Mid-Michigan Recovery Services

Electronic Health Record System

Request for Proposal

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# RFP

Mid-Michigan Recovery Services

Request for Proposal:

Electronic Health Record ("EHR")

System

**January 8, 2021**

****

Mid-Michigan Recovery Services

913 West Holmes Road, Suite 200

Lansing, MI 48910

Wayne Budde

(517) 702-4700

wayneb@mmrsinc.org

Mid-Michigan Recovery Services

Request for Proposal

**01-08-2021**

To Whom It May Concern:

**About** Mid-Michigan Recovery Services

**SUMMARY OF MID-MICHIGAN RECOVERY SERVICES**

Mid-Michigan Recovery Services is a nonprofit, 501(c) (3) organization that has been providing addiction-recovery programs in the Lansing, Mich., region for more than 60 years. It is the largest, most-experienced nonprofit provider of recovery services in the region.

Founded on June 10, 1960, the agency grew from the community-based 12-step recovery movement into a modern, accredited professional agency helping men and women recover from all forms of substance dependence. Today, services include assessments; education and early intervention treatment; outpatient treatment; intensive outpatient treatment; residential treatment; recovery housing; and recovery and crisis support.

The professional staff includes therapists, a psychologist, a medical director, case managers and recovery coaches. Services and staff are licensed by the State of Michigan and staff have advanced training and certification from the Michigan Certification Board for Addiction Professionals. Several staff members are in recovery themselves and are former clients, evidence of the quality of the programs.

On Jan. 23, 2020, Mid-Michigan Recovery Services earned its second consecutive three-year accreditation by CARF International for its Outpatient and Residential Treatment programs. This is the highest level of accreditation. The agency’s recovery housing programs also are accredited by the Michigan Association of Recovery Residences, Inc.

The agency serves about 900 individuals per year and accepts clients regardless of ability to pay, including Medicaid and uninsured clients. Confidential client surveys show that 95.7 percent reported stopping using alcohol or drugs or maintained abstinence after entering inpatient or outpatient programs.

Outpatient programs typically are conducted at the agency headquarters but have been modified to be conducted virtually during the pandemic. Services include confidential assessments, individual and group therapy, and peer recovery services. In the most recent fiscal year, services included 2,059 hours of individual sessions and 10,105 hours of group sessions.

Residential treatment is provided at two off-site locations, Holden House for men and Glass House for women. Each has capacity for 14 residents, with 24-hour care, life-skills support, case management, therapists, peer recovery coaching and assistance with permanent housing, employment, medical care and more.

Recovery housing is operated as the Safe Harbor program, expanded in 2020 with capacity for 24 men at four adjacent houses and work underway to add 11 beds to serve women at two more houses. Recovery housing is a respected model of treatment designed to support those exiting residential or outpatient treatment, by providing a stable community to build the social capital needed to re-enter the community. Most clients served by the program are homeless or at risk of homelessness. They receive help with case management, peer recovery coaching, employment, rebuilding relationships, obtaining permanent housing and more.

All Mid-Michigan Recovery Services programs are integrated to provide a continuum of care that meets each client’s needs wherever they are on the recovery journey.

To meet the deadline for the initial approval, **all responses to this RFP must be received electronically by 5:00 PM (EDT) on** 2/15/2021. All vendors intending to submit a response are requested to submit the intent to bid email by 1/22/2021. All questions received from vendors will be consolidated and answered by 5:00 PM (EDT) on 1/29/2021. Answers will be sent to vendors who have submitted a letter of intent and also posted on the MMRS web site. Vendors will review the information posted and communicate any changes or updates in writing. Questions and completed responses should be sent to:

wayneb@mmrsinc.org

Project Manager

Terms and Instructions:

| Timeline | |
| --- | --- |
| Process | Deadline |
| Issue RFP | 1/8/2021 |
| Intent to Respond Due | 1/22/2021 |
| Written Questions Due | 1/29/2021 |
| Responses Posted | 2/5/2021 |
| RFP Responses Due | 2/15/2021 |
| Vendors of Choice Selected | 3/19/2021 |
| Vendor Demonstrations | 3/24/2021 |
|  |  |
| Vendor Selected for contract negotiations | 3/31/2021 |

Intent to Respond Email

Mid-Michigan Recovery Services asks that all vendors email their intention to respond to this RFP by the given deadline. The e-mail should be sent to ***wayneb@mmrsinc.org*** and received no later than 1/22/2021. Please include the words "**RFP: Intent to Respond**" in the subject line.

Include the Vendor Name, contact person and email address for future correspondence in the body of the email.

# Goals/Objectives

The following list was created as a component of the EHR project charter and represents the goals and objectives to be obtained by selecting and implementing an EHR solution. A vendor response to the list is not required but will be accepted if you choose to comment.

* + EHR software that will help meet the 42 CFR Part 2 standards regarding the confidentiality of drug and alcohol abuse and mental health treatment
  + Remain Compliant with Safety and Privacy Regulations in addition to helping MMRS substance abuse treatment organization comply with the stringent HIPAA guideline
  + The development and use of harmonized electronic Health Record systems (EHR) containing standardized person-level information will enable improved coordination of healthcare services.
  + Better communications with a patient’s other supporters, such as primary care physicians. By making data useable and capable for exchange, EHRs holds promise to improve outcomes.
  + EHR system that will improve the organization and usability of clinical data, thereby helping patients, health care professionals, and health system leaders coordinate care, promote shared decision-making, and engage in quality improvement efforts
  + Support the required adoption of an EHR system and its meaningful use as specified by the HITECH (Health Information Technology for Economic and Clinical Health Act, and MITECH (Medicaid Information Technology to Enhance Community Health).
  + Ensure that screeners and intervention resources of brief intervention and referral to treatment (SBIRT) (i.e., common data elements) are incorporated into routine practice for implementation, record-tracking, reimbursement, quality of care (follow-up), and development of performance indicators to inform shared clinical decision-making.
  + Speech-to-text functionality that further eases the process by eliminating the need for typing notes
  + Insurance claim filing that supports determination of accurate International Code of Diseases (ICD) and current procedural terminology (CPT) codes to file insurance claims.
  + EHR solution helps users manage all documentation and regulatory requirements for insurance filing and UB-04 (Standard CMS billing), and SUD 837 form support.
  + An integrated billing functionality that allows users to generate bills and email them to patients or insurance companies. Solutions should also help users track the status of their claims and insurance payments in real time.
  + Mid-State Health Network compliant billing and reporting (The agency’s Pre-Paid Inpatient Health Plan. See below for more detail)
  + E-Prescribing functionality that allows practitioners to send prescriptions directly from their system to the pharmacy of their patient’s choice.
  + Support HEDIS measures for SUD treatment services including: (a) unhealthy alcohol use screening and follow-up; (b) identification of alcohol and other drug services; (c) initiation and engagement of alcohol and other drug abuse or dependence treatment; (d) medical assistance with smoking and tobacco use cessation; (e) follow-up after emergency department visit for alcohol and other drug abuse or dependence, and (f) standardized efficacy measures
  + Support MMRS utilization of Medicaid EHR Incentive Program funding to connect to Medicaid primary care providers.
  + Reduced overhead practice costs and billing errors.
  + An EHR that will make it easier — and faster — to collect and enter patient data and document treatment protocols
  + Reduces redundancy of data entry
  + Save physical space and office supply costs without the need for a chart room.
  + Expedites and automates the receipt of lab test results.
  + Organizes information making it easy to find, and simplifying quality control.
  + Submits co-signatures on treatment plans, service delivery notes, medical orders, and forms remotely, which reduces unnecessary travel time.
  + Auto alerts and reminders help to ensure that you meet patient’s treatment needs on time.
  + Optimizes admissions capacity with auto-scheduling and pre-admission screening.
  + Optimize utilization with text, email, and voice to remind.
  + Maximizes revenue and decreases data entry with an integrated insurance billing module.
  + Better tools and technology improve communication, staff retention, and employee satisfaction.
  + Performance Measures (Access, Efficiency, Effectiveness and Satisfaction) tracking and reporting
  + Grant Management and Billing
  + Waitlist management and occupancy for In-Patient facilities

# 3 RFP Overview and Approach

Mid-Michigan Recovery Services (MMRS), to ensure the greatest chance of successfully selecting a compatible and competitive EHR vendor and solution, dedicated considerable staff time and effort to document and agree upon the clinical processes that are in place today. A thorough understanding of how they operate today, along with a review or the current EHR market and system capabilities, set the basis for developing the list of functionality (Requirements) listed in the RFP.

The requirements are divided into three sections:

1. General Software Capabilities (Section 6), and
2. Software Specifications (Section 7), and
3. Mid-Michigan Recovery Services Specific Workflow Requirements (Section 8).

The initial RFP response review and selection of finalist will be based on four rated areas:

1. Vendor Profile and General Software Specifications
2. Software Specifications
3. Mid-Michigan Recovery Services Specific workflow requirements, and
4. Sample Workflow Simulation Scenario

Cost proposals will be submitted as a separate sealed bid.

**Section 6: Vendor Profile and General Software Functionality**

Response text requested

**Section 7: Software Specifications**

Response text requested

**Section 8: Mid-Michigan Recovery Services Specific workflow requirements**

Requirements were drawn from the As-Is Process Workflow documents(Visio Flows – **Attachment 1,** and Process Narratives), created during our workflow sessions.

A significant percentage of services are covered by Mid-State Health Network. Mid-State Health Network (MSHN) is the Prepaid Inpatient Health Plan (PIHP) for twenty-one Michigan counties, and is in partnership with the Community Mental Health (CMH) agencies of these counties. MSHN, in partnership with the CMH’s and local providers, provides mental health services to adults with severe and persistent mental illness, children with severe emotional disturbance, individuals with intellectual/developmental disabilities, and individuals with substance use disorders.

A major component of the MMRS workflow is the interface and dependency on MSHN and the REMI software for client screening, authorization and billing. All treatment providers contracted for MSHN SUD services must use the internet-based information system known as REMI, a product of PCE.

Listed below are the touch points / interfaces identified between MMRS and REMI:

* Brief Screening
* Initial Admission
* Level of Care
* Date of Last use
* Signed and uploaded Treatment Plans
* Uploaded Bio/Psycho/Social Assessment
* Reauthorization
* Insurance verification
* Billing Page
* Discharged page
* Case manager and Peer Recovery Coach authorization

At the time of publishing this RFP, MSHN only provides an API capability for the billing function utilizing the 837 Professional Claim Version 5010A1 and companion document from Mid-state Health Network PIHP***: Attachment 2.***

MMRS is looking for creative approaches to easing the dual system requirements and interfacing between the selected EHR and REMI.

**Section 9: Sample Workflow Simulation Scenario**

Simulation Scenario

It is MMRS’s intention that the selected vendor will utilize the current (as-is) process workflow documentation in process modeling sessions, during implementation, to create to-be workflows and define customization and tailoring of the EHR solution.

To evaluate a vendors approach to fulfilling this requirement and the adaptability of the software solution, a sample as-is workflow (described in detail in Section 9 – Sample Workflow Simulation Scenario) is provided. Vendors are asked to submit a to-be solution to the requested workflow. The response can be in narrative form and/or with sample screens, forms and reports.

The vendors selected for interviews and presentations will be asked to demonstrate the selected workflow through an actual demonstration of the software.

The supporting process narratives and associated forms for the selected scenario (Out Patient) have been compiled into a separate file that can be accessed on the MMRS EHR RFP web page. To ease the use of the document hyperlinks have been established between the narrative references and referenced documents. Right click and selection of previous screen will allow navigation back to the narrative.

# 4 Mid-Michigan Recovery Services - Infrastructure

Status of Technical Infrastructure at MMRS

November 2020

Introduction

MMRS has implemented various standards and made improvements in many areas to provide a stable and secure technical infrastructure. Below is a description of the current state of IT at MMRS, as well as a mention of areas to improve/update in the future.

Workstations

The standard issue laptop computer is either a Dell Latitude or Lenovo ThinkPad T-series. The base configuration is as follows:

* Windows 10 Pro
* Core i5 Processor
* 8 GB of RAM
* 256 GB SSD

The standard desktop issue is a Dell Optiplex 3000 or 5000 series which has the base configuration of:

* Windows 10 Pro
* Core i5 Processor
* 8 GB of RAM
* 256 GB SSD

Some older workstations do not meet these specifications, but all workstations are running Windows 10 Pro. All future workstations will meet these minimum specifications. These specifications will be updated as the need arises (i.e. switching to 16 GB of RAM as the minimum).

Print, Scan, Fax

There are two multifunction Canon copiers at the main office with capabilities to print, copy, scan, and fax. There are various multifunction printers (i.e. Brother MFP series) at the houses and for individual use around the offices.

Printer Inventory:

|  |  |
| --- | --- |
| Printer Model:  Canon 4251 | Location: Front of office, room 212 |
| Printer Model: Canon 3525i | Location: Suite 225 Hallway |
| Printer Model: HP Colorjet CP3525n | Location: Susan’s office |
| Printer Model: HP laserjet 4100N | Location: Board room |
| Printer Model: Brother MFC-LW2700 | Location: Aaron/Fadis Office |
| Printer Model: Brother HL2300D | Connection: USB to MMRS-77 (COUNSELORHH) – Holden House (HH) |
| Printer Model: MFC L2740DW HH | Connection: USB to MMRS-83 (HHTECH-PC), shared off of 83 to other computers in building -HH |
| Printer Model: HP Deskjet 1000 | Connection: USB to MMRS-77 – Glass House (GH) |
| Model: MFC L2740DW | Connection: Wired USB to Tech PC (MMRS-87) - GH |
| Model: Laserjet P1606dn | Connection: Wired USB to COUNSELORGH (MMRS-88) - GH |
| Model: Laserjet 1100/1200 | Connection Wired USB to COUSNELOR1GH (MMRS-86) - GH |
| Model: HL-L2315D | Connection: Wired USB to MMRS-86 - GH |

Network Infrastructure

Firewalls

The main office as well as each house is protected by business grade hardware firewalls. Each house location is connected to the main office by site-to-site VPN meaning each location can securely access network resources housed at the main office. This typically is used for access files on the server.

The main office firewall is a Linksys LRT224.  Each house (TR, GH, and HH, Safe Harbor (SH)) have Linksys LRT214 models.

Switching

The main office switch is a Trendnet TEG448WS 48 port, unmanaged, gigabit switch. Each house has a smaller 8-16 port, unmanaged, gigabit switch with enough ports to serve the office.

Wireless

The wireless infrastructure consists of a series of seven Ubiquiti wireless access points installed at the main office and houses with common SSID’s, passwords, and security.

Access Points:

* Main office: AP-Suite200 (Suite 200 conference/group room), AP-Suite225 (Suite 225 conference room), AP-GroupRoom (group room/conference room)
* Safe Harbor: AP-TR (On the lockers in dining room or moved closer to window)
* Glass House: AP-GH (in back office with network gear)   
   Holden House: AP-HH-GroupRoom, AP-HH-MainOffice

Servers

There are currently two servers running. The main server, Server18, was deployed in 2018 and is the main office server running active directory, file shares, etc. The second server has only one role and that is to run the SOS application. This server will be decommissioned as soon as a replacement for the SOS application is deployed.

Server 1 -

Host name: server18

OS: Windows Server 2016

Manufacturer: Dell

Model: T330

Serial #: DC4T0Q2

Roles: DC, Active Directory, DHCP, DNS, File shares, print shares

Server 2 -

Host name:   NCALRA01

OS: Standard Server 2008 R2

Manufacturer: Lenovo

Model: TS 130

Serial# MJNCBKK

Roles: SOS application

Software

All computers are running Windows 10 Pro and Office 2016. Future updates include upgrading to Microsoft 365 for all desktop Office suite installations.

Email

Email is hosted by Microsoft – Office 365 E2 plan. Future plans include upgrading to Microsoft 365 Standard.

Endpoint Security

All workstations and servers are protected by Webroot Business Endpoint Protection managed and monitored by MNA Tech.

File Sharing and Backup

MMRS stores and shares files on the server and in SharePoint via Office 365. All staff are directed to save files to these locations only to ensure important data is backed up. The server shares are backed up nightly onto a local USB hard drive attached to the server as well as to the cloud via Carbonite Server backup. Office 365 data is backed up by Microsoft via their standard data retention policies.

Internet/ISP

All MMRS locations are served by Comcast cable internet. The tested speed at each location is approximately 80-90 Mbps Download and 15-18 Mbps Upload.

# 5 Inquiries

Inquiries

We encourage inquiries regarding this RFP and welcome the opportunity to answer questions from potential applicants. Please direct your questions to ***wayneb@mmrsinc.org*** Please include the words "**RFP: Inquiry**" in the subject line.

Deadline for Response

Interested vendors must submit an electronic copy of their proposed solution to ***wayneb@mmrsinc.org*** by **February 15, 2021.** Submissions will be confirmed by reply email. Late proposals will not be evaluated.

Submission Process and Requirements

Two part RFP response format:

1. Following sections responded to utilizing the requested format
2. Second part is a separate email response to the requested Cost Estimate

Responses shall be submitted in word format and sent using electronic mail. Send your response to: ***wayneb@mmrsinc.org*** by the date and time specified above. Receipt will be acknowledged via email. Please include the words "**RFP: Vendor Response**" in the subject line.

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

* **Section 1** – *Executive Summary* (provide a concise summary of the products and services proposed)
* **Section 2** – *Vendor Profile and General Software Functionality* (provide answers using the template and instructions below)
* **Section 3** – Software Specifications (provide answers using the template and instructions below)
* **Section 4** *– Mid-Michigan Recovery Services Specific Workflow Requirements* (provide answers using the template and instructions below)
* **Section 5** – *Sample Workflow Simulation Scenario* (Vendors are asked to submit a to-be solution to the requested workflow. The response can be in narrative form and/or with sample screens, forms and reports)
* **Section 6** – *Implementation Plan* (provide a high level implementation plan with estimated timeline)
* **Section 7** – *Hardware and Configuration Specifications* (provide a list of hardware requirements and configuration options [client/server, SaaS, etc.])
* **Section 8** – *Cost Estimate* (provide answers using the template and instructions in Section 10 Cost Estimate Template)

General Conditions

Mid-Michigan Recovery Services is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by Mid-Michigan Recovery Services to award any contract.

The Mid-Michigan Recovery Services is not responsible for any costs incurred by any vendor or their partners in the RFP response preparation or presentation.

Information submitted in response to this RFP will become the property of Mid-Michigan Recovery Services

All responses will be kept private from other vendors.

Mid-Michigan Recovery Services reserves the right to modify this RFP at any time and reserves the right to reject any and all responses to this RFP, in whole or in part, at any time.

# 6 Vendor Profile and General Software Functionality

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 here to enter text. |
| Address (Headquarters) | Click here to enter text. |
| Address Continued | Click here to enter text. |
| Main Telephone Number | Click here to enter text. |
| Website | Click here to enter text. |
| Publicly Traded or Privately Held | Click here to enter text. |
| Open | Click here to enter text. |
| Parent Company (if applicable) | |
| Name | Click here to enter text. |
| Address | Click here to enter text. |
| Address Continued | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| **Main Contact** | |
| Name | Click here to enter text. |
| Title | Click here to enter text. |
| Address | Click here to enter text. |
| Address Continued | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Fax Number | Click here to enter text. |
| Email Address | Click here to enter text. |
| Market Data | |
| Number of years as EHR vendor | Click here to enter text. |
| Number of live sites | Click here to enter text. |
| Breakdown of sites by provider # (1-5, 6-9, >10) | Click here to enter text. |
| Number of new EHR installations over the last 3 years? | Click here to enter text. |
| Breakdown of sites by specialty | Click here to enter text. |
| Size of existing user base | Click here to enter text. |
| Does the product have a Michigan presence?  If so, # of install sites by specialty and size; list of Michigan reference sites with contact information | Click here to enter text. |
|  |  |
|  |  |
| How many organizations have de-installed any vendor systems over the past two (2) years? Please specify which systems and why? | Click here to enter text. |
|  |  |
| Total FTEs Last Year | Click here to enter text. |
| Total FTEs This Year | Click here to enter text. |
| Explain how your company is planning to meet the increase in demand for your EHR product (including implementation, training, and support) over the next five (5) years. | Click here to enter text. |
| Product Information | |
| Product name and version# | Click here to enter text. |
| When is your next version release? | Click here to enter text. |
| Single Database for scheduling, billing, and EHR? | Click here to enter text. |
| Is it a Client Server, ASP or SaaS Hosted model? | Click here to enter text. |
| Does product include a patient portal? | Click here to enter text. |
| Was the product (or any of its significant functionality) acquired from another company?  If yes, please answer the following:   * What was the original company’s name that developed the product or functionality? * What was the original product’s name? * What version did you purchase? | Click here to enter text. |
|  |  |
|  |  |
|  |  |
|  |  |
| Reporting Capabilities | |
| 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. |
| ONC-ATCB Certification | |
| 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. |
| 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 here to enter text. |
| Do you have a guarantee the product will meet the current standards and future standards? | Click here to enter text. |
| Additional Information | |
|  |  |
|  |  |
| 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:   * What is your reseller structure? * Who are your resellers who are authorized to sell within Michigan?   If no, please answer the following:   * What is your distribution and sales structure? | Click 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 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 flow sheets). | Click here to enter text. |
| Describe your password security protocol | 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. |
| Computerized Physician Order Entry (CPOE) | |
| Is CPOE part of the core product or a separate module? | Click here to enter text. |
| Is CPOE customizable per provider or are templates available? | Click here to enter text. |
| * Does the system allow for custom Order Sets to be built? | Click here to enter text. |
| * Does the system allow multiple Result able Items to be mapped to a single Orderable Item? (e.g., Skin tests have multiple antigens (result Able) which must map to a single Orderable item code). | Click here to enter text. |
| Does the system allow free text ordering? | Click here to enter text. |
| Does the system provide the end user the ability to cancel pending orders? | Click here to enter text. |
| * If so, does an outbound interface message result, sending the cancellation message to 3rd party systems? | Click here to enter text. |
| Does the system utilize ICD9 or ICD10 coding? | Click here to enter text. |
| * Are codes pre-loaded? | Click here to enter text. |
| * Are future code updates vendor or user applied? | Click here to enter text. |
| Does the system allow custom questions per order to be developed? | Click here to enter text. |
| * If so, please describe how these items are built and managed by the customer. | Click here to enter text. |
| * Can these items be classified as “required” or “optional” to complete? | Click here to enter text. |
| Does the product support recurring orders? | Click here to enter text. |
| * If so, please describe how the system accommodates this workflow. | Click here to enter text. |
| Does the product support Orderable Favorites per user and/or per specialty? | Click here to enter text. |
| How does the product support ordering for off-site (non-integrated/interfaced) orders? | Click here to enter text. |
| Are there Reporting tools available to monitor all CPOE steps? (e.g., unsigned orders, overdue orders, etc.) | Click here to enter text. |
|  |  |
|  |  |
| Telemedicine | |
| Is your Tele-health integrated with your EHR solution | Click here to enter text. |
| Is patient authorization for Tele-health integrated | Click here to enter text. |
| Are patient records accessible and updated during Tele-health sessions | Click here to enter text. |
| Describe how your Tele-health solution handles scheduling, charting, billing and conducting the virtual session | Click here to enter text. |
| Can Tele-health sessions be recorded and stored as part of the patient records | Click here to enter text. |
| Are Tele-health sessions integrated with the patient portal for access and scheduling | Click here to enter text. |
| How comparable is your Tele-Health to zoom, which MMRS is currently using? | Click here to enter text. |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| E-Prescribing | |
| Is E-Prescribing part of the core product or a separate module? | Click here to enter text. |
| Is E-Prescribing customizable per provider and/or at the enterprise level? | Click here to enter text. |
| What are the E-Signature Requirements for E-Prescribing? | Click here to enter text. |
| * What is required of the customer in order to set this up? | Click here to enter text. |
| Which local or national pharmacies interface with the EHR? | Click here to enter text. |
| * How are these updated and with what frequency? | Click here to enter text. |
| Is there an extra expense required for local pharmacies to be set up for E-Prescribing? | Click here to enter text. |
| * Rate per transmission? | Click here to enter text. |
| * What form of transmission is required? | Click here to enter text. |
| Is there a fax server incorporated in the EHR? | Click here to enter text. |
| * If so, does it require a separate server? | Click here to enter text. |
| * If not, are 3rd party vendor fax servers supported? | Click here to enter text. |
| * Which vendors are supported? | Click here to enter text. |
| Can Rx faxes be configured to use a separate fax queue from other faxed documents within the system? | Click here to enter text. |
| Is there a functional limit to the number of fax lines supported by the system? | Click here to enter text. |
| Can active faxes be cancelled during transmission by user or by system administrators? | Click here to enter text. |
| What security settings are available in the product to govern who can E-Prescribe? | Click here to enter text. |
| Are medication updates performed regularly? | Click here to enter text. |
| * Which vendor(s) does the product support? | Click here to enter text. |
| * Does it include Drug Contraindications? | Click here to enter text. |
| * Does it include Drug Interactions? | Click here to enter text. |
| * Does it include Drug Warnings received? | Click here to enter text. |
| Are reporting tools for E-Prescribing available? | Click here to enter text. |
| Describe how new medications are displayed in the system if added by:   * MD * RN * MA * PA/NP * Residents | Click here to enter text. |
| Where is E-Prescription information housed in the EHR? | Click here to enter text. |
| Describe the audit features for E-Prescribing. | Click here to enter text. |
| * Does the system keep a running history of Rx renewal changes? | Click here to enter text. |
| Ability to notify local pharmacy that a client was admitted to residential program  Ability to notify local pharmacy when residential client is discharged | Click 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 here to enter text. |
| How are support issues handled? | Click here to enter text. |
| Does a 3rd party vendor host any part of your product and/or data? | Click here to enter text. |
| Does your product require or recommend a firewall on the client side? | Click here to enter text. |
| * If yes, what is the recommended manufacturer/model? | Click here to enter text. |
| Can the product be securely accessed from any location with an Internet/broadband connection? | Click here to enter text. |
| * What are the security requirements for remote users (non-office users)? | Click here to enter text. |
| What are the minimum bandwidth requirements? | Click here to enter text. |
| List all security enhancements which must be accommodated on client workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc.). | Click here to enter text. |
| Does the product support any of the following external devices:   * USB Devices * Scanners (Manufacturer/Model) * Flatbed * Handheld (i.e., Barcode, I-Pads, I-Phone Devices, etc.) * Card Readers (i.e., Smart Card, Security) * Other Input Devices | Click here to enter text. |
| What are the workstation requirements? | Click here to enter text. |
| Manufacturer/Model   * Processor * Storage * Memory * Operating System | Click here to enter text. |
| Does the product require any type of client (i.e. Citrix, client ware, Cisco VPN, etc.)? | Click 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 (WinVNC, RDP, GoToMyPC, etc.) for support | 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 to 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?   * Backups? * Updates? * Performance Monitoring and Enhancements | 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. |
| * 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. |
| Vendor Support | |
| 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. |
| 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   * 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 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 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? * How soon will customer be able to view, test, and use enhancement? * How will upgrades work with new enhancement? * Will all other customers get the enhancement one company has paid for? * How will the company stay up-to-date on required meaningful use definition changes? | Click here to enter text. |
| Training/Testing – All Phases (Selection through Post Go-Live) | |
| 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   * Recorded Modules/Workflow Training Courses * Recorded Interactive "Many-to-One" Training Sessions * Quick Reference or Tips & Tricks Videos * Trial Demonstration of EHR | Click here to enter text. |
| Web Based Training   * Interactive training activity with screenshots & instructions to give clinic exposure of EHR selected before core training | Click 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 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 here to enter text. |
| Is Practice/Specialty Specific Training Offered? | Click 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 here to enter text. |
| Will a workflow assessment be completed by the vendor?   * Will a document be sent to be completed by clinic? * Will vendor complete on-site workflow assessment? * Is there an additional cost for workflow assessment? | Click here to enter text. |
| Will recommendations be provided for abstracting or bulk loading data from paper charts into the EHR? | Click here to enter text. |
| Contractually, can users access the live EHR system prior to Go-Live for build or ‘pilot’ purposes? | Click here to enter text. |
| Super User Training   * Will super users be trained by vendor? * Remote or on-site training provided? | Click here to enter text. |
| Cost of Training   * Describe training options included in contract agreement. * Will additional costs be incurred on clinic for training? | Click 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 clinic 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 here to enter text. |
| Go-Live | Click here to enter text. |
| Will vendor staff be on-site during ‘Go Live’ timeframe? | Click here to enter text. |
| What will be their role during ‘Go Live’?   * Trainer * Technical | Click here to enter text. |
| Post Go-Live Training and Support | Click here to enter text. |
| 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 here to enter text. |
| Will a post Go-Live assessment be completed after a specified amount of time by the vendor? | Click 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 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 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 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 here to enter text. |
| Will you allow the representations made in your response to this RFP to be incorporated into the contract? | Click here to enter text. |
| Will you agree to a cap on price increases? For how long? | Click here to enter text. |
| How long will you guarantee to provide maintenance (or other support) on this product? | Click here to enter text. |
| What is the process that you will follow when "sun setting" this product? | Click here to enter text. |
| Will you escrow the source code for this product? | Click here to enter text. |
| Will you agree to the contract being governed by [MI ] law (including the applicable provisions of the UCC)? | Click here to enter text. |
|  |  |
| Other Vendor Services Offered | |
| What other companies have you partnered with to provide services on your behalf and what are their contact information? | Click here to enter text. |
| 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. |

# 7 Software Specifications

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 2021). 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,  Additional  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 here to enter text. |
| 1. The system includes automatic translation of codes to data. |  |  |  | Click here to enter text. |
| 1. The system includes support and updates for the above vocabularies. |  |  |  | Click here to enter text. |
| 1. The system includes SNOMED CT as the integrate standard of nomenclature of clinical terms, as well as American Society of Addiction Medicine (ASAM) to determine the substance abuse treatment Level of Care |  |  |  | Click here to enter text. |
| 1. Your company provides after-hours call center support for the system. |  |  |  | Click here to enter text. |
| 1. Demographics / Care Management | | | | |
| 1. The system has the capability to record demographics including: 2. Preferred language, insurance type, gender identified, race, ethnicity, and date of birth. |  |  |  | Click here to enter text. |
| 1. The system supports the Continuity of Care Document Continuity of Care Record, HITSP standard. |  |  |  | Click here to enter text. |
| 1. The system has the capability of importing patient demographic data via HL7 / EDI 820/834/837 interface from an existing Practice Management System, Patient Registration System, or any such system used for patient registration and/or scheduling. |  |  |  | Click here to enter text. |
| 1. Patient History | | | | |
| 1. The system has the capability to import behavioral patient health history data from an existing system. |  |  |  | Click 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 here to enter text. |
| 1. Support multiple admissions and treatment history for a client |  |  |  | Click here to enter text. |
| 1. Current Behavioral Health Data, Treatment Episodes, Level of Care Changes | | | | |
| 1. The system includes a combination of provider customizable bio-psychosocial assessments, and provider defined and reusable templates for data capture and treatment authorization through REMI system |  |  |  | Click here to enter text. |
| 1. System will generate an ASAM risk rating score to help the clinician with ASAM level of care and treatment plan creation |  |  |  | Click here to enter text. |
| 1. The system obtains test results via standard assessment tools like ASAM continuum, SASSI, DAST, MAST, PHQ |  |  |  | Click here to enter text. |
| * 1. The system obtains test results via standard HL7 interface from: radiology/ imaging/ /Blood test |  |  |  | Click here to enter text. |
| 1. The system tracks consultations and referrals. |  |  |  | Click here to enter text. |
| 1. System utilizes 3rd addition of the ASAM criteria, and DAPPER-3 to individualize treatment planning |  |  |  | Click here to enter text. |
| 1. System will identify high risk behaviors that need to be addressed |  |  |  | Click here to enter text. |
| 1. System will track outcomes of each referral provided |  |  |  | Click 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. 2. Generate progress notes for multiple providers with different credentialing for the same client 3. Collect collateral notes, and save collateral contact email information directly from Outlook |  |  |  | Click 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 goal and/or objective number |  |  |  | Click here to enter text. |
| 1. Problem Lists | | | | |
| 1. The system creates and maintains patient-specific goals and objectives to be achieved throughout treatment |  |  |  | Click here to enter text. |
| 1. Able to track status of progress notes with goal areas and whether it is achieved, in progress or to be addressed |  |  |  | Click here to enter text. |
| 1. Track if every service has been provided based on treatment plan |  |  |  | Click 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 here to enter text. |
| 1. Clinical Practice Guidelines (CPG) | | | | |
| 1. The system includes and maintains evidence-based Clinical Practice Guidelines (CPGs) as well as too kits published and maintained by credible sources such as the Substance Abuse Mental Health Service Administration, American Society of Addiction Medicine and MMRS clinical standards |  | ☐ |  | Click here to enter text. |
| 1. The system allows reporting and analysis of any / all components included in the MMRS clinical standards guidelines. |  |  |  | Click here to enter text. |
| 1. Included in each CPG, clinical standards, the system has the capability to create, review, and update information about: |  |  |  | Click here to enter text. |
| 1. The performance measures that will be used to monitor the attainment of objectives. |  |  |  | Click here to enter text. |
| 1. The quantitative and qualitative data to be collected. |  |  |  | Click here to enter text. |
| 1. Performance metrics: CPG shall allow for decision support based on standardized discrete data to be used to calculate clinical performance measures. |  |  |  | Click here to enter text. |
| 1. Collection means and origin of data to be evaluated. |  |  |  | Click here to enter text. |
| 1. 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. |  |  |  | Click here to enter text. |
| 1. Care Plans | | | | |
| 1. The system provides administrative tools for organizations to build clinical standards, guidelines, and protocols for use during patient care planning and care. |  |  |  | Click 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 here to enter text. |
| 1. The system provides after transitional plan for each level of care that is easy for the client to access |  |  |  | Click here to enter text. |
| 1. Prevention | | | | |
| 1. The system can provide referral list of prevention resources for the client (Harm reduction needle access programs, smoking cessation) |  |  |  | Click here to enter text. |
| 1. The system includes user-modifiable health maintenance templates. |  |  |  | Click 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 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 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 here to enter text. |
| 1. Alerts / Reminders | | | | |
| 1. The system includes user customizable alert screens / messages for overdue notes, collateral or specific client incidents enabling capture of alert details for team members |  |  |  | Click 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 here to enter text. |
| 1. The system includes alerts on new client assignment to team members, track assignment tasks, group assignment and treatment plan due dates |  |  |  | Click here to enter text. |
| 1. System alerts the therapist if client drug test came back positive for any substance. |  |  |  | Click 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 (Other SUD clinics, and CMH) depending on the health center’s existing and future systems as well as external linkages, through a standard, real time, HL7 two-way interface. |  |  |  | Click 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 here to enter text. |
| 1. Results | | | | |
| 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. |  |  |  | Click here to enter text. |
| 1. Results can be easily viewed in a flow sheet as well as graph format. |  |  |  | Click 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, and Pharmacy information systems. Please attach list of currently available interfaces, if available |  |  |  | Click here to enter text. |
| 1. The system includes an intuitive, user customizable results entry screen linked to orders. |  |  |  | Click here to enter text. |
| 1. The system has the capability to evaluate results and notify the provider. |  |  |  | Click 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 here to enter text. |
| 1. The system flags lab results that are abnormal or that have not been received. |  |  |  | Click 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 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 here to enter text. |
| 1. The system supports multiple drug formularies and prescribing guidelines. |  |  |  | Click 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 here to enter text. |
| 1. The system tracks clients medication list |  |  |  | Click here to enter text. |
| 1. Confidentiality and Security | | | | |
| 1. The system provides privacy and security components that follow national standards such as HIPAA and CFR Part 2 |  |  |  | Click here to enter text. |
|  |  |  |  |  |
| 1. The system hardware recommendations meet national security guidelines. |  |  |  | Click here to enter text. |
| 1. The system generates release of information templates based on the specific function of the release. Documents can be signed electronically by client and MMRS. A library of commonly used agencies can be created, stored and inputted into release templates. |  |  |  | Click here to enter text. |
| 1. The system has hardware recommendations for disaster recovery and backup. |  |  |  | Click 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 here to enter text. |
| 1. The system triggers alerts to providers when individual documented data indicates that critical interventions may be required. |  |  |  | Click 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 here to enter text. |
| 1. The system can generate lists of patients by specific conditions to use for quality improvement. |  |  |  | Click here to enter text. |
| 1. .The system can generate client satisfaction surveys to be completed anonymously by clients on a monthly basis and be compiled into a user friendly format for MMRS administrative use, |  |  |  | Click here to enter text. |
| 1. The system can generate patient reminder letters for preventive services or follow-up care. |  |  |  | Click here to enter text. |
| 1. The system supports disease management registries by: |  |  |  | Click here to enter text. |
| 1. Allowing patient tracking and follow-up on patients that have been discharged from treatment to use as success measures |  |  |  | Click here to enter text. |
| 1. Providing a longitudinal view of the patient medical history. |  |  |  | Click here to enter text. |
| 1. Providing intuitive access to patient treatments and outcomes. |  |  |  | Click here to enter text. |
| 1. What reporting engine is utilized within the software? (ex. Crystal Reports, Excel, proprietary). |  |  |  | Click here to enter text. |
| 1. If utilizing Crystal Reports do you provide a listing of all reportable data elements? |  |  |  | Click here to enter text. |
| 1. Does the end user have the ability to create custom reports? |  |  |  | Click here to enter text. |
| 1. Can reports be run on-demand during the course of the day? |  |  |  | Click 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 here to enter text. |
| 1. Meaningful Use | | | | |
| 1. The system has a bi-directional lab component. |  |  |  | Click here to enter text. |
| 1. The system can check insurance eligibility electronically from public and private payers. List clearinghouses with which this functionality exists. |  |  |  | Click here to enter text. |
| 1. The system can submit claims electronically to public and private payers. |  |  |  | Click here to enter text. |
| 1. The system can provide patients with timely electronic access to their health information. |  |  |  | Click here to enter text. |
| 1. The system can provide clinical summaries to patients for each visit. |  |  |  | Click here to enter text. |
|  |  |  |  |  |
| * 1. The system can provide a summary of treatment sessions provided during the treatment episode (example – 9 individual sessions, 20 group sessions, 5 PRC sessions) |  |  |  | Click here to enter text. |
| 1. The system can provide a summary care record for each transition of care and referral visit. |  |  |  | Click here to enter text. |
| 1. The system can exchange key clinical information among providers of care and patient authorized entities electronically. |  |  |  | Click here to enter text. |
| 1. The service provider can generate a “to-do” list or homework list for the client to focus on over the next week |  |  |  | Click 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 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 <http://bphc.hrsa.gov/uds/> |
| 1. The system allows customized reports or studies to be performed utilizing individual and group health data from the electronic record. |  |  |  | Click here to enter text. |
| 1. The system will provide support for third-party report writing products. |  |  |  | Click 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, co-occurring disorders and special populations. |  |  |  | Click here to enter text. |
| 1. The system has a clinical rules engine (i.e. 30 days no contact) and a means of alerting the agency if a client needs to be discharged or re-engaged. |  |  |  | Click here to enter text. |
| 1. The system generates discharge letters to all the referral sources based on a variety of parameters, such as date, time since last event for the purpose of collecting health data and functional status for the purpose of updating the patient’s record. |  |  |  | Click here to enter text. |
| 1. At minimum, the system is able to generate a variety of reports based on performance measures identified by CARF, grant based as well as other agency performance metrics |  |  |  | Click here to enter text. |
| 1. Consents, Authorizations, and Directives | | | | |
| 1. The system has the capability for a patient to sign consent electronically. |  |  |  | Click 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 here to enter text. |
| 1. The systems captures, maintains, and provides access to patient advance directives. |  |  |  | Click 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 here to enter text. |
| 1. Do you provide hardware or have a relationship with a hardware vendor? |  |  |  | Click here to enter text. |
| 1. If working with a hardware vendor do you have negotiated pricing with them? |  |  |  | Click here to enter text. |
| 1. Billing | | | | |
| 1. The system provides a bidirectional interface with practice management systems. |  |  |  | Click here to enter text. |
| 1. Document Management | | | | |
| 1. The system includes an integrated scanning solution to manage old charts and incoming paper documents. |  |  |  | Click here to enter text. |
| 1. Scanned documents are readily available within the patients chart. |  |  |  | Click here to enter text. |
| 1. Scanned documents can be attached to intra office communication and tracked. |  |  |  | Click here to enter text. |
| 1. The system has the ability to bulk scan and easily sort old patient charts for easy reference later. |  |  |  | Click here to enter text. |
| 1. Images and wav files can also be saved and stored in the document management system. |  |  |  | Click here to enter text. |
| 1. Insurance cards and driver’s license can be scanned and stored in patient demographics. |  |  |  | Click here to enter text. |
| 1. Scanned documents can be attached to visit notes. |  |  |  | Click here to enter text. |
| 1. In a multiple location environment can each office scan in the same manner? |  |  |  | Click here to enter text. |
| 1. E-mail correspondence is easily uploaded into client file documentation of collateral contacts |  |  |  | Click here to enter text. |
| 1. Technical Support | | | | |
| 1. What hours is technical phone support available? |  |  |  | Click here to enter text. |
| 1. What is the average amount of time for issue resolution? |  |  |  | Click here to enter text. |
| 1. If a problem persists what is the escalation process? |  |  |  | Click here to enter text. |
| 1. Do you have electronic ticketing for non-emergent technical support? |  |  |  | Click here to enter text. |
| 1. Do you have a user forum for practices to seek help from peers and share ideas? |  |  |  | Click here to enter text. |

# 

# 8 Mid-Michigan Recovery Services Specific Workflow Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Specifications | | Yes, Included | Yes,  Additional  Cost | No | Comments / Clarifications |
| 1.0 Billing | | | | | |
| 1. Ability to perform insurance verification through interface with Mid State Health Network (MSHN), Healthy Michigan Block Grant, private insurer, full fee, Family Dependency Court and MI prison reentry program. |  | |  |  | Click here to enter text. |
| 1. Ability to create billing invoices for treatment services (OP, IOP. Group and Residential) to Mid-State Health Network (MSHN), Healthy Michigan Block Grant, private insurer, full fee, Family Dependency Court and MI prison reentry program. |  | |  |  | Click here to enter text. |
| 1. Ability to create daily/weekly MSHN / REMI EDI 837P formatted batches for claims processing utilizing treatment documentation (progress notes), and bed census |  | |  |  | Click here to enter text. |
| 1. Interface with and support the batch submission of claims to MHSN |  | |  |  | Click here to enter text. |
| 1. Provide error report and batch correction capabilities for MSHN claims processing |  | |  |  | Click here to enter text. |
| 1. Ability to create Family Dependency Court Billing for monthly claims processing, utilizing the required PDF format and form requested |  | |  |  | Click here to enter text. |
| 1. Generate Michigan Reentry Program / MDOC / City of Lansing monthly billing utilizing the required PDF form |  | |  |  | Click here to enter text. |
| 1. Prepare full fee billing invoices |  | |  |  | Click here to enter text. |
| 1. Generate monthly 55th district court billing report |  | |  |  | Click here to enter text. |
| 1. Track and manage staff credentialing and certifications |  | |  |  | Click here to enter text. |

| Specifications | | Yes, Included | Yes,  Additional  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- |
| 2.0 Out Patient Client Pre – screening and assessment | | | | | |
| 1. Handle call-in’s, walk-in’s, referrals and single episode assessment requests |  | |  |  | Click here to enter text. |
| 1. Perform outpatient pre-screen based on established set of criteria |  | |  |  | Click here to enter text. |
| 1. Based on pre-screen suggest other sources of coverage if not eligible for MMRS - Medicaid |  | |  |  | Click here to enter text. |
| 1. If eligible assist with completion of MSHN – REMI brief screening screens |  | |  |  | Click here to enter text. |
| 1. If eligible assemble electronic client folder assigning sequential unique client number |  | |  |  | Click here to enter text. |
| 1. Schedule intake assessment meeting with therapist |  | |  |  | Click here to enter text. |
| 1. Ability for therapist to complete Bio/Psy/Soc assessment, and recommend level of care |  | |  |  | Click here to enter text. |
| 1. Ability for therapist during intake to update REMI initial, admission, authorization, |  | |  |  | Click here to enter text. |
| 1. Therapist can schedule follow up intake meeting if required |  | |  |  | Click here to enter text. |
| 1. Complete clinical summary (Bio/Psy/Soc), upload to REMI and update date of last use and LOC, ASM, Diagnostic Impression, Gambling etc. |  | |  |  | Click here to enter text. |
| 1. Ability to complete Mental Status Exam (MSE) |  | |  |  | Click here to enter text. |
| 1. PCP update correspondence |  | |  |  | Click here to enter text. |
| 1. Recommendations to referral |  | |  |  | Click here to enter text. |
| 1. Release for drug test results |  | |  |  | Click here to enter text. |
| 1. Assign client to therapists and schedule out-patient orientation meeting |  | |  |  | Click here to enter text. |
| 1. Create intake assessment progress note for billing |  | |  |  | Click here to enter text. |
| 1. Ability to generate clinical summary based on bio psychosocial input |  | |  |  | Click here to enter text. |
| 1. Ability to utilize other assessment tools (beck depression inventory, SASSI, sex trafficking screening,) |  | |  |  | Click here to enter text. |
|  |  | |  |  |  |

| Specifications | | Yes, Included | Yes,  Additional  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- |
| 3.0 Residential screening and assessment | | | | | |
| 1. Ability to complete MMRS residential screening form |  | |  |  | Click here to enter text. |
| 1. Update REMI brief screening screen based on data collected in screening form |  | |  |  | Click here to enter text. |
| 1. Create contact note from meeting |  | |  |  | Click here to enter text. |
| 1. Check bed-list for availability and recommend admission date |  | |  |  | Click here to enter text. |
| 1. Forward client folder to program coordinator with recommendation |  | |  |  | Click here to enter text. |
| 1. Ability for program coordinator to review file, recommendation and approve |  | |  |  | Click here to enter text. |
|  |  | |  |  |  |

| Specifications | | Yes, Included | Yes,  Additional  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- |
| 4.0 Outpatient Client Admission / Orientation | | | | | |
| 1. Outpatient therapist capability to review client folder and have client sign required forms |  | |  |  | Click here to enter text. |
| 1. Therapist create treatment plan with client and obtain signature Treatment plans can be flagged for other clinicians working with the client to sign. |  | |  |  | Click here to enter text. |
| 1. Upload treatment plan to MSHN - REMI |  | |  |  | Click here to enter text. |
| 1. Schedule outpatient group session(s) |  | |  |  | Click here to enter text. |
| 1. Create progress note to be used for billing services |  | |  |  | Click here to enter text. |
| 1. Ability to have family members involved in the treatment planning process and signing when requested by patient |  | |  |  | Click here to enter text. |
| 1. Ability to place new clients into a specific treatment group. Client is then placed ;in the correlating group roster , and removed from roster when they complete treatment |  | |  |  | Click here to enter text. |
|  |  | |  |  |  |

| Specifications | | Yes, Included | Yes,  Additional  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- |
| 5.0 Residential Intake and Admission | | | | | |
| 1. Technician / Therapist and client review intake file and obtain signatures |  | |  |  | Click here to enter text. |
| 1. Technician / Client complete Bio/Psy/Soc, nutrition and Beck Depression assessments |  | |  |  | Click here to enter text. |
| 1. Technician assigns Therapist to client for intake |  | |  |  | Click here to enter text. |
| 1. Therapist must compete assessment within 48 hours of assignment |  | |  |  | Click here to enter text. |
| 1. Therapist review of Bio/Psy/Soc, beck depression and client folder for completeness |  | |  |  | Click here to enter text. |
| 1. Therapist and client complete treatment plan and sign |  | |  |  | Click here to enter text. |
| 1. Therapist letter to PCP if needed |  | |  |  | Click here to enter text. |
| 1. Therapist ability to create clinical summary document, update REMI admission screens and upload Bio/Psy/Soc to REMI |  | |  |  | Click here to enter text. |
| 1. Complete REMI authorization |  | |  |  | Click here to enter text. |
| 1. Create orientation progress note for billing |  | |  |  | Click here to enter text. |
| 1. Send bed census to billing daily for invoicing |  | |  |  | Click here to enter text. |

| Specifications | | Yes, Included | Yes,  Addtl.  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- |
| 6.0 Residential Treatment Services | | | | | |
| 1. **Didactic Group Services** – Group sessions up to 10 / week. Complete didactic monitoring form and attendance form for each session |  | |  |  | Click here to enter text. |
| 1. **Life Skills Sessions –** Complete life skills monitoring form and attendance form for each session |  | |  |  | Click here to enter text. |
| 1. **Group Sessions-** 5/ week Complete group therapy form, attendance form for each session |  | |  |  | Click here to enter text. |
| 1. **Individual Treatment –** Make up session for missed didactic session. Complete blue monitoring form for independent make-up |  | |  |  | Click here to enter text. |
| 1. **Individual Session –** 1 hour per week. Treatment plan review and update, progress note completed. Monthly referral update sent and re-authorization requested from MSHN along with sending treatment plan. |  | |  |  | Click here to enter text. |

| Specifications | | Yes, Included | Yes,  Additional  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- |
| 7.0 Outpatient treatment services | | | | | |
| 1. Therapist ability to make Peer recovery Coach (PRC) and Case Manager Referral. Complete REMI authorization for services |  | |  |  | Click here to enter text. |
| 1. **Group Sessions –** 1 – 5 sessions per week. Complete group therapy form and attendance form. Progress note completed |  | |  |  | Click here to enter text. |
| 1. **Moral Reconation Therapy (MRT) sessions-** 1 - 2 sessions per week. Complete group therapy form, and attendance form **.** |  | |  |  | Click here to enter text. |
| 1. **Individual Sessions –** 30 -60 minutes bi-weekly. Treatment plan review and update every 90 days, progress note completed, monthly referral update sent and re-authorization by MSHN every 60 -90 days. Each individual session will be tied into a specific treatment goal and objective(s) |  | |  |  | Click here to enter text. |
| 1. **Peer Recovery Coach –** Ability, based on referral to create a PRC Treatment Plan, progress notes and mileage reports for services related to transportation, clothing, job assistance, housing peer support and community engagement. |  | |  |  | Click here to enter text. |
| 1. **PRC- Support Group –** OP and residential weekly sessions, with attendance sheets and group progress notes |  | |  |  | Click here to enter text. |
| 1. **Intensive Outpatient Didactic group sessions (3 / week) –** Complete didactic monitoring form and attendance form. |  | |  |  | Click here to enter text. |
| 1. **Collateral Contacts** – ability for therapist, case managers, and intake specialists to coordinate care with referral sources, such as (probation officers, CPS workers. Non-billable progress notes are created and attached to the client file |  | |  |  | Click here to enter text. |
| 1. Ability to establish target dates for treatment plan, and flag for due or past due, and notify therapist and program coordinator. |  | |  |  | Click here to enter text. |

| Specifications | | Yes, Included | Yes,  Additional  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- |
| 8.0 Peer Recovery Coach (PRC) and Case Manager (CM) Treatment Services | | | | | |
| 1. Ability for PRC/CM to create a treatment plan |  | |  |  | Click here to enter text. |
| 1. PRC/CM progress notes and mileage report |  | |  |  | Click here to enter text. |
| 1. Allow PRC/CM to offer and track (transportation, clothing, job assistance, housing, and peer and community support) services |  | |  |  | Click here to enter text. |
| 1. PRC/CM perform OP and residential weekly sessions, tracking attendance and creating a group progress note(s) |  | |  |  | Click here to enter text. |
| 1. CM conduct didactic group session and complete monitoring form and attendance form |  | |  |  | Click here to enter text. |

| Specifications | | Yes, Included | Yes,  Additional  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- |
| 9.0 Intensive Out Patient (IOP) treatment services | | | | | |
| 1. Perform didactic group session and complete didactic monitoring form and attendance form |  | |  |  | Click here to enter text. |
| 1. Perform group session (3 x wk.) and complete group therapy and attendance form |  | |  |  | Click here to enter text. |
| 1. Perform individual sessions (30-60 minutes / week) and complete progress note, referral updates and treatment plan reviews |  | |  |  | Click here to enter text. |

| Specifications | | Yes, Included | Yes,  Additional  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- |
| 10.Successful and Unsuccessful Out Patient Discharge | | | | | |
| 1. Therapist creation of a discharge plan |  | |  |  | Click here to enter text. |
| 1. Director ability to review discharge plan, approve and schedule client discharge session |  | |  |  | Click here to enter text. |
| 1. Ability to change status for client to unsuccessful discharge based on attendance, behavior or rule violation |  | |  |  | Click here to enter text. |
| 1. Hold client discharge meeting and complete exit survey, transition plan, helping hands contract, and start discharge summary. |  | |  |  | Click here to enter text. |
| 1. Document post discharge summary, update REMI discharge screen(s), create discharge note and discharge letter to Parole Officer and or Referral |  | |  |  | Click here to enter text. |
| 1. If client is a no-show for discharge meeting schedule and track contact efforts. |  | |  |  | Click here to enter text. |
| 1. For no-show discharge clients (unsuccessful), create adverse benefits determination letter. Track 10 days from letter to allow an appeal. |  | |  |  | Click here to enter text. |
| 1. If appeal received from client within 10 days, director review and ruling on appeal. If approved allow continuance |  | |  |  | Click here to enter text. |
| 1. If appeal denied schedule meeting with case manager |  | |  |  | Click here to enter text. |
| 1. Document Case manager meeting with client and sign needs assessment, and treatment plan review and forward to therapist |  | |  |  | Click here to enter text. |

| Specifications | | Yes, Included | Yes,  Additional  Cost | No | Comments / Clarifications |
| --- | --- | --- | --- | --- | --- |
| 11.0 Successful and Unsuccessful Residential Discharge | | | | | |
| 1. Therapist creation of a discharge plan |  | |  |  | Click here to enter text. |
| 1. Director ability to review discharge plan, approve and schedule client discharge session |  | |  |  | Click here to enter text. |
| 1. Ability to change status for client to unsuccessful discharge based on attendance, behavior or rule violation |  | |  |  | Click here to enter text. |
| 1. Hold client discharge meeting and complete exit survey, transition plan, helping hands contract, confirm and schedule after care meeting, and start discharge summary. |  | |  |  | Click here to enter text. |
| 1. Document post discharge summary, update REMI discharge screen(s), create discharge note and discharge letter to Parole Officer and or Referral |  | |  |  | Click here to enter text. |
| 1. If client is a no-show for discharge meeting schedule and track contact efforts. |  | |  |  | Click here to enter text. |
| 1. For no-show discharge clients (unsuccessful), create adverse benefits determination letter. Track 10 days from letter to allow an appeal. |  | |  |  |  |
| 1. If appeal received from client within 10 days, director review and ruling on appeal. If approved allow continuance |  | |  |  |  |
| 1. If appeal denied schedule meeting with case manager |  | |  |  |  |
| 1. Document Case manager meeting with client and sigh needs assessment, create progress note, schedule after care meeting and review case manager treatment plan |  | |  |  |  |

# 9 Sample Workflow Simulation Scenario

Scenario

The MMRS project team, through extensive process re-engineering sessions, documented their current (as-is) work processes. Each clinical process, from client call-in, screening, orientation, treatment and discharge is captured using Visio swim lane diagrams, word process narratives and a repository of all related documents (screens, forms).

The team has selected a representative workflow (Out Patient) to be utilized in the RFP evaluation. The Out Patient workflow steps are described in the table below. A copy of all process workflow swim lanes is attached (***Attachment 1: Swim Lanes***) for an overview. A separate downloaded file containing the Process narratives and supporting documents for the selected scenario is available at the MMRS web site. The file has been constructed with hyperlinks from the process narrative – related documents in appendix to the actual document.

Vendors are asked to describe / demonstrate how their EHR software would accommodate the requested process steps, along with process improvement recommendations.

As explained in Section 3 (2.), MMRS is required, as a treatment provider contracted by MSHN SUD services, to use the internet-based information system known as REMI, a product of PCE. At the time of publishing this RFP, MSHN only provides an API capability for the billing function utilizing the 837 Professional Claim Version 5010A1 and companion document from Mid-state Health Network PIHP: **Attachment 2**. (Adobe object –Double click to open PDF)

MMRS is looking for creative approaches to easing the dual system requirements and interfacing between the selected EHR and REMI.

|  |  |
| --- | --- |
| Scenario Workflow Process | System Approach to Scenario |
| Procedure #1 – Call In | Click here to enter text. |
| **Procedure #5/6 – Pre-Screen (Referral & insurance)** | Click here to enter text. |
| **Procedure #7– Complete Brief Screening** | Click here to enter text. |
| **Procedure #8 – Create Client Folder** | Click here to enter text. |
| **Procedure #9 – Schedule Intake Assessment** | Click here to enter text. |
| **Procedure #10 – Intake Assessment** | Click here to enter text. |
| **Procedure #11 – Complete Client Folder** | Click here to enter text. |
| **Procedure #12 – Schedule Outpatient Orientation** | Click here to enter text. |
| **Procedure #19 – Outpatient Orientation** | Click here to enter text. |
| **Procedure #30 – Therapist PRC Referral** | Click here to enter text. |
| **Procedure #31 – Group Sessions** | Click here to enter text. |
| **Procedure #32 – Moral Reconation Therapy sessions** | Click here to enter text. |
| **Procedure #33 – Individual Sessions** | Click here to enter text. |
| **Procedure #34 / 35 – PRC Needs Assessment** | Click here to enter text. |
| **Procedure # 36– PRC Support Group** | Click here to enter text. |
| **Procedure #44 – Insurance Verification** | Click here to enter text. |
| **Procedure 62 – Weekly REMI Billing** | Click here to enter text. |
| **Procedure 64 – Successful Client Program Completion** | Click here to enter text. |
| **Procedure #65 – Supervisor Approval of Discharge Plan** | Click here to enter text. |
| **Procedure #67 – Client Discharge Meeting** | Click here to enter text. |
| **Procedure #68 – Post Discharge Steps** | Click here to enter text. |
|  |  |
|  |  |
|  |  |

# 10 Cost Estimate Template

Cost 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 5 site(s) with 30-40 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 email RFP response.***

| One time fees | |
| --- | --- |
| One time implementation fees: | Click here to enter text. |
| Training fees: | Click here to enter text. |
| Consulting fees: | Click here to enter text. |
| Initial year costs (include all fees for license, use, access, etc.) | |
| For 30-40 Clinicians: | Click here to enter text. |
| For each additional user: | Click here to enter text. |
| Initial year costs for required Hardware / Software | |
| Hardware: | Click here to enter text. |
| Software: | Click here to enter text. |
|  |  |
| Ongoing annual costs (include all fees for maintenance, support, use, access, etc.) | |
| For 30-40 Clinicians: | Click here to enter text. |
| For each additional User: | Click here to enter text. |
| Please provide your policy regarding price increases. | Click here to enter text. |
| Five (5) year cost of ownership | |
| Please indicate the estimated TCO ("total cost of ownership") for the product over a 5 year period. | Click here to enter text. |
|  |  |

# Attachment 1: *Workflow Visio Swim-lanes,*























# Attachment 2*:* Companion document from Mid-State Health Network PIHP (837 P)

Double-click to open attachment.

