



## Request for Information (RFP) for Health Department Electronic Health Record Software

**Date of Issue 5/02/2019**

**Due Date 6/07/2019 2 PM**

### DESCRIPTION

The Lapeer County Health Department is requesting information for Health Department Electronic Record Software.

The expected implementation date is November 2019.

Lapeer County Health department has one (1) location. Approximate Service Area Population 87,000. Estimated number of users 20. Current Billing system Insight. Netwerkes is clearing house. Interfaces currently used MI WIC, MDSS, Champs, MIHP, MSSS.

### INSTRUCTIONS

A PRE-SUBMISSION CONFERENCE IS SCHEDULED FOR THIS REQUEST MAY 14, 2019 @ 10:00AM. EQUAL OPPORTUNITY WILL BE PROVIDED FOR ALL RESPONDENTS TO ASK QUESTIONS. RESPONDENTS MAY ATTEND EITHER IN PERSON OR BY CONFERENCE PHONE.

Registration is required for conference attendees. Email WPierce@Lapeercounty.org by 5 pm local time on May 10 to register and receive call-in number. Meeting attendees assume all possible technical issues associated with teleconferencing and deems the County and its service provider harmless and without fault regardless of the reason.

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The pre-submission meeting purpose is to provide equal opportunity for Respondents to inspect the location, if applicable, and seek clarifications to the solicitation. Respondents shall have fully reviewed all solicitation documents and correspondence prior to the pre-submission meeting. The County will respond to post pre- submission meeting material inquiries at its sole discretion. Any material response to a post-submission meeting question will be posted on the web site inquiry page for this solicitation.

INQUIRIES

Questions regarding this solicitation are to be submitted to [WPierce@lapeercounty.org](mailto:WPierce@lapeercounty.org)

From date of issuance to the award announcement, all communication (including requests for information, comments, speculation, etc.) regarding this solicitation between Lapeer County and the Respondent or any of their individual members, shall be formal and only with the Lapeer County Health Department. Formal communication shall include, but not be limited to: (1) general inquiries, (2) pre-submission written questions and answers, (3) site visits, and (4) addendums addressed to contact information provided.

Lapeer County reserves the right to publish and respond to an inquiry, respond directly to the inquirer without publishing, or not respond to the inquiry at its sole discretion. Lapeer County's decision to respond or not respond to an inquiry shall not be the basis for a protest of award.

It is the Respondent's responsibility to become familiar with and fully informed regarding the terms, conditions, and specifications of this solicitation. Lack of understanding or misinterpretation of any portions of this solicitation shall not be cause for withdrawal after opening or for subsequent protest of award.

INTENT

The intent of these specifications is to promote a properly designed and all-inclusive response. Any requirements not in the specifications, but which are needed for such a response, are to be included in the submission.

STANDARD TERMS AND CONDITIONS

Lapeer County reserves the right to require its standard terms and conditions apply to any actual order placed in response to a Respondent's submission. No attempt to modify Lapeer County's Standard Terms and Conditions shall be binding, absent agreement on such modification in writing and signed by Lapeer County.

Each payment obligation of Lapeer County is conditioned upon the availability of government funds appropriated or allocated for the payment of this obligation. If funds are not allocated and available for continuance of the services or product performed herein, either party may terminate the agreement at the end of the period for which funds are available. Lapeer County shall notify the other party at the earliest possible time of the services that will or may be affected by the shortage of funds. No penalty shall accrue to either party in the event this provision is exercised, and neither party shall be obligated or liable for any further payments due or for any damages as a result of termination.

No payment shall be made to the Respondent for any extra material or services, or of any greater amount of money than stipulated to be paid in the contract, unless changes in or additions to the contract requiring additional outlay by the Respondent shall first have been expressly authorized and ordered in writing by contract amendment or otherwise furnished by the Lapeer County Purchasing Division.

The Respondent shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight, marital status, or disability unrelated to the individual's ability to perform the duties of a particular job or position.

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Lapeer County encourages and solicits participation of qualified minority and women businesses consistent with the principle of utilizing the most highly qualified and competitive firms.

The Respondent shall observe and comply with all applicable federal, state, and local laws, ordinances, rules and regulations which shall be deemed to include, but not be limited to, the Elliott-Larsen Civil Rights Act, the Persons with Disabilities Civil Rights Act, OSHA compliance and specifically the training requirement for individuals and contractors working in correctional facilities found in the Prison Rape Elimination Act ("PREA") 42 USC Sec 15602.

The terms of this request shall be interpreted, construed and enforced pursuant to the laws of the State of Michigan, and the Parties irrevocably consent to the jurisdiction of the federal and state courts presiding in Michigan.

Freight Terms: F.O.B. Destination, Freight Paid.

Lapeer County is tax exempt. A copy of the Tax Certificate of Exemption will be provided.

Vendor Representation and Warranty Regarding Federal Excluded Parties List: The Respondent acknowledges the County may be receiving funds from or through the Federal Government and such funds may not be used to pay any Respondent on the Federal Excluded Parties List (EPLS). The Respondent represents and warrants to the County that it is not on the Federal EPLS. If the Respondent is in non-compliance at any time during execution or term of this agreement (including any extensions thereof), the Respondent shall be in breach and the County shall be entitled to all remedies available to it at law or equity, specifically including but not limited to recovery of all moneys paid to the Respondent, all consequential damages (including the loss of grant funding or the requirement that grant funding be returned), and attorney fees (including the costs of in-house counsel) sustained as a result of the Respondent's non-compliance with this warranty and representation.

Pursuant to the Michigan Iran Economic Sanctions Act, 2012 P.A. 517, by submitting a bid, proposal or response, Respondent certifies, under civil penalty for false certification, that it is fully eligible to do so under law and that it is not an "Iran linked business," as that term is defined in the Act.

The County is primarily seeking responses which meet the solicitation specifications. Responses which do not meet these specifications will be considered if the response is marked "Alternate", the deviations from the specifications are clearly noted, and detailed alternate specifications are included to allow sufficient evaluation. In case of dispute concerning the true intent and meaning of the specifications, the County shall interpret the same, and this interpretation shall be accepted by the Seller.

Information submitted in this solicitation is subject to the Michigan Freedom of Information Act and may not be held in confidence after the Respondent's submission is opened. A submission will be available for review after staff has evaluated it, or fifteen (15) business days after the opening date, whichever comes first.

Lapeer County cannot assure any of the information submitted as part of or peripheral to the Respondent's submission will be kept confidential. Any Respondent submission language designated as confidential is considered automatically invalid and void. Lapeer County is subject to the Michigan Freedom of Information Act, which prohibits it from concealing information on or associated with responses, successful or unsuccessful, once they are opened.

Submissions may be submitted electronically to [WPierce@lapeercounty.org](mailto:WPierce@lapeercounty.org).

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Submissions not submitted electronically shall be submitted in an envelope to the designated location prior to the scheduled opening. A USB flash drive marked "original" containing the proposal consisting of one file in PDF format shall be submitted unless other arrangements are made prior to the scheduled opening. The PDF file must not be password protected. The media will not be returned to the Respondent.

All submissions must be submitted to the designated location in an envelope or package unless otherwise specified or submitted electronically. The outside of the envelope or package and enclosed media must be clearly labeled with the solicitation number, opening date and time, and Respondent's name, telephone number, and company name.

If the submission is delivered by an express mail carrier, electronic submission when applicable, or by any other means, it is solely the Respondent's responsibility to ensure delivery to the Lapeer County Health Department. Lapeer County is not responsible for deliveries made to any place other than the designated address or for any failure associated with any mode of delivery selected by the Respondent.

Late, faxed, or emailed responses will NOT be considered. To be considered timely, a complete response must be submitted before the stated due date and time.

The Respondent's submission must include any contract which Lapeer County may be asked to sign. Lapeer County reserves the right to present its own contract document in lieu of accepting the standard offered by the Respondent.

The Respondent certifies the response submitted has not been made or prepared in collusion with any other Respondent and the prices, terms or conditions thereof have not been communicated by or on behalf of the Respondent to any other Respondent prior to the official opening of this request. This certification may be treated for all purposes as if it were a sworn statement made under oath, subject to the penalties for perjury. Moreover, it is made subject to the provisions of 18 U.S.C. Section 1001, relating to the making of false statements.

Sales and Marketing material beyond the scope of this request will not be used to determine the award and is not desired.

Lapeer County is not liable for any costs incurred by any prospective Respondent prior to the awarding of a contract, including any costs incurred in addressing this solicitation.

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**Current Computing Environment**

Server Operating Systems:	Windows Server 2012, 2016 and 2019
Virtual Server Environments	Hyper-V, VMWare ESXi 6
Desktop/Laptop Operating Systems	Windows 7 Pro and Windows 10 Pro
Internet Access Speeds (Upload/Download)	High: 100/20 Mbps Low: 20/7 Mbps

## Submission Process and Requirements

Responses shall be submitted in PDF format. 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)

## 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	<a href="#">Click here to enter text.</a>
Address (Headquarters)	<a href="#">Click here to enter text.</a>
Address Continued	<a href="#">Click here to enter text.</a>
Main Telephone Number	<a href="#">Click here to enter text.</a>
Website	<a href="#">Click here to enter text.</a>
Publicly Traded or Privately Held	<a href="#">Click here to enter text.</a>
Parent Company (if applicable)	
Name	<a href="#">Click here to enter text.</a>
Address	<a href="#">Click here to enter text.</a>
Address Continued	<a href="#">Click here to enter text.</a>
Telephone Number	<a href="#">Click here to enter text.</a>
Main Contact	
Name	<a href="#">Click here to enter text.</a>
Title	<a href="#">Click here to enter text.</a>
Address	<a href="#">Click here to enter text.</a>
Address Continued	<a href="#">Click here to enter text.</a>
Telephone Number	<a href="#">Click here to enter text.</a>
Fax Number	<a href="#">Click here to enter text.</a>
Email Address	<a href="#">Click here to enter text.</a>
Market Data	
Number of years as EHR vendor	<a href="#">Click here to enter text.</a>
Number of live sites	<a href="#">Click here to enter text.</a>
Breakdown of sites by provider # (1-5, 6-9, >10)	<a href="#">Click here to enter text.</a>

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Number of new EHR installations over the last 3 years?	<a href="#">Click here to enter text.</a>
What is the percentage of vendor-provided installs vs. outsourced to 3rd party companies?	<a href="#">Click here to enter text.</a>
Breakdown of sites by specialty	<a href="#">Click here to enter text.</a>
Size of existing user base	<a href="#">Click here to enter text.</a>
Does the product have a Michigan presence? If so, # of install sites by specialty and size; list of Michigan reference sites.	<a href="#">Click here to enter text.</a>
What is the current implementation timeframe when using only vendor-supplied resources?	<a href="#">Click here to enter text.</a>
Number and percentage of practices in 2018 that did not get installed four (4) months after signing contract?	<a href="#">Click here to enter text.</a>
How many organizations have de-installed any vendor systems over the past two (2) years? Please specify which systems and why?	<a href="#">Click here to enter text.</a>
Total FTEs Last Year	<a href="#">Click here to enter text.</a>
Total FTEs This Year	<a href="#">Click here to enter text.</a>
<b>Product Information</b>	
Product name and version#	<a href="#">Click here to enter text.</a>
When is your next version release?	<a href="#">Click here to enter text.</a>
Single Database for scheduling, billing, and EHR?	<a href="#">Click here to enter text.</a>
Is it a Client Server, ASP or Hosted model?	<a href="#">Click here to enter text.</a>
Does product include a patient portal?	<a href="#">Click here to enter text.</a>
Was the product (or any of its significant functionality) acquired from another company? If yes, please answer the following: <ul style="list-style-type: none"> <li>- What was the original company's name that developed the product or functionality?</li> <li>- What was the original product's name?</li> <li>- What version did you purchase?</li> </ul>	<a href="#">Click here to enter text.</a>
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)?	<a href="#">Click here to enter text.</a>
Is the product comprehensive or modular?	<a href="#">Click here to enter text.</a>
Modular <ul style="list-style-type: none"> <li>- 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.</li> </ul>	<a href="#">Click here to enter text.</a>
<ul style="list-style-type: none"> <li>- Which modules are necessary in order to meet meaningful use criteria?</li> </ul>	<a href="#">Click here to enter text.</a>
<ul style="list-style-type: none"> <li>- Are additional or multiple modules required to meet post-2011 meaningful use guidelines?</li> </ul>	<a href="#">Click here to enter text.</a>
Comprehensive	<a href="#">Click here to enter text.</a>
<ul style="list-style-type: none"> <li>- Does the product meet meaningful use guidelines?</li> </ul>	<a href="#">Click here to enter text.</a>
<ul style="list-style-type: none"> <li>- Will the product continue to meet meaningful use guidelines without significant changes?</li> </ul>	<a href="#">Click here to enter text.</a>

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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: <ul style="list-style-type: none"> <li>• CD/DVD</li> <li>• Flash Drive</li> <li>• PDF Format</li> <li>• Paper Copies</li> <li>• Clinical Exchange Document</li> </ul>	Click here to enter text.
<b>Reporting Capabilities</b>	
Does the product 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.
<b>ONC-ATCB Certification</b>	
Is the product ONC-ATCB certified?	Click here to enter text.
Version and Year of Certification	Click here to enter text.
Certified as Comprehensive or Modular?	Click here to enter text.
<b>Meaningful Use</b>	
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 here to enter text.
Do you have a guarantee the product will meet the current standards and future standards?	Click here to enter text.
<b>Additional Information</b>	
Timeframe to receive demonstration of product	Click here to enter text.
Is a demo copy available prior to purchasing?	Click here to enter text.
Onsite implementation or remote?	Click here to enter text.
Training sites	Click here to enter text.
Training options (train-the-trainer, # hours all staff)	Click 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 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 here to enter text.
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 [STATE]?</li> </ul> If no, please answer the following: <ul style="list-style-type: none"> <li>– What is your distribution and sales structure?</li> </ul>	Click here to enter text.



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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 here to enter text.](#)

**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.](#)

**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.](#)

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**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.
<ul style="list-style-type: none"> <li>• Application Server</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Web Server <ul style="list-style-type: none"> <li>– IIS (version)</li> <li>– Apache (version)</li> </ul> </li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Other</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Database Server</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• MS SQL (version)</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Oracle (version)</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Other</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• HL7 Interface System</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Test Server</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• E-mail Server</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Others (Fax, Print, Dictation, etc)</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Operating system (Windows, Unix/Linux, Other)</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Processor (number of processors and processor speed)?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Memory/RAM requirements?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Storage Space Requirements?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• SANs Connectivity (Yes/No)</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>– If yes, SANs requirements?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Network Card Speeds</li> </ul>	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.
<ul style="list-style-type: none"> <li>• Server Management Tools</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Bandwidth Monitors</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Database Management Suite</li> </ul>	Click here to enter text.
Can systems be virtualized?	Click here to enter text.
<ul style="list-style-type: none"> <li>– Will the product run on virtualized servers?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>– If yes, what virtualization and remote access software is required on server?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Citrix</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• BMC</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Other</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>– If no, are you moving toward certifying virtualized environments?</li> </ul>	Click here to enter text.
Are we required to purchase hardware from your company?	Click here to enter text.

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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?	
<b>Infrastructure and Technology</b>	
<b>If product is an ASP model, please respond to questions below:</b>	
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.

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<ul style="list-style-type: none"> <li>• Number of Server(s)?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Processor</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Storage and Fault Tolerance Requirements?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Memory? <ul style="list-style-type: none"> <li>– &lt;25 concurrent users</li> <li>– &gt;25 concurrent users</li> </ul> </li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Bandwidth Requirements?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• System Backup Requirements?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>– Types of Server(s)</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Database Servers</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Web Servers</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Interface Servers</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Scanning Servers</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>• Messaging (Fax, E-Prescribing, Print) Servers <ul style="list-style-type: none"> <li>– If fax from server, what fax cards are supported?</li> <li>– Is separate fax software needed?</li> </ul> </li> </ul>	Click here to enter text.
<p>Is virtualization supported or required (VMWare, XenApp, etc.)?</p>	Click here to enter text.
<ul style="list-style-type: none"> <li>– If so, on which servers and in what configuration?</li> </ul>	Click here to enter text.
<p>Are Citrix and/or Terminal Services supported?</p>	Click here to enter text.
<ul style="list-style-type: none"> <li>– If so, are there any application modules not supported or recommended for use in a virtualized environment?</li> </ul>	Click here to enter text.
<p>Does your product require or recommend a firewall?</p>	Click here to enter text.
<ul style="list-style-type: none"> <li>– If yes, what is the recommended manufacturer/model?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>– Do you recommend VPN access?</li> </ul>	Click here to enter text.
<p>Do you provide all CALs (client access licenses) for database and system access or does the customer purchase these?</p>	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.
<p>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).</p>	Click here to enter text.
<p>Does the product support any of the following external devices:</p> <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.
<p>What are the bandwidth requirements per user?</p>	Click here to enter text.
<p>What are the workstation requirements?</p>	Click here to enter text.
<p>Manufacturer/Model</p> <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.
<p>Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)?</p>	Click here to enter text.

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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.
<b>Infrastructure and Technology</b>	
<b>If product is a SaaS model, please respond to questions below:</b>	
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? <ul style="list-style-type: none"> <li>– If yes, what is the recommended manufacturer/model?</li> </ul>	Click here to enter text.
Can the product be securely accessed from any location with an Internet/broadband connection? <ul style="list-style-type: none"> <li>– What are the security requirements for remote users (non-office users)?</li> </ul>	Click here to enter text.
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.

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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.
– Ad hoc reporting option?	Click here to enter text.
– Provide a list of standard reports (no customization) which the customer may run to meet meaningful use requirements.	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.
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.

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– Does this affect access to the product?	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? • Is this process done manually or automatically? • How do we verify information has been uploaded?	Click 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 here to enter text.
– What steps should the customer take during this time?	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.
– How often is access audited and by whom?	Click here to enter text.
– Is there an off-site disaster recovery location for your server farm?	Click here to enter text.
– How often is this tested?	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? • Preferred method of contact (Phone call, e-mail, etc.)? • Where is your customer support staff located? Are they 'off-shore'? • What are your normal hours of support? • How is after hours support handled? • Will someone be on-call at all times?	Click 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 here to enter text.
Who has ownership of the following: • Data • Software • Enhancements or Customizations Paid for by Customer • Hardware • Servers • Workstations	Click here to enter text.



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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.
Videos <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>	Click here to enter text.
Web Based Training <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>	Click here to enter text.



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<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> </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>

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<p>What will be their role during 'Go Live'?</p> <ul style="list-style-type: none"> <li>- Trainer</li> <li>- Technical</li> </ul>	Click here to enter text.
<p><b>Post Go-Live Training and Support</b></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>	Click here to enter text.
<p>Will a post Go-Live assessment be completed after a specified amount of time by the vendor?</p>	Click here to enter text.
<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>	Click here to enter text.
<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>	Click here to enter text.
<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>	Click here to enter text.
<p><b>What is the vendor's responsibility when:</b></p> <ul style="list-style-type: none"> <li>- Problem resolution is not met by a certain time based on severity level of the problem or issue?</li> <li>- Meaningful use criteria are not met as promised?</li> <li>- Upgrades cause problems (causes meaningful use criteria to no longer be met or critical workflows to break)?</li> <li>- Training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables?</li> <li>- Implementation is not completed by vendor in the agreed upon timeframe due to issues related to the vendor (staffing conflicts, software problems, etc.)?</li> <li>- Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software?</li> <li>- Promised product functionality does not exist at time of Implementation?</li> <li>- Damages to hardware during transport if purchased through vendor or while vendor is on-site during installation?</li> <li>- Data is corrupted during the course of normal use and operation of the product?</li> <li>- SLAs are not met?</li> </ul>	Click here to enter text.
<p>Will you allow the representations made in your response to this RFP to be incorporated into the contract?</p>	Click here to enter text.
<p>Will you agree to a cap on price increases? For how long?</p>	Click here to enter text.
<p>How long will you guarantee to provide maintenance (or other support) on this product?</p>	Click here to enter text.
<p>What is the process that you will follow when "sunsetting" this product?</p>	Click here to enter text.
<p>Will you escrow the source code for this product?</p>	Click here to enter text.

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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.
<b>Other Vendor Services Offered</b>	
What other companies have you partnered with to provide services on your behalf and what are their contact information?	Click 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 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.

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Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
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.
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.

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Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
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>				
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.

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Specifications	Yes, Included	Yes, Addtl. Cost	No	Comments / Clarifications
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.
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.

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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.
<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.
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.



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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.
<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.



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<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>				
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.

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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 drivers 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.

**Estimate Template**

For each proposed product, please provide cost estimates based upon a typical installation. To allow us to be able to compare responses, please assume that the product is going to be used at number of site(s) with number of providers. Also, any additional details regarding cost or pricing that may be helpful in our analysis should be included as well.

Please use the following template, if possible—or attach a cost estimate proposal that includes answers to each question below — **and provide it as a separate, sealed document within the RFP response.**

<b>One time fees</b>	
One time implementation fees:	Click here to enter text.
Training fees:	Click here to enter text.
Consulting fees:	Click here to enter text.
<b>Initial year costs (include all fees for license, use, access, etc.)</b>	
For x providers:	Click here to enter text.
For each additional provider:	Click here to enter text.
Please provide the pricing algorithm used to calculate this cost.	Click here to enter text.
<b>Ongoing annual costs (include all fees for maintenance, support, use, access, etc.)</b>	
For x providers:	Click here to enter text.
For each additional provider:	Click here to enter text.
Please provide the pricing algorithm used to calculate this cost. Also, please provide your policy regarding price increases.	Click here to enter text.
<b>Five (5) year cost of ownership</b>	
Please indicate the estimated TCO ("total cost of ownership") for the product over a 5 year period.	Click here to enter text.
Training fees:	Click here to enter text.