\_\_\_\_\_\_] Call-in toll number (US/Canada)

Access code: [\_\_\_\_\_\_\_]

The results of the Q&A Conference Call will be posted on the following website: [\_\_\_\_\_\_\_] [DRAFTER’S NOTE: END OF OPTIONAL Q&A SECTION]

## **Confidentiality**

Due to the nature of this RFI/RFP and to the extent permitted by law, all vendor responses will be considered confidential.

## **Right to reject proposals**

The Agency may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items in this RFI/RFP may be excluded from further consideration and alternative information packages may not be considered.

The Agency may decline to review an application in the event the vendor submits a response after the submission deadline and/or any disparity is found during the evaluation process.

## **Reference verification**

Each vendor must provide contact information for three [or more - specify] healthcare providers who are currently using (live and functioning) their solution(s). [DRAFTER’S NOTE: PLEASE PROVIDE ANY OTHER DETAILS ABOUT THE TYPES OF PROVIDERS YOU WOULD LIKE TO RECEIVE REFERENCES FROM (E.G., AGENCIES OF A SIMILAR SIZE, REGION, PROGRAMS OFFERED, ETC.)] References will be verified only for [finalists / the finalist] and results will be taken into consideration as part of the evaluation process.

## **Costs incurred by the vendor to prepare this RFI/RFP**

The Agency is not responsible for any costs incurred by any vendor in preparing, delivering, or presenting responses to this RFI/RFP.

## **Fulfillment of requirements**

By submitting an information package, the vendor acknowledges that it has read and understands this RFI/RFP and is capable of fulfilling all requirements. Responses to this RFI/RFP can and will be considered as part of the vendor’s contractual obligation should the Agency and vendor enter into any future contract.

## **Submitted information**

Once submitted, vendor responses will be the property of the Agency and will not be returned.

## **Right to amend, cancel this RFI/RFP, or solicit a new RFI/RFP**

The Agency may amend or cancel this RFI/RFP at any time, without any liability, at its sole determination. The Agency may solicit new requests for information regarding the products and services addressed in this RFI/RFP at any time.

## **Amount of business**

The Agency does not guarantee to any vendor any specific amount of business, revenue, or contracts as a result of this RFI/RFP.

## **Review Process** [DRAFTER’S NOTE: PLEASE REVISE TO SUIT YOUR NEEDS]

1. The Agency will identify vendors whose product(s) meet or exceed the technical and organizational requirements established by this RFI/RFP.
2. At its discretion, the Agency will be reviewing vendor submissions based on the timeline outlined below. Final submissions must be sent to the Agency point of contact by the deadline listed on the cover page of this document.
3. Vendors that do not meet the criteria required by this RFI/RFP may request a status reevaluation. Vendors must provide a written request. Reevaluation is at the discretion of the Agency.
4. The issuance of this RFI/RFP does not imply an offer to do business with any RFI/RFP respondent.

# **RFI/RFP process**

## **Technical requirements expected from the EHR systems**

The Agency requires electronic systems that meet the following criteria:

* ONC Certified
* Integrated solution composed of the following capabilities:
  + Practice Management
  + Documentation
  + Care Coordination
  + Clinical care
  + Quality Reporting
  + Interoperability and Health Information Exchange capabilities
  + Billing
* Capacity to enable/disable specific components to adapt to the needs of the Agency.
* ‎Flexibility to adjust its Base Product to meet regulatory requirements in terms of case documentation and billing setup/configuration. Base Product is defined here as the set of capabilities existing “out-of-the-box” in the solution at no additional price for the customer.
* ‎Market footprint or presence of customers currently using the EHR system in the State of New York.
* Relevant market footprint on expanded behavioral healthcare services (behavioral health, care coordination, I/DD initiatives in other states, public health).
* Demonstrated experience working with public health agencies in areas including behavioral health, human services and care coordination.
* Demonstrated RHIO/QE experience, preferably on any NYS RHIOs.
* [OTHERS]

The following conditions are optional but highly desirable considering the characteristics of the Agency:

* Cloud based solution: setup, user access and interface, backup, operations.
* Web native developed, preferably. Web enabled is also acceptable.
* Willingness to create with the Agency a long-term relationship aimed to achieve:
  + Fast and complete software implementation ratio
  + Best‎ use of the product

[DRAFTER’S NOTE: ADD OR REMOVE REQUIREMENTS TO SUIT YOUR NEEDS]

## Schedule

The schedule for the present RFI/RFP will be as follows:

[DRAFTER’S NOTE: INCLUDE TIME AND TIMEZONE WHEN APPLICABLE. PLEASE CONSIDER SCOPE AND SIZE OF YOUR RFI/RFP WHEN DETERMINING SCHEDULE.]

|  |  |  |
| --- | --- | --- |
| Subject | Description | Date |
| RFI/RFP posted | Announcement of Request for Information/Request for Proposal to EHR system vendors | [Announcement date] |
| Questions about the RFI/RFP | All questions should be submitted to the following email address: [INSERT Agency POC] | [DATE] |
| [DRAFTER’S NOTE: Q+A IS OPTIONAL]  Questions and Answer (Q&A) session | Vendors will have the opportunity to participate in the Q&A session. The Agency will provide clarification on any items that relate to the RFI/RFP criteria.  Meeting: [\_\_\_\_\_\_\_\_\_\_\_]  Date & Time: [\_\_\_\_\_\_\_\_\_\_\_]  Meeting link: [\_\_\_\_\_\_\_\_\_\_\_]  Meeting number: [\_\_\_\_\_\_\_\_\_\_\_]  Meeting password: [\_\_\_\_\_\_\_\_\_\_\_]  Audio connection:  Call-in toll number (US/Canada): [\_\_\_\_\_\_\_\_\_\_\_]  Access code: [\_\_\_\_\_\_\_\_\_\_\_] | [DATE] |
| [DRAFTER’S NOTE: OPTIONAL]  Results of the Q&A posted | Questions and responses will be provided [DRAFTER’S NOTE: PROVIDE DETAILS - POSTED ON WEBSITE, EMAILED TO VENDORS, ETC.] | [DATE] |
| RFI/RFP Response Deadline | Vendors must submit all RFI/RFP package materials required by the Agency | [DATE] |
| Vendor Vetting phase | Vetting committee will review all RFI/RFP package materials and evaluate vendor responses | [DATE RANGE] |
| Vendor Demos | Pre-vetted vendors may be asked to prepare a live demo of their software to the vetting committee | [DATE RANGE] |
| Announcement of results | Notification to selected vendor(s) [and publication of results] | [Approximately 3-5 months after announcement date depending on agency preference] |

## **Evaluation of responses**

The vetting committee will be composed of representatives from the Agency. This committee will review responses for completeness and level of compliance with technical specifications and additional information as outlined in this RFI/RFP.

Scorecard will be graded depending upon answers from the vendor. Questions will be weighted based on the priorities of the Agency. The Agency reserves the right to keep confidential the weight of each question as well as the minimum total score required to approve a solution.

* Minor problems regarding completeness or compliance may be called to the attention of vendor for clarification.
* Substantial deviations from specifications or other requirements of this RFI/RFP may cause the response to be deemed non-responsive. Applications deemed non-responsive with regard to a mandatory section may not be reviewed.
* Vendor references may be contacted.
* Detailed evaluation of vendor responses may involve a determination of the most favorable combination of various products proposed in the vendor’s response.
* There are not a predefined number of vendors that may qualify.
* Any false or misleading statement found in a proposal may be grounds for disqualification.

## **Software demonstration**

A demonstration of the proposed software system may be requested from those vendors who are found to qualify after evaluating their responses.

* Individual presentations shall be arranged on an appointment basis.
* The presentation is a forum for the vendor to present its product and demonstrate the key functions requested. In addition, the Agency will use this session to validate the system and its features.
* The presentation must be conducted using the specific product and version (release) included in the vendor’s response and should demonstrate the requirements outlined in this RFI/RFP.
* Each demonstration will be limited to two hours and may be web-based. [DRAFTER’S NOTE: REVISE TO FIT YOUR REQUIREMENTS]

[DRAFTER’S NOTE: REVISE THIS SECTION BASED ON YOUR PREFERENCE.]

## Evaluation criteria: [DRAFTER’S NOTE: SELECT CRITERIA AND WEIGHT BASED ON YOUR PREFERENCE]

1. Company & Product Profile [10]%
2. Scorecard (Appendix A) [70]%
3. Pricing scheme used by the vendor (Appendix B) [15]%
4. Certifications and other documentation (Appendix C) [5]%

## Verification of references

The Scorecard requests three [or more - specify] references of healthcare providers who are currently using (live and functioning) the vendor’s solution(s). References may be verified, and results will be taken into consideration as part of the evaluation process. The verification can be done over the phone or through site visits.

# Appendices

# [DRAFTER’S NOTE: ADD OR REMOVE CRITERIA OUTLINED IN APPENDIX A, B, AND C TO SUIT THE NEEDS OF YOUR AGENCY. CONSIDER YOUR AGENCY’S SIZE AND SCOPE OF EHR USE.]

## **Appendix A: Technical Scorecard**

**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.

|  |  |
| --- | --- |
| General | |
| Name | Click or tap here to enter text. |
| Address (Headquarters) | Click or tap here to enter text. |
| Address Continued | Click or tap here to enter text. |
| Main Telephone Number | Click or tap here to enter text. |
| Website | Click or tap here to enter text. |
| **Parent Company (if applicable)** | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Address Continued | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| **Main Contact** | |
| Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Address Continued | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| **Market Data** | |
| Number of years as EHR vendor | Click or tap here to enter text. |
| Number of active clients | Click or tap here to enter text. |
| Number of new EHR installations over the last 3 years? | Click or tap here to enter text. |
| What is the percentage of vendor-provided installs vs. outsourced to 3rd party companies? | Click or tap here to enter text. |
| Breakdown of agencies by specialty (i.e. Mental Health, Substance Abuse, I/DD, etc.) | Click or tap here to enter text. |
| Size of existing user base for the smallest agency and the largest | Click or tap here to enter text. |
| Does the product have a New York presence?  If so, # of agencies by specialty and size; list of New York reference sites. | Click or tap here to enter text. |
| For new installations within the past 3 years, what was the average implementation timeframe? | Click or tap here to enter text. |
| What is the percentage of clients who have de-installed any vendor systems in the first three (3) years of installation? | Click or tap here to enter text. |
| How many clients have de-installed any vendor systems within the last five (5) years? | Click or tap here to enter text. |
| Total FTEs Last Year | Click or tap here to enter text. |
| Total FTEs This Year | Click or tap here to enter text. |
| Explain how your company is planning to meet any increase in demand for your EHR product (including implementation, training, and support) over the next five (5) years. | Click or tap here to enter text. |
| **Product Information** | |
| Product name and version# | Click or tap here to enter text. |
| When is your next version release? | Click or tap here to enter text. |
| Single Database for scheduling, billing, and EMR? | Click or tap here to enter text. |
| Is it a Client Server, ASP or Hosted model? (Include all that apply) | Click or tap here to enter text. |
| Does product include a patient portal? | Click or tap here to enter text. |
| Does the product allow integration with 3rd party patient portals? | Click or tap here to enter text. |
| Is the product comprehensive or modular? | Click or tap here to enter text. |
| Modular   * List all modules available, their current version, and provide additional documents with all technical specifications, requirements, and dependencies for each module to operate fully with the "core" product. | Click or tap here to enter text. |
| * Which modules are necessary in order to meet meaningful use criteria? | Click or tap here to enter text. |
| * Are additional or multiple modules required to meet post-2015 meaningful use guidelines? | Click or tap here to enter text. |
| Comprehensive   * Does the product meet meaningful use guidelines? | Click or tap here to enter text. |
| * Will the product continue to meet meaningful use guidelines through 2020 without significant changes? | Click or tap here to enter text. |
| Should the customer decide to change vendors, what is the process and associated cost with copying, moving, or retrieving patient data from the product should a customer decide to change vendors or a provider leave the customer? | Click or tap here to enter text. |
| List all ways that an agency could import a patient’s data into the product:   * CD/DVD * Flash Drive * PDF Format * Paper Copies * Clinical Exchange Document | Click or tap here to enter text. |
| **Reporting Capabilities** | |
| Does the product allow custom reports to be created? | Click or tap here to enter text. |
| Ad hoc reporting by users an option? | Click or tap here to enter text. |
| Provide a list of standard reports (no customization) which the customer may run at Go Live. | Click or tap here to enter text. |
| Please provide a comprehensive list of the formats the reports can be exported in. | Click or tap here to enter text. |
| **ONC-ATCB Certification** | |
| Is the product ONC-ATCB certified? | Click or tap here to enter text. |
| Version and Year of Certification | Click or tap here to enter text. |
| Certified as Comprehensive or Modular? | Click or tap here to enter text. |
| **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? | Click or tap here to enter text. |
| Do you have a guarantee the product will meet the current standards and future standards? | Click or tap here to enter text. |
| **Additional Information** | |
| Timeframe to receive demonstration of product | Click or tap here to enter text. |
| Is a demo copy available prior to purchasing? | Click or tap here to enter text. |
| Onsite implementation or remote? | Click or tap here to enter text. |
| Training sites | Click or tap here to enter text. |
| Training options (train-the-trainer, # hours all staff) | Click or tap here to enter text. |
| 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.) | Click or tap here to enter text. |
| 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.) | Click or tap here to enter text. |
| Does your company use resellers to distribute your product(s)?  If yes, please answer the following:   * What is your reseller structure? * Who are your resellers who are authorized to sell within New York?   If no, please answer the following:   * What is your distribution and sales structure? | Click or tap here to enter text. |
| 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. | Click or tap here to enter text. |
| **Security and Security Features** | |
| Describe how the product meets all HIPAA, HITECH, and other security requirements. | Click or tap here to enter text. |
| Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings? | Click or tap here to enter text. |
| Does the product provide different levels of security based on type of patient (Employee vs. VIP)? | Click or tap here to enter text. |
| Describe the audit process within the product. | Click or tap here to enter text. |
| List the security reports the product provides at Go-Live to meet all auditing and HIPAA reporting needs. | Click or tap 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 or tap here to enter text. |
| Describe the product's ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected. | Click or tap here to enter text. |
| Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc.). | Click or tap 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 or tap here to enter text. |
| **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 or tap 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 or tap here to enter text. |
| Are your servers backed up in multiple U.S. regions? | Click or tap here to enter text. |
| **Licensing** | |
| How is the product licensed? | Click or tap here to enter text. |
| Are licenses purchased per user? | Click or tap here to enter text. |
| Define ‘user’ if it relates to the licensing model (i.e., FTE MD, all clinical staff, etc). | Click or tap here to enter text. |
| * How does the system licensing account for residents, part time clinicians, and midlevel providers? | Click or tap here to enter text. |
| * Can user licenses be reassigned when a workforce member leaves? | Click or tap here to enter text. |
| If licensing is determined per workstation, do handheld devices count towards this licensing? | Click or tap here to enter text. |
| Is system access based on individual licensing, concurrent, or both? | Click or tap here to enter text. |
| What does each license actually provide? | Click or tap here to enter text. |
| For modular systems, does each module require a unique license? | Click or tap 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 or tap here to enter text. |
| **Computerized Physician Order Entry (CPOE)** | |
| Is CPOE part of the core product or a separate module? | Click or tap here to enter text. |
| Is CPOE customizable per provider or are templates available? | Click or tap here to enter text. |
| * Does the system allow for custom Order Sets to be built? | Click or tap 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 or tap here to enter text. |
| Does the system allow free text ordering? | Click or tap here to enter text. |
| Does the system provide the end user the ability to cancel pending orders? | Click or tap here to enter text. |
| * If so, does an outbound interface message result, sending the cancellation message to 3rd party systems? | Click or tap here to enter text. |
| Does the system utilize ICD10 coding? | Click or tap here to enter text. |
| * Are codes pre-loaded? | Click or tap here to enter text. |
| * Are future code updates vendor or user applied? | Click or tap here to enter text. |
| Does the system allow custom questions per order to be developed? | Click or tap here to enter text. |
| * If so, please describe how these items are built and managed by the customer. | Click or tap here to enter text. |
| * Can these items be classified as "required" or "optional" to complete? | Click or tap here to enter text. |
| Does the product support recurring orders? | Click or tap here to enter text. |
| * If so, please describe how the system accommodates this workflow. | Click or tap here to enter text. |
| Does the product support Orderable Favorites per user and/or per specialty? | Click or tap here to enter text. |
| How does the product support ordering for off-site (non-integrated/interfaced) orders? | Click or tap here to enter text. |
| Are there Reporting tools available to monitor all CPOE steps? (e.g., unsigned orders, overdue orders, etc.) | Click or tap here to enter text. |
| Which LIS vendors currently interface "out of the box" with CPOE? | Click or tap here to enter text. |
| Which RIS/PACS systems interface "out of the box" with CPOE? | Click or tap here to enter text. |
| **E-Prescribing** | |
| Is E-Prescribing part of the core product or a separate module? | Click or tap here to enter text. |
| Is E-Prescribing customizable per provider and/or at the enterprise level? | Click or tap here to enter text. |
| What are the E-Signature Requirements for E-Prescribing? | Click or tap here to enter text. |
| * What is required of the customer in order to set this up? | Click or tap here to enter text. |
| Which local or national pharmacies interface with the EHR? | Click or tap here to enter text. |
| * How are these updated and with what frequency? | Click or tap here to enter text. |
| Is there an extra expense required for local pharmacies to be set up for E-Prescribing? | Click or tap here to enter text. |
| * Rate per transmission? | Click or tap here to enter text. |
| * What form of transmission is required? | Click or tap here to enter text. |
| Is there a fax server incorporated in the EHR? | Click or tap here to enter text. |
| * If so, does it require a separate server? | Click or tap here to enter text. |
| * If not, are 3rd party vendor fax servers supported? | Click or tap here to enter text. |
| * Which vendors are supported? | Click or tap here to enter text. |
| Can Rx faxes be configured to use a separate fax queue from other faxed documents within the system? | Click or tap here to enter text. |
| Is there a functional limit to the number of fax lines supported by the system? | Click or tap here to enter text. |
| Can active faxes be cancelled during transmission by user or by system administrators? | Click or tap here to enter text. |
| What security settings are available in the product to govern who can E-Prescribe? | Click or tap here to enter text. |
| Are medication updates performed regularly? | Click or tap here to enter text. |
| * Which vendor(s) does the product support? | Click or tap here to enter text. |
| * Does it include Drug Contraindications? | Click or tap here to enter text. |
| * Does it include Drug Interactions? | Click or tap here to enter text. |
| * Does it include Drug Warnings received? | Click or tap here to enter text. |
| Are reporting tools for E-Prescribing available? | Click or tap here to enter text. |
| Describe how new medications are displayed in the system if added by:   * MD * RN * MA * PA/NP * Residents | Click or tap here to enter text. |
| Where is E-Prescription information housed in the EHR? | Click or tap here to enter text. |
| Describe the audit features for E-Prescribing. | Click or tap here to enter text. |
| * Does the system keep a running history of Rx renewal changes? | Click or tap here to enter text. |
| **Infrastructure and Technology** | |
| If product is a client/server model, please respond to questions below: | |
| What type of hardware is required? | Click or tap here to enter text. |
| What are the recommended workstation requirements? | Click or tap here to enter text. |
| What are the recommended server specifications? | Click or tap here to enter text. |
| Recommended Manufacturer/Model? | Click or tap here to enter text. |
| How many servers and server roles? | Click or tap here to enter text. |
| * Application Server | Click or tap here to enter text. |
| * Web Server * IIS (version) * Apache (version) | Click or tap here to enter text. |
| * Other | Click or tap here to enter text. |
| * Database Server | Click or tap here to enter text. |
| * MS SQL (version) | Click or tap here to enter text. |
| * Oracle (version) | Click or tap here to enter text. |
| * Other | Click or tap here to enter text. |
| * HL7 Interface System | Click or tap here to enter text. |
| * Test Server | Click or tap here to enter text. |
| * E-mail Server | Click or tap here to enter text. |
| * Others (Fax, Print, Dictation, etc) | Click or tap here to enter text. |
| * Operating system (Windows, Unix/Linux, Other) | Click or tap here to enter text. |
| * Processor (number of processors and processor speed)? | Click or tap here to enter text. |
| * Memory/RAM requirements? | Click or tap here to enter text. |
| * Storage Space Requirements? | Click or tap here to enter text. |
| * SANs Connectivity (Yes/No) | Click or tap here to enter text. |
| * If yes, SANs requirements? | Click or tap here to enter text. |
| * Network Card Speeds | Click or tap here to enter text. |
| Dual NICs required? | Click or tap here to enter text. |
| Other Components Required? | Click or tap here to enter text. |
| What other applications are required for server? | Click or tap here to enter text. |
| * Server Management Tools | Click or tap here to enter text. |
| * Bandwidth Monitors | Click or tap here to enter text. |
| * Database Management Suite | Click or tap here to enter text. |
| Can systems be virtualized? | Click or tap here to enter text. |
| * Will the product run on virtualized servers? | Click or tap here to enter text. |
| * If yes, what virtualization and remote access software is required on server? | Click or tap here to enter text. |
| * If no, are you moving toward certifying virtualized environments? | Click or tap here to enter text. |
| Are we required to purchase hardware from your company? | Click or tap here to enter text. |
| Do you have a recommended vendor with discount pricing to purchase equipment? | Click or tap here to enter text. |
| What type of support is available if equipment is purchased from your company? | Click or tap here to enter text. |
| What are the recommended printer manufacturers/models? | Click or tap here to enter text. |
| What are the recommended scanner manufacturers/models? | Click or tap here to enter text. |
| Do you require Internet access for your product? | Click or tap here to enter text. |
| * For remote connection/maintenance? | Click or tap 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 or tap here to enter text. |
| * Remote Support? | Click or tap 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 or tap here to enter text. |
| * Access System/Application Remotely? | Click or tap 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 or tap here to enter text. |
| What are the minimum network infrastructure requirements? | Click or tap here to enter text. |
| * Firewall/VPN Appliance? | Click or tap here to enter text. |
| * Switches/Routers | Click or tap here to enter text. |
| * Other Devices | Click or tap here to enter text. |
| Will your product operate on Windows Terminal Services or Citrix? | Click or tap here to enter text. |
| * If no, are there plans to certify in these environments? | Click or tap here to enter text. |
| What are the backup requirements? | Click or tap here to enter text. |
| * Do you require a separate server for backup services? | Click or tap here to enter text. |
| Are 3rd party backup solutions supported? | Click or tap here to enter text. |
| Does product provide database software (Yes/No)? | Click or tap here to enter text. |
| * If no, what database application is required? (MS SQL, Oracle, MySQL, Other) | Click or tap here to enter text. |
| Can data be exported? | Click or tap here to enter text. |
| * What format? (CSV, Text/Comma delimited, Other) | Click or tap 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? | Click or tap here to enter text. |
| **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 or tap here to enter text. |
| If 3rd party vendor required: | Click or tap here to enter text. |
| * What is the 3rd party vendor’s involvement? | Click or tap here to enter text. |
| * How are support issues handled? | Click or tap here to enter text. |
| Does the ASP model require a server at the customer location? | Click or tap here to enter text. |
| * If yes, what are the system requirements? | Click or tap here to enter text. |
| * Number of Server(s)? | Click or tap here to enter text. |
| * Processor | Click or tap here to enter text. |
| * Storage and Fault Tolerance Requirements? | Click or tap here to enter text. |
| * Memory? * <25 concurrent users * >25 concurrent users | Click or tap here to enter text. |
| * Bandwidth Requirements? | Click or tap here to enter text. |
| * System Backup Requirements? | Click or tap here to enter text. |
| * Types of Server(s) | Click or tap here to enter text. |
| * Database Servers | Click or tap here to enter text. |
| * Web Servers | Click or tap here to enter text. |
| * Interface Servers | Click or tap here to enter text. |
| * Scanning Servers | Click or tap here to enter text. |
| * Messaging (Fax, E-Prescribing, Print) Servers * If fax from server, what fax cards are supported? * Is separate fax software needed? | Click or tap here to enter text. |
| Is virtualization supported or required? | Click or tap here to enter text. |
| * If so, on which servers and in what configuration? | Click or tap here to enter text. |
| Are Citrix and/or Terminal Services supported? | Click or tap here to enter text. |
| * If so, are there any application modules not supported or recommended for use in a virtualized environment? | Click or tap here to enter text. |
| Does your product require or recommend a firewall? | Click or tap here to enter text. |
| * If yes, what is the recommended manufacturer/model? | Click or tap here to enter text. |
| * Do you recommend VPN access? | Click or tap here to enter text. |
| Do you provide all CALs (client access licenses) for database and system access or does the customer purchase these? | Click or tap here to enter text. |
| * If customer must purchase, how many need to be purchased based on expected number of users on the product? | Click or tap 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 or tap here to enter text. |
| Does the product support any of the following external devices:   * USB devices * Scanners (manufacturer/model) * Flatbed * Handheld (i.e., Barcode, PDA, BlackBerry Devices, etc.) * Card Readers (i.e. smart card, security * Other Input Devices | Click or tap here to enter text. |
| What are the bandwidth requirements per user? | Click or tap here to enter text. |
| What are the workstation requirements? | Click or tap here to enter text. |
| Manufacturer/Model   * Processor * Storage * Memory * Operating System | Click or tap here to enter text. |
| Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)? | Click or tap here to enter text. |
| What applications are supported and/or need to be installed on the workstation?   * Java * Flash * Adobe Reader * Microsoft Office (i.e., Word, Excel, etc.) * Antivirus * Which folders/files must be excluded from active scanning? * Crystal Reports * Open Office * Remote Access Software for support | Click or tap here to enter text. |
| Require ODBC driver or SQL application on workstations? | Click or tap here to enter text. |
| Any other applications required? | Click or tap here to enter text. |
| Can the product be securely accessed from any location with an Internet/broadband connection? | Click or tap here to enter text. |
| How is data saved at the ASP location? | Click or tap here to enter text. |
| How often is routine maintenance performed on remote system?   * Backups? * Updates? * Performance Monitoring and Enhancements | Click or tap 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 or tap here to enter text. |
| How will the customer be able to download and distribute the patient’s health record to meet meaningful use? | Click or tap 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 or tap here to enter text. |
| **Infrastructure and Technology** | |
| If product is a SaaS model, please respond to questions below: | |
| Do you provide direct SaaS solutions or require 3rd party vendor participation? | Click or tap here to enter text. |
| If 3rd party vendor required: | Click or tap here to enter text. |
| * What is the 3rd party vendor’s involvement? | Click or tap here to enter text. |
| * How are support issues handled? | Click or tap here to enter text. |
| Does a 3rd party vendor host any part of your product and/or data? | Click or tap here to enter text. |
| Does your product require or recommend a firewall on the client side? | Click or tap here to enter text. |
| * If yes, what is the recommended manufacturer/model? | Click or tap here to enter text. |
| Can the product be securely accessed from any location with an Internet/broadband connection? | Click or tap here to enter text. |
| * What are the security requirements for remote users (non-office users)? | Click or tap here to enter text. |
| What are the minimum bandwidth requirements? | Click or tap 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 or tap here to enter text. |
| Does the product support any of the following external devices:   * USB Devices * Scanners (Manufacturer/Model) * Flatbed * Handheld (i.e., Barcode, PDA, BlackBerry Devices, etc.) * Card Readers (i.e., Smart Card, Security) * Other Input Devices | Click or tap here to enter text. |
| What are the workstation requirements? | Click or tap here to enter text. |
| Manufacturer/Model   * Processor * Storage * Memory * Operating System | Click or tap here to enter text. |
| Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)? | Click or tap here to enter text. |
| What applications are supported and/or need to be installed on the workstations?   * Java * Flash * Adobe Reader * Microsoft Office (i.e., Word, Excel, etc.) * Antivirus * Which folders/files must be excluded from active scanning? * Crystal Reports * Open Office * Remote Access Software for support | Click or tap here to enter text. |
| Require ODBC driver or SQL application on workstations? | Click or tap here to enter text. |
| Any other applications required? | Click or tap here to enter text. |
| How is data saved and stored? | Click or tap here to enter text. |
| How will the customer be able to download and distribute the patient’s health record to meet meaningful use? | Click or tap 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 or tap here to enter text. |
| Can information be exported to CD/DVD in CSV or comma text delimited format? | Click or tap here to enter text. |
| Does product allow reports be created? | Click or tap here to enter text. |
| * Ad hoc reporting option? | Click or tap here to enter text. |
| * Provide a list of standard reports (no customization) which the customer may run to meet meaningful use requirements. | Click or tap here to enter text. |
| How often is routine maintenance performed on remote system?   * Backups? * Updates? * Performance Monitoring and Enhancements | Click or tap here to enter text. |
| 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 or tap here to enter text. |
| Do you have normal ‘downtime’ windows for system backup and maintenance? | Click or tap here to enter text. |
| * Does this affect access to the product? | Click or tap here to enter text. |
| How is data gathered during Internet outages? | Click or tap here to enter text. |
| Is it uploaded into the system when Internet restored?   * Is this process done manually or automatically? * How do we verify information has been uploaded? | Click or tap here to enter text. |
| 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 or tap here to enter text. |
| * What steps should the customer take during this time? | Click or tap here to enter text. |
| In the past two (2) years, how many outages have you experienced due to your own infrastructure problems? | Click or tap here to enter text. |
| Do you have redundant Internet providers? | Click or tap here to enter text. |
| Is there a patient portal? | Click or tap here to enter text. |
| Is there a test environment for the customer to use? | Click or tap here to enter text. |
| What are the network infrastructure requirements? | Click or tap here to enter text. |
| What are your security requirements and recommendations for client workstations? | Click or tap here to enter text. |
| Is your site secured with encryption and antivirus? | Click or tap here to enter text. |
| * How often is access audited and by whom? | Click or tap here to enter text. |
| * Is there an off-site disaster recovery location for your server farm? | Click or tap here to enter text. |
| * How often is this tested? | Click or tap here to enter text. |
| **Vendor Support** | |
| Do you offer multiple support programs? | Click or tap here to enter text. |
| What are your support statistics (# of Support Calls to the % of resolutions at each severity level; average length of time to resolution)? | Click or tap here to enter text. |
| Define the Support Structure (Tiered Approach, Client assigned 1 point of contact, etc.) | Click or tap here to enter text. |
| Are you available to meet to discuss EHR issues or concerns? | Click or tap here to enter text. |
| When is customer support available?   * Offered method of contact (Phone, e-mail, chat, etc.)? * Where is your customer support staff located? Please provide all locations * What are your hours of support? * How do you address after-hours support? | Click or tap here to enter text. |
| Problem/Resolution Process   * Response time expectations for all levels of severity * Average time to close tickets by severity level * Escalation Process * Severity Level System * Issue/Resolution Tracking System * Test System vs. Live System | Click or tap here to enter text. |
| Who has ownership of the following:   * Data * Software * Enhancements or Customizations Paid for by Customer * Hardware * Servers * Workstations | Click or tap here to enter text. |
| What are your additional fee based services? | Click or tap here to enter text. |
| Do you have online support? | Click or tap here to enter text. |
| Is your support staff certified? | Click or tap here to enter text. |
| Is remote assistance an option for workstation and server issues? | Click or tap here to enter text. |
| Describe Enhancement Request Model | Click or tap here to enter text. |
| Do you have a user group for practices to seek help from peers and share ideas? | Click or tap here to enter text. |
| Do you have regional and national user conferences? | Click or tap here to enter text. |
| On-going Maintenance | Click or tap here to enter text. |
| Upgrade Process   * Will customer get to choose which upgrades they want? * Frequency of Upgrades? * How long can a customer delay an upgrade without losing support? * Will training be provided for new functionality? | Click or tap here to enter text. |
| Testing   * Will customer get a chance to test the product in a test environment? * Will customer get access to test scripts from vendor? * Will customer have an opportunity to parallel test with vendor or conduct Acceptance Testing? * End to End Testing? | Click or tap here to enter text. |
| Product Enhancement Requests   * If customer wants to add an enhancement, what is the process? * Are there additional costs for an enhancement? * Will all other customers get the enhancement one company has paid for? * How will the company stay up-to-date on required meaningful use definition changes? | Click or tap here to enter text. |
| **Training/Testing – All Phases (Selection through Post Go-Live)** | |
| Development/Training Environment | Click or tap here to enter text. |
| Specify if this will be provided before or after a contract is signed. | Click or tap here to enter text. |
| Will access be granted to development/training environment for testing during upgrades and during training processes? | Click or tap here to enter text. |
| What types of online training are available? | Click or tap here to enter text. |
| Videos   * Recorded Modules/Workflow Training Courses * Recorded Interactive "Many-to-One" Training Sessions * Quick Reference or Tips & Tricks Videos * Trial Demonstration of EHR | Click or tap here to enter text. |
| Web Based Training   * Interactive training activity with screenshots & instructions to give agency exposure of EHR selected before core training | Click or tap here to enter text. |
| Facilitator/Consultant Led Training Sessions   * Module Training Sessions * Workflow Training Sessions (Nurse, Provider, Front Office, etc.) * One-on-One Training Sessions with Consultant * Describe your training personnel (i.e., background, position, medical credentials). * Vendor-Directed Demo (i.e., Web Ex Training, On-Site, etc.) | Click or tap here to enter text. |
| Training Documents (Identify format of documentation)   * Training Manuals * Quick reference guides that focus on specific tasks * On-line Printable Training Documentation * Upgraded Training Guide * Describe when these documents are modified and how quickly they are made available to the customer after product changes occur. | Click or tap here to enter text. |
| Is Practice/Specialty Specific Training Offered? | Click or tap here to enter text. |
| What is created by vendor vs. customer?   * Creating specialized templates for efficient documentation * Creating favorites/shortcuts within the product * Does the product have customizable preferences? | Click or tap here to enter text. |
| Will a workflow assessment be completed by the vendor?   * Will a document be sent to be completed by agency? * Will vendor complete on-site workflow assessment? * Is there an additional cost for workflow assessment? | Click or tap here to enter text. |
| Will recommendations be provided for abstracting or bulk loading data from paper charts into the EHR? | Click or tap here to enter text. |
| Contractually, can users access the live EMR system prior to Go-Live for build or ‘pilot’ purposes? | Click or tap here to enter text. |
| Super User Training   * Will super users be trained by vendor? * Remote or on-site training provided? | Click or tap here to enter text. |
| Cost of Training   * Describe training options included in contract agreement. * Will additional costs be incurred on agency for training? | Click or tap here to enter text. |
| On-Site Training   * How many days does EHR vendor provide for on-site training? * Will Go-Live be scheduled shortly after initial staff training? * What is the consultant/provider ratio during training? * Will trainers complete a readiness assessment before Go-Live? * Will vendor provide agency with on-site demos before and after contract is signed? * Will office be trained on hardware if purchased through the vendor before Go-Live training? | Click or tap here to enter text. |
| Go-Live |  |
| Will vendor staff be on-site during ‘Go Live’ timeframe? | Click or tap here to enter text. |
| What will be their role during ‘Go Live’?   * Trainer * Technical | Click or tap here to enter text. |
| Post Go-Live Training and Support |  |
| After ‘Go-Live’, who (i.e., support team, implementation manager, etc.) will be available to answer questions, issues, and/or training requests?   * If original implementation team, how long before this level of service is transferred to "normal" support team? | Click or tap here to enter text. |
| Will a post Go-Live assessment be completed after a specified amount of time by the vendor? | Click or tap here to enter text. |
| How will clinic be notified of upgrades when they are released and who is responsible for installing these updates (dates, training, documentation, etc.)? | Click or tap here to enter text. |
| **Contract Terms and Vendor Guarantees** | |
| Will the customer be allowed to perform acceptance testing of this product prior to "Go-Live"? | Click or tap here to enter text. |
| Will the customer be allowed to make payments based upon milestones with a significant portion of the fees not payable until "Go-Live"? | Click or tap here to enter text. |
| 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 or tap here to enter text. |
| Will you agree to a cap on price increases? For how long? | Click or tap here to enter text. |
| How long will you guarantee to provide maintenance (or other support) on this product? | Click or tap here to enter text. |
| What is the process that you will follow when "sunsetting" this product? | Click or tap here to enter text. |
| Will you escrow the source code for this product? | Click or tap here to enter text. |
| Will you agree to the contract being governed by New York State law ? | Click or tap here to enter text. |
| Is there any charge for modifying the product to meet all federal, state and local standards? | Click or tap 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 or tap here to enter text. |
| If their work is done on your behalf (implementation, upgrades, etc.), do you warranty their work as if it was your own? | Click or tap 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 2019). 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 |
| --- | --- | --- | --- | --- |
| 1. General | | | | |
| 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. |  |  |  | Click or tap here to enter text. |
| 1. The system includes automatic translation of codes to data. |  |  |  | Click or tap here to enter text. |
| 1. The system includes support and updates for the above vocabularies. |  |  |  | Click or tap here to enter text. |
| 1. The system includes SNOMED CT as the integrated standard nomenclature of clinical terms. |  |  |  | Click or tap here to enter text. |
| 1. Your company provides after-hours call center support for the system. |  |  |  | Click or tap here to enter text. |
| 1. **Demographics / Care Management** | | | | |
| 1. The system has the capability to record demographics including:   Preferred language, insurance type, gender, race, ethnicity, and date of birth. |  |  |  | Click or tap here to enter text. |
| 1. The system supports the Continuity of Care Document Continuity of Care Record, HITSP standard. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. **Patient History** | | | | |
| 1. The system has the capability to import patient health history data, including obstetrical history data, from an existing system. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. **Current Health Data, Encounters, Health Risk Appraisal** | | | | |
| 1. The system includes a combination of system default, provider customizable, and provider-defined and reusable templates for data capture. |  |  |  | Click or tap here to enter text. |
| 1. The system obtains test results via standard HL7 interface from: laboratory. |  |  |  | Click or tap here to enter text. |
| * 1. The system obtains test results via standard HL7 interface from: radiology/ imaging. |  |  |  | Click or tap here to enter text. |
| * 1. The system obtains test results via standard HL7 interface from: other equipment such as Vitals, ECG, Holter, Glucometer. |  |  |  | Click or tap here to enter text. |
| 1. The system has the capability to capture and monitor patient health risk factors in a standard format. |  |  |  | Click or tap here to enter text. |
| 1. The system provides a flexible, user modifiable, search mechanism for retrieval of information captured during encounter documentation. |  |  |  | Click or tap here to enter text. |
| 1. The system provides a mechanism to capture, review, or amend history of current illness. |  |  |  | Click or tap here to enter text. |
| 1. The system enables the origination, documentation, and tracking of referrals between care providers or healthcare organizations, including clinical and administrative details of the referral. |  |  |  | Click or tap here to enter text. |
| 1. The system tracks consultations and referrals. |  |  |  | Click or tap here to enter text. |
| 1. **Encounter – Progress Notes** | | | | |
| 1. The system records progress notes utilizing a combination of system default, provider customizable, and provider-defined templates. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. **Problem Lists** | | | | |
| 1. The system creates and maintains patient-specific problem lists. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. **Clinical Practice Guidelines (CPG)** | | | | |
| 1. The system includes and maintains evidence-based Clinical Practice Guidelines (CPGs) published and maintained by credible sources |  |  |  | Click or tap here to enter text. |
| 1. If yes, does the guidance incorporate patient/family education and actionable alerts and reminders. |  |  |  | Click or tap here to enter text. |
| 1. **Care Plans** | | | | |
| 1. The system provides administrative tools for organizations to build care plans, guidelines, and protocols for use during patient care planning and care. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. **Prevention** | | | | |
| 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. |  |  |  | Click or tap here to enter text. |
| 1. The system includes user-modifiable health maintenance templates. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. **Patient Education** | | | | |
| 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. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. **Alerts / Reminders** | | | | |
| 1. The system includes user customizable alert screens / messages, enabling capture of alert details. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. **Orders** | | | | |
| 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 agency’s existing and future systems as well as external linkages, through a standard, real time, HL7 two-way interface. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. **Results** | | | | |
| 1. The system has the capability to route, manage, and present current and historical test results to appropriate staff for review, with the ability to filter and compare results. |  |  |  | Click or tap here to enter text. |
| 1. Results can be easily viewed in a flow sheet as well as graph format. |  |  |  | Click or tap here to enter text. |
| 1. The system accepts results via two way standard interface from all standard interface compliant / capable entities or through direct data entry. Specifically – Laboratory, Radiology, Pharmacy information systems, and Others. |  |  |  | Click or tap here to enter text. |
| 1. The system includes an intuitive, user customizable results entry screen linked to orders. |  |  |  | Click or tap here to enter text. |
| 1. The system has the capability to evaluate results and notify the provider. |  |  |  | Click or tap here to enter text. |
| 1. The system allows timely notification of lab results to appropriate staff as well as easy routing and tracking of results. |  |  |  | Click or tap here to enter text. |
| 1. The system flags lab results that are abnormal or that have not been received. |  |  |  | Click or tap here to enter text. |
| 1. **Medication and Immunization Management** | | | | |
| 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. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. The system supports multiple drug formularies and prescribing guidelines. |  |  |  | Click or tap here to enter text. |
| 1. The system provides the capability for electronic transfer of prescription information to a patient or organization selected pharmacy for dispensing. |  |  |  | Click or tap here to enter text. |
| 1. **Confidentiality and Security** | | | | |
| 1. The system provides privacy and security components that follow national standards such as HIPAA. |  |  |  | Click or tap here to enter text. |
| 1. The system provides privacy and security components that follow New York state-specific laws and regulations. |  |  |  | Click or tap here to enter text. |
| 1. The system hardware recommendations meet national security guidelines. |  |  |  | Click or tap here to enter text. |
| 1. The system has hardware recommendations for disaster recovery and backup. |  |  |  | Click or tap here to enter text. |
| 1. **Clinical Decision Support** | | | | |
| 1. The system offers prompts to support the adherence to care plans, guidelines, and protocols at the point of information capture. |  |  |  | Click or tap here to enter text. |
| 1. The system triggers alerts to providers when individual documented data indicates that critical interventions may be required. |  |  |  | Click or tap here to enter text. |
| 1. **Reporting** | | | | |
| 1. Are standard clinical reports built into the system for the user to query aggregate patient population numbers? |  |  |  | Click or tap here to enter text. |
| 1. The system can generate lists of patients by specific conditions to use for quality improvement. |  |  |  | Click or tap here to enter text. |
| 1. The system has the capability to report ambulatory quality measures. |  |  |  | Click or tap here to enter text. |
| 1. The system can generate patient reminder letters for preventive services or follow-up care. |  |  |  | Click or tap here to enter text. |
| 1. The system supports disease management registries by: |  |  |  | Click or tap here to enter text. |
| 1. Allowing patient tracking and follow-up based on user defined diagnoses. |  |  |  | Click or tap here to enter text. |
| 1. Providing a longitudinal view of the patient medical history. |  |  |  | Click or tap here to enter text. |
| 1. Providing intuitive access to patient treatments and outcomes. |  |  |  | Click or tap here to enter text. |
| 1. What reporting engine is utilized within the software? (ex. Crystal Reports, Excel, proprietary). |  |  |  | Click or tap here to enter text. |
| 1. If utilizing Crystal Reports do you provide a listing of all reportable data elements? |  |  |  | Click or tap here to enter text. |
| 1. Does the end user have the ability to create custom reports? |  |  |  | Click or tap here to enter text. |
| 1. Can reports be run on-demand during the course of the day? |  |  |  | Click or tap here to enter text. |
| 1. Can reports be set up to run automatically as well as routed to a specific person with in the office? |  |  |  | Click or tap here to enter text. |
| 1. **Meaningful Use** | | | | |
| 1. The system can check insurance eligibility electronically from public and private payers. List clearinghouses with which this functionality exists. |  |  |  | Click or tap here to enter text. |
| 1. The system can submit claims electronically to public and private payers. |  |  |  | Click or tap here to enter text. |
| 1. The system can provide patients with timely electronic access to their health information. |  |  |  | Click or tap here to enter text. |
| 1. The system can provide clinical summaries to patients for each visit. |  |  |  | Click or tap here to enter text. |
| 1. The system can provide a summary care record for each transition of care and referral visit. |  |  |  | Click or tap here to enter text. |
| 1. The system can exchange key clinical information among providers of care and patient authorized entities electronically. |  |  |  | Click or tap here to enter text. |
| 1. The system can submit immunization data electronically to the New York immunization registry. |  |  |  | Click or tap here to enter text. |
| 1. The system can provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice. |  |  |  | Click or tap here to enter text. |
| 1. **Cost Measuring / Quality Assurance / Reporting** | | | | |
| 1. The system has built-in mechanism/access to other systems to capture cost information. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | See <https://bphc.hrsa.gov/datareporting/reporting/index.html> |
| 1. The system allows customized reports or studies to be performed utilizing individual and group health data from the electronic record. |  |  |  | Click or tap here to enter text. |
| 1. The system will provide support for third-party report writing products. |  |  |  | Click or tap here to enter text. |
| 1. **Chronic Disease Management / Population Health** | | | | |
| 1. The system provides support for the management of populations of patients that share diagnoses, problems, demographic characteristics, etc. |  |  |  | Click or tap here to enter text. |
| 1. The system has a clinical rules engine and a means of alerting the practice if a patient is past due. |  |  |  | Click or tap here to enter text. |
| 1. 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. |  |  |  | Click or tap here to enter text. |
| 1. At minimum, the system is able to generate a variety of reports based on performance measures identified by the organization. |  |  |  | Click or tap here to enter text. |
| 1. **Consents, Authorizations, and Directives** | | | | |
| 1. The system has the capability for a patient to sign consent electronically. |  |  |  | Click or tap here to enter text. |
| 1. The system has the capability to create, maintain, and verify patient treatment decisions in the form of consents and authorizations when required. |  |  |  | Click or tap here to enter text. |
| 1. The systems captures, maintains, and provides access to patient advance directives. |  |  |  | Click or tap here to enter text. |
| 1. **Technical Underpinnings** | | | | |
| 1. The system incorporates extensive, secure telecommunications capabilities that link staff and clinicians from remote locations to the central site. |  |  |  | Click or tap here to enter text. |
| 1. Do you provide hardware or have a relationship with a hardware vendor? |  |  |  | Click or tap here to enter text. |
| 1. If working with a hardware vendor do you have negotiated pricing with them? |  |  |  | Click or tap here to enter text. |
| 1. **Billing** | | | | |
| 1. The system provides a bidirectional interface with practice management systems. |  |  |  | Click or tap here to enter text. |
| 1. **Document Management** | | | | |
| 1. The system includes an integrated scanning solution to manage old charts and incoming paper documents. |  |  |  | Click or tap here to enter text. |
| 1. Scanned documents are readily available within the patients chart. |  |  |  | Click or tap here to enter text. |
| 1. Scanned documents can be attached to intra office communication and tracked. |  |  |  | Click or tap here to enter text. |
| 1. The system has the ability to bulk scan and easily sort old patient charts for easy reference later. |  |  |  | Click or tap here to enter text. |
| 1. Images and wave files can also be saved and stored in the document management system. |  |  |  | Click or tap here to enter text. |
| 1. Insurance cards and drivers license can be scanned and stored in patient demographics. |  |  |  | Click or tap here to enter text. |
| 1. Scanned documents can be attached to visit notes. |  |  |  | Click or tap here to enter text. |
| 1. In a multiple location environment can each office scan in the same manner? |  |  |  | Click or tap here to enter text. |
| 1. **Technical Support** | | | | |
| 1. What hours is technical phone support available? |  |  |  | Click or tap here to enter text. |
| 1. What is the average amount of time for issue resolution? |  |  |  | Click or tap here to enter text. |
| 1. If a problem persists what is the escalation process? |  |  |  | Click or tap here to enter text. |
| 1. Do you have electronic ticketing for non-emergent technical support? |  |  |  | Click or tap here to enter text. |
| 1. Do you have a user forum for practices to seek help from peers and share ideas? |  |  |  | Click or tap here to enter text. |

**REFERENCE VERIFICATION**

|  |  |
| --- | --- |
| Reference #1 | |
| Agency Name: | Click or tap here to enter text. |
| Point of Contact: | Click or tap here to enter text. |
| Website: | Click or tap here to enter text. |
| **Reference #2:** | |
| Agency Name: | Click or tap here to enter text. |
| Point of Contact: | Click or tap here to enter text. |
| Website: | Click or tap here to enter text. |
| **Reference #3:** | |
| Agency Name: | Click or tap here to enter text. |
| Point of Contact: | Click or tap here to enter text. |
| Website: | Click or tap here to enter text. |

## **Appendix B: Pricing scheme used by the vendor**

**Introduction**

The Agency understands that there is significant variability in how vendors contract with customers and determine pricing to their products and services. We are also aware that there are many variables to be taken into consideration by each vendor at the moment of submitting a quote to a particular customer closing a deal. The information we are requesting will be confidential.

**Concepts**

Please consider the following concepts when preparing your response:

**Base Product**

Set of capabilities existing “out-of-the-box” in the solution at no additional price for the customer.

**Optional capabilities**

Additional functionalities that your product can provide but require additional price for the customer.

**Basic services**

Services provided by the vendor without additional costs by the customer. Usually the customer can have access to them as a result of acquiring a new solution and/or upgrading the existing version provided that the customer is current with software maintenance costs and these services are included as part of the system contracted between the vendor and the customer. Examples of this category include bug fixing or adding new capabilities to maintain current the solution for ONC certification.

**Optional services**

These are services which may require additional costs to the customer. Examples include adding specific functionalities, generating specific reports, providing additional configuration or delivery of training not considered as part of the Basic Services.

**One-Time cost**

Costs paid by the customer once in order to enable some features or receive services.

**Recurrent costs**

Costs that are paid by the customer on a determined cycle as defined in the contract. These costs usually have some regularity (i.e., monthly or annually) or are associated with a specific condition (i.e., number of licenses, number of concurrent users or type of product).

**New product**

Base product installed for the first time to a customer.

**Updated product**

New capabilities incorporated by the vendor within the same release or version (i.e., version 1.2.1 to version 1.2.2; version 1.2 to 1.3). It presumes the existence of a “live” product and a current contract with the customer.

Upgraded product

Major changes incorporated by the vendor and usually are associated with a new version or release (i.e., version 1.x to version 2.x). It presumes the existence of a “live” product and a current contract with the customer

**Pricing scheme**

**Base Product‎:**

**One-time costs**

* List capabilities included within your "Base Product"
* Indicate pricing scheme and costs (i.e., per license; per number of concurrent users) for:
  1. New product
  2. Updated product
  3. Upgraded product

**Recurrent costs**

* Indicate pricing scheme and costs (i.e., per license; per number of concurrent users) for:
  1. Updated product
  2. Upgraded product

**Optional capabilities‎:**

**One-time costs**

* List capabilities considered as “optional” for your company
* Indicate pricing scheme and costs (i.e., per license; per number of concurrent users) for:
  1. New optional capabilities
  2. Updated optional capabilities
  3. Upgraded optional capabilities

**Recurrent costs**

* Indicate pricing scheme and costs (i.e., per license; per number of concurrent users) for:
  1. Updated optional capabilities
  2. Upgraded optional capabilities

‎**Services**

For each service please indicate pricing scheme and costs

* Implementation of the new solution in order to setup the solution to the needs of the customer
* Training to end users
* Training to customer onsite trainers (train-the-trainers)
* Workflow consulting
* Development costs to provide solutions to particular needs from customers. Please specify for:
  1. New form
  2. New alert or rule
  3. New report
  4. New interface with other system

## **Appendix C: Certifications and other documentation**

Include copy (.pdf, .jpg, or .gif file) of:

* Company’s organization certificate issued by the Secretary of State of the state in which the vendor is organized. For those entities operating under the condition of “doing business as” (DBA), the DBA certificate must be provided if the vendor uses a trade name other than the name under which the company is organized.
* Certification(s) and/or accreditation(s) the vendor’s product(s) have received.
* Other certificates or licenses that are pertinent to this process