

REQUEST FOR PROPOSAL
FOR
PRACTICE MANAGEMENT AND ELECTRONIC HEALTH
RECORD SYSTEM

RFP 17-0171



Due date: September 30, 2016
Time: 4:00 pm
Receipt Location: 230 Government Center Drive
Wilmington, NC 28403

Procurement Contact Person:
Name: Lena Butler
Title: Purchasing Supervisor
Email: lbutler@nhcgov.com
Telephone: 910-798-7190

Advertisement

In accordance with NCGS 143-129.8, sealed proposals addressed to Lena Butler, Purchasing Supervisor, New Hanover County Finance Office, 230 Government Center Drive, Suite 165, Wilmington, North Carolina 28403 and marked **"RFP 17-0171- Practice Management/Electronic Health Record"** will be accepted until **4:00 P.M. EST, September 30, 2016.**

Instructions for submitting proposals and complete requirements and information may be obtained by visiting the County's website at <http://www.nhcgov.com/business-nhc/bids>.

New Hanover County reserves the right to accept or reject any or all proposals and to make the award which will be most advantageous to the County.

Lena L. Butler, Purchasing Supervisor

New Hanover County

(910) 798-7190

Released: Friday, September 2, 2016

Introduction

New Hanover County (hereinafter, “The County”) is seeking proposals from qualified firms to provide an integrated Practice Management System and Electronic Health Record in support of its Public Health clinical and ancillary operations. The goal of this project is to replace the current Health Information System (HIS) and to provide an Electronic Medical Record system in New Hanover County Public Health that meets meaningful use requirements.

New Hanover County intends to award a contract to the vendor whose solution most closely meets the requirements defined in this request for proposal (RFP). The vendor’s ability to provide a clear project plan and approach towards the successful implementation of these services, as well as, provide on-going support are critical factors in the selection process.

County

Established in 1879, New Hanover County Health Department (NHCHD) is one of the oldest health departments in the state of North Carolina. We have been protecting the health of the citizens of New Hanover County for over 130 years. NHCHD is a leader among health departments in North Carolina. We were among the first 6 accredited health departments in the state and the first health department to become accredited in Southeastern NC. Our Board of Health was named North Carolina’s Outstanding Board of Health in 2003.

Our mission is to promote a safe and healthy community. In 2014, we renovated our Public Health building, adding more than 16,000 square feet of space to better serve New Hanover County citizens. In FY16, the NHCHD saw 16,874 clients with a total of 36,410 visits to our clinics. The Health Department provides quality health care, preventive medical and dental services and environmental protection for New Hanover County citizens through the following programs:

- Environmental Health
- Vector Control
- Laboratory
- Women, Infants, and Children (WIC)
- Community Health
- Child Health
- Dental Health
- General Nutrition
- Communicable Disease
- Counseling and Testing (HIV Program)
- Women’s Health Care
- Health Promotion

Our department runs various health programs, both preventive and treatment focused, and we have an experienced administrative staff that understands how to facilitate health programming in various settings. We have an in-house quality improvement program that has established performance standards at the program level for all program areas. Each performance standard is stated, along with how it will be measured, who is responsible for monitoring and reporting, how frequently reporting will be executed and who receives the reports. Triggers for corrective action are identified during routine audits, measurements against performance standards, customer feedback and input from program staff regarding methods or improvements on the current system.

Project Scope

Introduction

The purpose of this project is to implement a complete Practice Management System (PM) to include Electronic Health Records (EHR) that will meet current business needs and allow for future expansion. This system will meet Meaningful Use requirements and include the purchase, delivery, turnkey installation, configuration, training and implementation. The new system is intended to streamline and improve the process of receiving services from the New Hanover County Health Department (NHCHD).

Goals and Objectives

- To replace Health Information System (HIS) that is currently in use
- To implement a PM that includes an EHR that meets Meaningful Use requirements
- Conversion of existing records
- Data sharing with the state of North Carolina
- Provides public health disease management
- Meets billing requirements
- Provides access to the patient via a patient portal
- Meets Federal, State, and local reporting requirements
- Meets HIPAA requirements
- Project completion: June 30, 2017

Implementation Scope

1. Practice Management System and Supporting Interfaces

Practice Management System is software to manage day-to-day operations of a medical practice. Data includes patient demographics, insurance payers, appointment scheduling, billing of services performed, and payments rendered. This data allows the system to generate patient bills, insurance claims, and track the administrative and financial operations of the NHCHD.

Implementation scope to include:

- System Configuration and Customization
- User Roles and Security Setup
- Interface development
- Application training
- Vendor/NHC Configuration Review Sessions
- Data Conversion and Validation
- Acceptance Testing
- Support Reporting requirements

2. Electronic Health Record

An EHR is a computerized patient record created in a medical practice. Data stored in these records may include patient demographics, medical history, medications, allergies, immunizations, laboratory test results, radiology images, medical procedures, vital signals, and personal statistics (height/weight). This data supports the clinical operations of the NHCHD.

Implementation scope to include:

- System Configuration and Customization to support multi-specialty clinical operations, e-prescribing, and a secure patient portal
- User Roles and Security Setup
- Interface development
- Application training
- Vendor/NHC Configuration Review Sessions
- Data Conversion and Validation
- Acceptance Testing
- Support Reporting requirements

Current System Environment

- The County provides laptops and desktops and mobile devices with wired and wireless connections.
- The County is currently using Windows 7 and Windows 10 operating systems.
- The County email platform is Exchange 2013 with SMTP utilized for mail relay. The current Microsoft Office platform consists of Office 2010, 2013, and 2016. The County is planning its' migration to Office 365 in support of the Microsoft "Web Applications". Office 2016 will then serve as the primary desktop application.
- For local systems, data must be stored in databases which meet The County standards.
- We currently provide client server access to our existing application for approximately 120 staff members.
- Proposed system must be compatible with
 - Windows 7
 - Windows 10
 - Microsoft Office 2013
 - Microsoft Office 2016
 - Microsoft Office 365
 - Most recent version of JAVA

Submittal Requirements

Proposal Format

Proposers shall prepare their proposals in accordance with the instructions outlined in this section. Each proposer is required to submit the proposal in a sealed package. Proposals should be prepared as simply as possible and provide a straightforward, concise description of the proposer's capabilities to satisfy the requirements of the RFP. Utmost attention should be given to accuracy, completeness, and clarity of content. All parts, pages, figures, and tables should be numbered and clearly labeled. The proposal should be organized into the following major sections:

Proposal Section	Title
	Title Page
	Letter of Transmittal

	Table of Contents
1.0	Executive Summary
2.0	Scope of Services
3.0	Company Background
4.0	Proposed Software and Computing Environment
5.0	Responses to the Functional/Technical Requirements
6.0	Implementation Plan
7.0	Maintenance and Support Program
8.0	Cost Proposal
9.0	Professional references (public health departments/other agencies currently using the product)
10.0	Exceptions to the RFP
11.0	Sample Documents
12.0	Required Signature Forms

Response information should be limited to pertinent information only. Marketing and sales type information is not to be included.

1. Executive Summary

This part of the response to the RFP should be limited to a brief narrative summarizing the proposer's proposal. The summary should be oriented toward the business personnel who would use the automated processes and should include technical information and language only to the extent required to describe the proposal. Please note that the executive summary should identify the primary engagement contact for the software firm, the contact for the implementation services firm if different, and the contact for any third-party software being proposed.

2. Scope of Services

This section should include a general discussion of the proposer's overall understanding of the project and the scope of work proposed. The scope statement should include all work from project inception to the completion of the warranty period.

3. Company Background

Each proposal must provide information to include:

- i. How many years has your company been in business?
- ii. Please describe the ownership of your organization (Sole proprietorship, partnership, privately or publicly held corporation). If a corporation, please provide evidence that the vendor is in good standing and qualified to conduct business in North Carolina.
- iii. Does your company typically write software contracts independently from the hardware and other third party contracts? Please describe the typical arrangement.
- iv. Do you currently have a plan for the End of Life (EOL) of this product? If so, please list the timeframe.
- v. How many years will you guarantee your product(s) to be supported?
- vi. Does a plan exist for the future direction of the solution that you are proposing?

- vii. Are you currently providing services to other public health departments in NC? Please list these health departments and how long your company has provided services to each of them.
- viii. What implementation resources do you provide?
- ix. Do you contract with a third party for implementation services/resources? If yes, please describe.
- x. Please describe your process for user acceptance.
- xi. Please provide the typical number of weeks from contract signing to go-live.
- xii. Is 24 hour, 7 day implementation support provided immediately after the Go-Live? Do you maintain a 24 hour, 7 day support center?

4. Proposed Software and Computing Environment

Technology Architecture- Included in this section should be a detailed technical overview of any proposed hardware or software platform, hosted environment or local on-premise. Include hardware/software architecture diagrams, process flow diagrams, network diagrams, and a minimum and recommended server and client computer configurations where appropriate. Ensure the following questions are answered: upon which platforms does your system run? What are the optimal, minimum, and recommended network requirements? What are the optimal, minimum and recommended client requirements? What client and server operating systems are supported? In what format will the data be stored? Is the format proprietary?

Administration Toolsets- What administration toolsets are included with the system? What skills are required to maintain the system? What tools are available to customize the system? What monitoring is routinely required for optimal system performance?

Reporting- Describe the reporting architecture. Do we report out of the production database or is there a reporting database and/or data warehouse? If a data warehouse is used, how often is the warehouse updated? For ad-hoc, configuration and/or reports, what technical skillset is needed?

Security- What security tools are included with the system? How is the security profile defined? What is included in the user security profile? What are the wireless connection requirements or connection limitations, if any?

Data Center Storage/Security- If hosted, who provides your data center (hosted storage)? What is the physical location of the data center? Does the data center have the available bandwidth to handle the County's data transmittals? What security measures are offered for both electronic and physical security? What are the data segregation practices? Describe your continuity of business plan, in brief. Describe the service level agreement; what is the uptime service level agreement with your provider? How often is the data center audited? What data encryption is used? What procedures will be followed in the event of a data/security breach?

Disaster Recovery/Redundancy- If hosted, what provisions are in place for disaster recovery? How many mirrored sites do you have? Are single points of failure identified and are there plans for redundancy? Are there provisions in place that permit the County to retrieve its data in the event of a contract dispute between vendors?

Data Backup and Archive- Describe what methods are available for local data backup to New Hanover County?

Support Services- Describe your support and help desk process (phone, web, knowledge base, etc.) and availability (24/7/365). Describe existing service level agreement options.

Upgrade Tools- What is the software upgrade frequency? How are clients notified of upgrades and patches? How are patches and fixes applied? How are patches and fixes deployed? How are upgrades applied? What testing methodology is used when producing a new software version? How much training (technical training and end user) is generally required with upgrades to the system? What happens to software customizations (e.g., user-defined tables and fields) during the upgrade? How many versions of the software does your company support? Please provide details of all upgrades and bug patches over the last three years. Also provide an anticipated future release schedule.

Description of Roles- What are the skill sets required for use and administration of proposed systems? Differentiate the operational skills from the technical skills. For implementation, what percentage of time is expected from the New Hanover County Project Team?

5. Responses to Functional/Technical Requirements

Responses to the functional/technical requirements listed in “New Hanover County PM-EHR Specifications” (Appendix A) must be provided in this section of the proposer’s proposal. The following response key code must be used when responding to the requirements:

Priority of each functional specification is indicated in the “PRI” column by one of the following values:

- H = Highly Desirable/required
- D = Desirable

An “X” under the MU (Meaningful Use) column indicates that the function is required Under the meaningful use Final Rule.

Where the function is (or is not) provided by the system, place an “X” under one of the following columns:

Yes, Included	The function is available in the system and 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

In addition, enter your response in the RESP (Response) column in accordance with one of the following:

5	Completely meets requirements today. Function available on Day 1 of “go-live”
4	Partially meets requirements today
3	Will completely meet requirements in the future (provide date)
2	Will partially meet requirements in future (specify required change and date)
1	Can meet requirement through customization (specify cost)
0	Not planning to offer

6. Implementation Plan

The proposer must provide a detailed outline plan and timeline for implementing the proposed system and services. Plan should include the following information:

- Engagement Preparation
- Solution Planning
- Solution Implementation
- Testing
- User/System Documentation
- Training (User, System/Security Administration)
- Customer Deliverables and Knowledge Transfer
- Engagement Closure

7. Maintenance and Support Program

The proposal must specify the nature of any post-implementation and on-going support provided by the vendor including:

- Software/Network Support
- Ad-hoc Support
- Telephone Support
- Customer Support
- Software Upgrades/Product Enhancements/Bug Fixes/Patches
 - Describe delivery methods of each, including historical frequency by module
- Other Support (onsite, remote dial-in, web access, etc.)

8. Cost Proposal

Proposers should submit an estimate of project costs in the proposal using the grid below as a guide for services/cost breakdown. Proposers should include additional costs relating to encryption, reporting, hardware and travel, as applicable. Proposers should also clearly state which of the proposed solutions are hosted. If the proposer offers both hosted and non-hosted solutions, the County would like to see the cost for both. The proposer should also provide an hourly cost for additional work that may be required that is not part of the proposal (for example, an additional interface that may be required). Proposers should use the following format for their cost proposals, detailing each item listed below.

System/Service	Cost
Practice Management System:	
Software	\$
Interface Development	\$
Implementation Services	\$
Data Conversion	\$
Training	\$
Project Management	\$
Support/Maintenance	\$
Electronic Health Record:	
Software	\$
Interface Development	\$
Implementation Services	\$
Data Conversion	\$
Training	\$
Project Management	\$
Support/Maintenance	\$
Other	\$

9. Professional References

The proposer should submit a list of at least three customers who are currently using the product that is being proposed to NHCHD. The list should include contact information for each of the references.

10. Exceptions to the RFP

All requested information in this RFP must be supplied. Proposers may take exception to certain requirements in this RFP. All exceptions shall be clearly identified in this section and a written explanation shall include the scope of exceptions, the ramifications of the exceptions for the County, and the description of the advantages or disadvantages to the County as a result of exceptions. The County, in its sole discretion, may reject any exceptions or specifications within

the proposal. Proposers may also provide supplemental information, if necessary, to assist the County in analyzing responses to this RFP.

11. Sample Documents

Proposers should include sample copies of the following documents:

- Contractual Documents
- Software licensing agreement
- Maintenance agreement
- Services agreement
- Scope of work
- System users guide, training materials, etc.

Interpretations and Clarifications

Requests for information or clarification of this RFP must be made in writing and addressed to Lena Butler at the address, fax, or email address listed below, with email being the preferred method of communication. Please reference the RFP page and topic:

Lena L. Butler, Purchasing Supervisor
New Hanover County
230 Government Center Drive, Suite 165
Wilmington, NC 28403
Phone (910) 789-7190
Fax (910) 798-7806
Email: lbutler@nhcgov.com

The answers to questions submitted that require a response will be available to all vendors in the form of an addendum via email or on the New Hanover county Purchasing and Bidding page:
<http://www.nhcgov.com/business-nhc.bids/>.

Submission of RFP:

Vendor questions due	09/16/2016
Response to vendor questions available	09/23/2016
Proposals due	09/30/2015

- One (1) original, one (1) electronic file on CD media of the proposal shall be submitted by September 30, 2016 by 4:00 p.m. to:

Lena L. Butler, Purchasing Supervisor
New Hanover County
230 Government Center Drive, Suite 165
Wilmington, NC 28403

- Proposals should be clearly marked **“RFP 17-0171- Practice Management/Electronic Health Record.”**
- When received, all proposals and supporting materials, as well as correspondence relating to the RFP, shall become the property of the County. Proposals sent by fax or email will not be accepted.
- As allowed under NCGS 143.129.8, proposals will not be made available to inspect or copy until the contract has been awarded.
- In submitting a proposal, it is understood by the vendor that New Hanover County reserves the right to accept any proposal, to reject any and all proposals and to waive any irregularities or informalities in proposals when to do so is in the best interest of New Hanover County.
- Any proposal may be withdrawn or modified by written request of the vendor, provided such request is received by the County at the designated address prior to the date and time set for receipt of proposals.
- If a proposal includes any proprietary data or information, such data or information must be specifically identified as such on every page on which it is found. Data or information so identified will remain confidential to the extent allowed by North Carolina law pursuant to GS 132-1.2 and will be used by New Hanover County personnel solely for the purposes of evaluating proposals and conducting contract negotiations.
- All proposing firms or individuals shall comply with all conditions, requirements and specifications contained herein, with any departure constituting sufficient cause for rejections of the proposal. However, New Hanover County reserves the right to change the conditions, requirements and specifications as it deems necessary.
- No proposals will be accepted from any person or organization that is in arrears for any obligation to New Hanover County or that otherwise may be deemed irresponsible or unresponsive by county staff or the New Hanover County Board of Commissioners.
- All prices quoted must be firm for a period of 90 (ninety) days following the proposal deadline.
- The cost of preparing a response to the RFP will not be reimbursed by the County.

- All proposals should include all necessary brochures of proposed equipment.
- No agreements with any selected vendor shall be binding until a contract is signed and executed by the County Manager and authorized representatives of the vendor.

Insurance Requirements

Vendor shall maintain insurance from companies licensed to write business in North Carolina, with an A.M. Best rating of "A" or higher, and acceptable to County, of the kinds and minimum amounts specified below.

Certificates and Notice of Cancellation – Before commencing work under this contract, Contractor shall furnish County with certificates of all insurance required below. Certificates shall indicate the type, amount, class of operations covered, effective date and expiration date of all policies and shall contain the following statement:

"The insurance covered by this certificate will not be cancelled or materially altered, except after thirty (30) days written notice has been received by County".

The Certificate of Insurance, naming New Hanover County as an additional insured on Contractor's Commercial General Liability and Auto Liability Policies, shall be further evidence by an actual endorsement furnished to the County from the insurer within thirty (30) days of the signing of the contract between the Contractor and the County.

Workers Compensation and Employers Liability Insurance

Covering all of the Contractor's employees to be engaged in the work under this contract, providing the required statutory benefits under North Carolina Workers Compensation Law, and employer's liability insurance providing limits at least in the amount of \$500,000/\$500,000/\$500,000 applicable to the claims due to bodily injury by accident or disease.

Commercial General Liability

Including coverage for independent contractor operations, contractual liability assumed under the provisions of this contract, products/completed operations liability and broad form property damage liability insurance coverage. The policy shall provide liability limits at least in the amount of \$1,000,000 per occurrence, combined single limits, applicable to claims due to bodily injury and/or property damage. **New Hanover County shall be named as an additional insured under this policy.**

Automobile Liability Insurance

Covering all owned, non-owned and hired vehicles, providing liability limits at least in the amount of \$1,000,000 per occurrence combined single limits applicable to claims due to bodily injury and/or property damage.

Cyber Liability Insurance

The policy shall provide liability limits at least in the amount of \$1,000,000 per occurrence.

Technology Errors and Admissions

The policy shall provide liability limits at least in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate.

Indemnify the County

Contractor agrees to protect, defend, indemnify and hold the County, and its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, recoveries, costs, charges, and other expenses or liability of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and or the performance hereof. Contractor further agrees to investigate, handle, respond to and provide defense for any such claim at his sole expense.

Termination of Contract

The County reserves the right to cancel the contract by giving a sixty day written notice. This is in addition to a fiscal year end cancellation caused by lack of funding. Any cancellation as described herein will not be considered a breach of contract and will not be subject to penalty payments other than removal charges. Provided, however, the County shall not exercise any termination without cause within the initial 12 months of final contract execution.

Evaluation Criteria

Selection Participants

Evaluation Team- the Evaluation Team will be responsible for the evaluation and rating of the proposals and demonstrations and for conducting interviews. The Evaluation Team is responsible for evaluating software functionality, technology architecture, implementation capabilities, costs, and other selection criteria.

County Stakeholders- County Stakeholders consist of subject matter experts from various county departments. County Stakeholders will support the Evaluation Team during the procurement process.

Selection Criteria will be used to assist in determining the finalist vendor. The vendor's proposal will be evaluated based on the criteria below.

Criteria for Selection

1. Compliance with Bid Requirements
2. Functionality
3. Implementation/training strategy
4. Customer service and support (telephone and in-person)
5. Ability to customize
6. Sustainability
7. Integration with existing systems
8. Cost of system and ongoing support

Evaluation Selection Process

A weighted analysis of the evaluation criteria will be utilized to determine the vendor that represents the best value solution for New Hanover County.

Award Procedures

The County reserves the right to make an award without further discussion of the proposals received. Therefore, it is important that the proposal be submitted initially on the most favorable terms from both a technical and cost standpoint. It is understood that any proposal submitted will become part of the public record.

A proposal may be rejected if it is incomplete. New Hanover County may reject any or all proposals and may waive any immaterial deviation in a proposal.

At a minimum, proposals will be evaluated based upon the criteria above, as well as assessments and comparisons that include evaluations of skills/experience, cost, client service and references, and/or other factors. The County may accept the proposal that best serves its needs, as determined by County officials in their sole discretion.

More than one proposal from an individual, firm, partnership, corporation or association under the same name or different names, will not be considered.

The County may select and enter into negotiations with the next most advantageous Proposer if negotiations with the initially chosen Proposer are not successful.

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
END USER ACCESS							
Allows 24/7 access	H						
Provides secure remote access for employees	H	X					
Secure Patient portal	H	X					
Secure, encrypted web-enabled application that does not require server configuration on end user devices	H	X					
Auto terminates session after specified amount of time	H	X					
Off-line functionality (functions on a PC/device during internet outage with subsequent uploading of data)	D						
Automated process for users to reset passwords online (self-serve)	D	X					
Single sign-on for all modules (if multiple modules are needed)	H						
END USER EQUIPMENT							
Ability to support tablets and other mobile devices securely	H						
Ability to support laptops	H						
Ability to support desktops	H						
Ability to use zebra/thermal printers for labels	H						
Ability to use document scanners	H	X					
Ability to import information via CD	H	X					
Ability to interface with standard printers	H						
Ability to interface with signature pads for electronic signatures	H						
Interface with credit/debit card swipe machines to automatically post payments	H						
Ability to interface with camera (for patient ID pictures)	D						
AUTHORIZED USER ADMINISTRATION							
Assigns unique name and/or number for identifying and tracking user identity	H	X					
Ability to set permissions/security by user or group	H	X					
Supports various levels of administrator-assigned user rights	H	X					
User access roles are customizable	H	X					
User management process allows authorized users to generate, modify and delete user accounts	H	X					
User management process allows for the reporting and printing of individuals granted access based upon specific roles	H	X					
Automatically requires password changes at predetermined intervals	H	X					
Access linked to Microsoft Active Directory to allow for single sign on with other NHC application and services	D						
Allows for two factor authentication	D						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
TRAINING AND SUPPORT							
Provides on-line tutorials for all modules	H						
On-line modules customized to address system customization	D						
Pre Implementation training available	H						
Onsite training using a "train the trainer" approach	H						
Provides training webinars	H						
Users can be tracked as to training modules completed/certifications for modules completed	H						
Listserv and/or user groups available	D						
24 hr Help Desk support for technical problems	D						
24 hr Technical support	D						
Extended Hours Help Desk support for technical problems (7a-7p)	H						
Extended Hours Technical support (7a-7p)	H						
Phone Technical support	H						
Live Chat	D						
Email Technical support	H						
SYSTEM INTEROPERABILITY STANDARDS AND FUNCTIONS							
Currently federally certified as meeting Stage One "Meaningful Use" requirements	H	X					
Currently federally certified as meeting Stage Two "Meaningful Use" requirements	H	X					
Currently federally certified as meeting Stage Three "Meaningful Use" requirements	H	X					
Meets Federal Meaningful Use requirements for maintaining and generating audit logs	H	X					
Meets Federal Meaningful Use requirements for recording disclosures made for treatment, payment and health care operations	H	X					
Meets Federal Meaningful use requirement for encrypting and decrypting electronic health information	H	X					
Meets Federal Meaningful Use requirements for end-user devices	H	X					
Linked to Health Information Exchange	H	X					
Ability to import/export data using standard HL7 Interface	H	X					
ICD-10-CM diagnoses and coding available	H	X					
Logical Observation Identifiers names and Codes (LOINC) for laboratory and clinical results	H	X					

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
SNOMED CT (Systematized Nomenclature of Medicine - Clinical Terms)	H	X					
HCPCS/CPT codes	H	X					
National Drug Codes	H	X					
RXNorm Medication Standards	D	X					
E-prescribing and medication management	H	X					
Complies with Federal HIPAA privacy and security standards	H	X					
Complies with all federal, state and local laws and regulations	H	X					
WORKFLOWS AND ALERTS							
Provides customizable workflow processes	H						
Workflow processes can be customized	H						
Workflow design includes an inbox and/or worklist	H						
Ability to perform patient tracking	H						
Provide capabilities whereby the system electronically assists the completion of predefined work steps/no need to manually move to the step in the process	D						
Ability to see all chart activity since employee last worked on the chart	H	X					
Allows for multiple simultaneous user viewing of same individual's record	H						
Ability for patient records to have customized alerts	H						
REPORTING AND ANALYTICS							
Ability to run QA reports (random selection of files and criteria / program specific)	H	X					
Provides Dashboard functionality at multiple user levels	H						
Dashboard with ability to capture patient arrival time, facility location, number assigned to patient	H						
Clinic flow overview per patient (duration, service, provider)	H						
Ability report based on program/service line including capturing monthly totals chronic and acute illness, number of clinic visits, number of new patients registered, outside referrals, ER visits	H						
Ability to generate assessments, progress notes, service plans	H	X					
Permits printing of forms in PDF	H	X					
Provides a robust list of standardized reports	H	X					
Provides the ability for ad hoc report creation based on user specified data fields	H	X					
Users are able to store report specifications in central report repository (save AdHoc reporting parameters)	H						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
System supports exporting of query results to MS Word, MS Excel	H	X					
System includes page formatting features	H						
System includes the capability to include header information, date and run time, and page numbers on reports	H						
Users are able to direct reports to a user-selected printer	H						
Print preview capability	H						
DATA ENTRY AND GENERAL FUNCTIONALITY							
Retrieval of information by specified field (last name, first name, DOB, SSN, ID number, date)	H	X					
Ability to create/assign patient identifier or identifying number (i.e. assign new patient CNDS # as Patient ID)	H	X					
Access CNDS# Information - need to search for patient - check for active CNDS#	H						
Ability to document the language the patient speaks: Example Spanish	H	X					
Ability to code visit by service line (i.e. WIC, Travel Clinic)	H						
Once entered into system, data populates all relevant modules	H						
Ability to recognize/alert to possible duplicate records	H						
Ability to merge duplicate records	H						
System will detect missing required data and flag incomplete records	H						
Ability to correct errors by authorized users (as defined by security permissions) while retaining information about correction (audit trail)	H	X					
Provides word processing capabilities in text fields as well as drop down menus where appropriate	H	X					
Includes spell check functionality	H						
Allows for scanning of documents that can be attached to a client's record	H	X					
Provides document management functionality that manages the creation, storage/retention and control of documents	H	X					
Permits annotating and "mark up" of scanned documents	D						
System can remove a document from an individual's record if document erroneously attached to wrong records (specified users only and audit trail provided)	H	X					
Has OCR (optical character recognition) capability to allow querying of scanned documents	D	X					
Ability to print customized patient labels for mailings, encounters, labs, etc.	H						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Provides FAX send and receipt capabilities	H						
Provides direct secured email capability within system	H	X					
Provides direct secured email capability outside the system	H	X					
Screen layouts and views can be customized based on user preferences	D						
Ability to assign subprogram codes to programs - to separate statistical and financial data	H						
Ability to open closed services	H						
Ability to create "customized" internal procedure codes with or without associated fees	H						
Ability to have customized forms for electronic signature	H						
Ability to accept local use codes set by DHHS/HIS	H						
Ability for patient records to have customized alerts for users	D						
Ability for all staff to view demographic information	H	X					
Ability for all staff to view appointments	H						
Ability to receive alert when fax is received in MR and has been scanned into EMR	H						
Ability to generate letters, referrals, updates to providers	D	X					
Ability to order labs and receive results electronically	H	X					
Lab results to automatically be elevated per protocol when results are at a certain level. Example for lead that it automatically follows protocol to alert Lead Nurse	H						
Reportable lab results: Electronically record, retrieve and submit reportable clinical lab results	H	X					
Notification when results ready for review	D	X					
Ability for MD/provider/Nurse/CHA to sign off on chart/results	H	X					
Ability to generate electronic signature for MD	H	X					
Ability to document on progress note for every encounter performed whether or not billable.	H	X					
Patient visit/diagnosis to populate Problem list	H	X					
Ability to document and view Problem List	H						
Vital signs, ht, wt, b/p and BMI populated and this information feed to a cumulative table or graph that would reflect ongoing history of all the patient's visits	H	X					
CHA is able to document a 2nd b/p if it is elevated, red flag for elevated b/p, automatic vs manual	H	X					
Ability for the CHA to enter the patient's allergies, weight, blood pressure, pulse, height and BMI (BMI is automatically calculated) and the information is populated onto other forms	H	X					

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Ability to view/sort and generate vital signs, including blood sugars, and blood pressures from multiple visits on the same patient	D	X					
Ability to populate standard orders that can be customized according to individual needs	H						
Maintains up to date diagnoses: Utilizes the ICD-10 CM criteria and coding and maintains a log of both current and prior diagnoses with the ability to update diagnoses as necessary. Stores primary and secondary diagnoses	H	X					
Ability to bring old notes forward	D	X					
Limit or prohibit copy and paste functionality	H						
Electronic medication administration record (MAR)	H	X					
Medication interaction alert/warning	D	X					
Ability for the Immunizations history to be reviewed and printed out/uploaded to record or a hyperlink to NCIR	H	X					
Submission to immunization registries	D	X					
Adverse effects information for immunizations provided	D	X					
Maintains Immunization records	D						
System error messages clearly explained to users on screen	H						
Attach patient pictures to file	D						
Ability to submit customer service survey via email	D						
Ability for patient to view health record online thru patient portal	H	X					
CONSENT TRACKING AND PATIENT FORMS							
Tracks notice of legal rights and services	H						
Tracks statement of authority (guardianship, who is legally authorized to provide consent)	H						
Tracks consents to use/release records, including date of the request for records and date the records were released	H	X					
Allows for users to customize additional consents	H						
Provides for e-signature of consents/forms	H						
Issues alerts for missing consents	H						
Prevents the release of data absent authorizing consent	H						
Ability to create and edit patient letters/templates	H						
Ability to create customized forms	H						
Ability to generate letters (missed appointment, immunizations, services eligibility) in desired language	H	X					
Ability to provide/print patient education material in desired language (i.e. English or Spanish)	H	X					

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Each document that prints from Electronic Health Record have identifying information on it such as name and date of birth	H	X					
SCREENING AND REQUEST FOR SERVICES							
Maintains data provided by the referral source	H	X					
Maintains eligibility information	H						
Accepts electronically submitted data from external sources (i.e. electronic referral)	H	X					
Ability to make/receive internal referrals to/from CC4C/ PCM programs, notification that referral was received examples; Clinic, WIC, Adult Behavioral Health staff, Family Counseling, Community	H	X					
Maintains data pertaining to medical history and past significant medical needs	H	X					
Maintains medical/physical exam findings, current health status, medical needs and monitoring	H	X					
SCHEDULING							
Ability to see demographics from scheduling screen to update as needed	H						
Customizable scheduling profiles	H						
Ability to schedule appointments based on requested date/time	H						
Ability to schedule appointments based on availability of dates and times (first available)	H						
Ability to schedule appointments by type of visit/service	H						
Ability to customize appointment slots based on time needed for specific service	H						
Alerts for scheduling conflict/scheduling rules	H						
Customizable appointment types with customizable questions attached to appointment type to remind clerk to ask patient before scheduling. Example: If patient calls for birth control the following questions to pop-up: Have you had a hysterectomy? Have you had your tubes tied? etc.	D						
Scheduler to include appointments, walk ins, no shows, visit type	H						
Reminder system to include notes of staff calling client, date, number and contact made	H	X					
Generate reports of appointments made, kept, cancelled, walk-ins, types of appointments (new, initial, follow up) services provided, provider	H						
Ability for all staff to view appointments by service	H						
Ability to generate missed appointment letters	D						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Ability to view and print daily schedule	H						
Auto dialer for appointment reminder calls	H						
System that schedules both client and staff time	H						
CHECK IN							
Ability for Patients to check-in at a kiosk for an appointment or walk-in with option to select language preference	D						
Ability to put in a customizable message on the Kiosk screens as needed	D						
Ability to recognize appointment time from profile	H						
Ability to distinguish programs	H						
Capture sign-in time	H						
Ability for return patients to view address and phone number and say yes or no to changes	D						
Ability for return patients to view income and insurance and say yes or no to changes	D						
Ability to set workflow duration times for specific services provided with Supervisor alerts	H						
REGISTRATION							
Dashboard with ability to capture patient arrival time, facility location, number assigned to patient	H						
Ability to update and enter the following Patient information:							
First, Middle and Last Name	H	X					
Maiden Name	H	X					
Alias	H						
Mother's Maiden Name	H						
Date of Birth	H	X					
Sex	H	X					
Sexual Orientation	H	X					
Gender Identity	H	X					
Marital Status	H						
Social Security Number	H						
Race	H						
Ethnicity	H						
Preferred Language	H						
Country of Birth	H						
County of Residence	H						
School Name	H						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Physical Address including Street Name, City, State, and Zip (verified with 9 digit zip code)	H						
OK to receive mail yes or no	H						
Mailing address including Street Name, City, State, and Zip (verified with 9 digit zip code)	H						
Ability to indicate patient is confidential/alert placed in record	H						
Ability to inhibit billing and mail for confidential patients	D						
Contact Phone Number	H						
Receive Voicemails yes or no	H						
Secondary Phone	H						
Emergency Contact Name, Relationship to Patient, and Phone Number	H						
Ability to display balances at patient registration - self-pay	H						
CHECK OUT							
Ability to document next visit type and when it is due and run report daily capturing this information	H	X					
Create encounter automatically and automatically populates patient information, CPT codes completed by providers and Diagnosis codes	D						
Ability to set up an electronic payment plan agreement with electronic signature	H						
Ability to calculate end date based on payment amount and balance	D						
Ability to enter encounter to "Report Only" or "Bill"	D						
Ability to enter program and subprogram codes on encounter recording	H						
Ability to assign guarantor to encounter/service	D						
Ability to add "notes" to encounter screen	H						
Ability to enter NDC #'s on encounter recording screen	H						
Ability to enter multiple modifiers - modifier attached to CPT plus modifier in modifier field	D						
Ability to document check-out time	H						
Ability to scan TransaxtRx Medicare Part D claim form and attach to patient record	H						
ELIGIBILITY							
Ability to print invoice with Company Name and Address with patient information, services (service code and description) and charges. Total charges for Company.	H						
Ability to print standard CMS1500 (Federal Form) for patient for Company Billing - some guarantors require CMS1500	H						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Ability to capture the type of income documentation provided by the client (example - W2, paystub, employer letter)	H						
Ability to capture total household members and enter income amount	H						
System to calculate the annual gross income	H						
System to calculate the Program State Mandatory Scale (sliding fee scale percentage)	H						
System to calculate patient balance from Program Mandatory Scale	H						
Ability to capture "NC resident" yes or no, Medicaid Eligible, available insurance	H						
Patient prefers not to provide NHCHD with proof of income; therefore, patient is fully obligated for payment of fees for services provided at 100% of NHCHD's current fees	H						
Confidential Contact or Un-emancipated Minor - considered family of one and based on patient's income only	H						
Declaration of "no income" reasonable answers for economic status and living expenses provided by patient	H						
Proof of income has been provided as required by patient	H						
Proof of income will be provided within 30 days of signature date below. If proof of income is not provided within the required 30 day period, charges will remain at 100% of NHCHD's current fees.	H						
Proof of income has been provided for date of service: Within 30 days yes or no	H						
Capture all eligibility information listed above in a printable customizable Socio-Economic form with availability for electronic signature and date	H						
Need income/eligibility screen to document program, income, and number in economic unit - SFS designation must determine charges assessed based on program documented	H						
Screen to enter Program/Subprogram, Economic Income, # in Economic Unit - calculates SFS% by Program/Subprogram - to display on patient header and encounter form (if electronic)	H						
ENCOUNTERS							
Encounter screen should include the following information - Patient Name, DOB, CNDs#, Encounter Date	H						
Ability to change encounter date...only if not claimed service	H						
Ability to identify any encounters that are not complete	H						
Ability to void an encounter to include reason for voiding	H						
Ability to print a blank encounter form if manual process needed	D						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Ability to run report at end of day or by date range and identify encounters which have no data entered.	H						
Ability to run report listing patients with completed (keyed) encounters by User - by date range, program/subprogram.	D						
Encounter Recording:	H						
One screen for encounter recording	H						
Ability to view date of service on encounter recording screen	H						
Ability to enter encounter to "Reportable" or "Billable" (Reportable -no charge service) and AR system to access charges accordingly to include appropriate guarantors and SFS discount.	H						
Ability to enter program and subprogram codes on encounter recording (Subprogram - specific clinics/services within a program)	H						
Ability to assign guarantor to encounter/service - there can be varying guarantors on one encounter. If not assigned, bill to guarantor according to hierarchy	H						
Ability to add and view "notes" to encounter screen	H						
Ability to enter NDC #'s on encounter recording screen	H						
Ability to identify who keyed encounter and date entered	H						
If electronic encounter - ability to flag incorrect coding/note section and send to provider for correction - ability to reject and request resubmission - note section for provider comments	D						
Ability to see client's balance, including SFS balance, for that day of service	D						
Ability to see full charge of service code and patient SFS charge for service code as encounter is being entered.	D						
The following information is required:	H						
Encounter Date	H						
Service Status - Billable , Reportable, Pending	H						
Program - Adult Health, Family Planning, etc.	H						
Service Code - CPT, HCPCS, LU (Local Use)	H						
Modifiers	H						
Diagnosis 1 thru 12 - enter each coded by provider	H						
Practitioner/Provider	H						
Practitioner/Provider Discipline	H						
Duration/Units	H						
Place of Service	H						
Co-Practitioner	H						
Referring Physician	H						
Service Site or Subprogram - AH-Colposcopy, AH-Physical, etc.	H						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Confidential Service (Y or N) - ability to assign liability whether Y or N	H						
Assign Liability To: Specific guarantor for service	H						
Cost of Service - want to see full charge and sliding fee charge for patient	H						
Initial Treatment Date	H						
**FP Waiver - Initial Visit or Last Annual Visit - required for billing -	H						
Ability to enter NDC #'s on encounter recording screen	H						
Ability to enter dental billing - service codes, etc.	H						
Ability to print ADA billing form	H						
Ability to create report queries providing list of dental patients unduplicated, per site, with provided date range	D						
BILLING							
Ability to view patient Sliding Fee Scale (SFS) percentage by program	H						
Ability for Billing Staff and Administrators to change registration date with audit trail	H						
Ability to add/update fees and SFS with beginning and ending dates	H						
Ability to add providers with billing information with beginning and end dates	H						
Ability to add guarantors with billing information/beginning and end dates	H						
Sliding Fee Scales - ability to assign programs to appropriate sliding fee scale	H						
Links clinical information to billing system (eliminate redundant data entry)	H						
Establishes a patient account status or code to reflect payment status	H						
Integration of third-party coding programs and update of codes in future	H						
Financial transactions to include patient information, services provided, co-pays, adjustments, method of payment, amount of payment, net balance and generating private statement for client. To include Title 10 requirements	H						
Allows billing of third party payers with payer's name, policy number, group number, expiration date	H						
Generate reports of funding generated, source of payment per service, claim number, payer name, date of service, status of claim (paid/not paid)	H						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Ability to print daily transactions to facilitate cash drawer reconciliation and encounter tracking	H						
Detailed transactions in chronological order by date to include date of service, posting date, transaction type, line item description and dollar amount	H						
Revenue analysis report summaries for data range, service line, to include total fees charged, total adjustments and total revenue generated	D						
Revenue analysis report summarizes trend reports: average charge per visit, average revenue per visit	H						
Client demographics, benefit eligibility, allowed services and effective dates	H						
Real-time eligibility	D						
Claims:							
Supports electronic submission of claims	H						
Supports paper submission of claims	H						
Ability to create batch files based on guarantor group or individual guarantors.	H						
Ability to create batch files based on Program/Subprograms	H						
Ability to determine if original billing or re-billing of claims	H						
Ability to submit standard 837P Professional Medicaid/Health Choice claims and (Federal 837D Dental Medicaid/Health Choice to NCTracks electronically.	H						
Ability to submit standard 837P Professional claims to Medicare Part B/Railroad electronically	H						
Ability to submit standard 837P Professional claims to Trillium electronically directly to Provider Direct 3 software (Trillium).	H						
Ability to submit standard 837P Professional insurance claims electronically	H						
Ability to print CMS1500 claim forms for Medicaid/Medicare/insurance	H						
Ability to receive standard 835 posting files for Medicaid/Health Choice/Medicare Part B/insurances for posting of payments electronically	H						
Ability to download Remittance Advice documents	H						
Patient Statements/Company Billing Statements:							
Patient Check-out Statement - Title X Compliant - today's service/sliding fee scale discount/today's payment/total balance - English or Spanish based on client preference - displays Program/Sub-program.	D						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Patient Statements - Title X Compliant - monthly billing - English or Spanish based on client's preference - previous self-pay balance, current services, fee for service, sliding fee discount, payments made since last bill cycle, current balance. Displays Program/Subprogram	H						
Ability to set number of statements to be sent.....send at 30, 60, 90 days then stops. If payment is made or new service added - statements begin again for 30, 60, 90 days then stops	H						
Ability to set minimum balance for statements to print.....i.e. no balances less than \$5.00	H						
Ability to "flag" accounts with self-pay balances for specific programs to not print	D						
Company Billing - Invoices - pulls list of employees, CNDS#,s, CPT Codes with descriptions and fees assigned to specific company billing guarantors.	D						
Company Billing - Ability to customize invoices for company billing	H						
Company Billing - Ability to use batch file to compile and print statements - must be easy to customize	D						
Posting Payments:							
Payment screen by guarantor for posting of payments	H						
Payment screen to display Program/Subprogram for service	D						
Ability to post payments, adjustments, transfers (full transfer not subject to SFS; transfer and apply SFS to balance) and corrections (backing-out) payments, adjustments and transfers	H						
Ability to designate cash, credit/debit, Medicaid EFT, other EFT, etc.	H						
Ability to view user who posted payment	H						
Credit card payments through application	H						
Ability to post payments and adjustments by standard 835 (Federal) electronic files for Medicaid/Medicare/insurances	H						
Daily Deposit:							
AR401 Report = look at report and enter required data needs	H						
Deposit reports by program and subprogram - display name of person who entered payment	H						
Deposit reports to display service codes and description	H						
Needs to list Patient Name, Patient CNDS#, Posting Code, Posting Code Description, Amount Received/Posted	H						
Needs to list Program and Subprogram. (i.e. Program IM/Subprograms-Travel Clinic; Program AH - Subprograms - Diabetes Management, Nutrition, Colpo)	H						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Need total posted by individual user. Needs to be broken down by posting description. (i.e. XX amount cash, XX amount credit/debit, XX amount check)	H						
Need total posted by all users/programs. Needs to be broken down by posting description. (i.e. XX amount cash posted, XX credit card, and XX check) and a total amount received by all posting descriptions	H						
MEDICAL RECORDS							
Ability to scan patient's health history documents into EHR and select document type	H						
Customizable view by document type	H						
SERVICE LINE SPECIFIC CRITERIA							
BEHAVIORAL HEALTH SCHOOL							
Mental Health charts needs to be separate from the health medical record, need special password/permission to have access	H						
Ability to view client caseload assignment	H						
Ability to send weekly billing report to the billing staff	H						
Ability to document notes in chart/progress notes	H	X					
Ability to transfer a patient's chart to a different therapist	H						
Ability to notify the Supervisor that a chart needs to be transferred and is able to review the chart prior to the transfer	H						
Ability to notify the supervisor that the discharge form is completed	H						
Ability to maintain a list of discharge and current patients, need for Medicaid and quarterly report	H						
Ability for the Supervisor to have access to all SMH therapist records	H						
MATERNAL HEALTH							
Ability to enter Tax ID #	H						
MEDICAL NUTRITION THERAPY							
Ability to view dietary recall sheet	H						
Ability for information to be automatically plotted on growth and weight chart forms	H	X					
Boys Infant Growth chart- Birth to 24 months (WIC015) must be able adjust for prematurity	H	X					
Girls Infant Growth chart- Birth to 24 months (WIC016) must be able to adjust for prematurity	H	X					

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
COMMUNICABLE DISEASE							
Receive notifiable disease and condition reports electronically from hospital and provider	H	X					
Transmit notifiable disease and condition reports electronically to State Health Services	H	X					
Ability to generate reports on notifiable conditions	H	X					
Ability to create monthly reports to include disease cases for reportable and non-reportable	H	X					
Customizable control measures	H						
Ability to coordinate and manage securely outbreaks	H						
Ability to enter contacts	H						
Ability to enter protocols for each type of disease and system to take you through questionnaires and assessments	H						
FAMILY COUNSELING AND PCIT/BEHAVIORAL HEALTH - ADULT							
Progress notes, treatment plan, assessments, miscellaneous correspondence must be private/ protected from view. Accessible only by Provider, Supervisor and Audit Team Coordinator	H	X					
Ability to view client caseload assignment	H						
Ability to send weekly billing report to the billing staff	H						
Ability to view if encounter has been billed/paid	H						
Ability to have a faxed referral received in MR, scanned and Provider notified by alert there is a new referral	D	X					
BCCCP							
BMI is automatically calculated	H	X					
Ability for CHA to electronically sign information and secure it	H	X					
Ability to capture that the Nurse reviewed the patient's immunizations in NCIR	H						
DIABETES EDUCATIONAL RECOGNITION PROGRAM							
Ability to hyperlink to the Diabetes system program- Chronicles	H						
FAMILY PLANNING							
Ability for Provider to document the patient's order including prescriptions, dispensing of medications, recommendations for follow-up, or referrals for other services	H	X					
Ability to capture Pap Log with the date of pap, result of pap, Colpo, Plan, last annual visit (this information is entered into the system by the Follow-up Nurse)	H						
LIMITED PHYSICALS							

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Ability to send securely information to other agencies	H	X					
PREGNANCY TESTING							
Pregnancy Calculator available- automatically calculates due date	H						
Ability to note if pregnancy test was negative or positive and it populate to the Problem list	H						
Ability to print pregnancy statement to give to DSS and OB provider (on HD letterhead)	H						
Ability to view Insurance vs no insurance information	H						
VASECTOMY							
Ability to calculate gross family income according to family size	H						
Ability for the state forms to be sent electronically to the Regional Vasectomy Coordinator (Guilford County)	H						
Ability for the Coordinator to show an educational video via computer (English and Spanish version)	D						
WELL CHILD							
Able to calculate BMI and blood pressure percentile	H	X					
Ability to plot height/weight/head circumference on growth chart with percentiles	H	X					
Ability to document vision, hearing, stereopsis testing results	H						
MOBILE DENTAL UNIT							
Dental module with xray imaging capabilities	D						
Ability to interface with Dentrix (all documentation/charting currently done in Dentrix)	D						
Ability to customize forms and letters	D						
Ability to capture electronic x-rays	D						
Ability to capture standard dental protocols for treatment and screenings	D						
HIV OUTREACH							
Ability to identify outreaches - (location/date) to determine where the outreach took place	H						
Ability to register by batch or family example for jail, halfway houses etc	H						
Provide option for patients to get their results via text or program able to provide negative test results through signing in online with a special code	H	X					
REFUGEE							

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Able to capture the following information for placement of TST- date test placed, time it was placed, Provider, reason for test, Medication lot #, where test was placed, state vs private vaccine, chest x-ray date or n/a	H						
Ability to capture the following information for reading of TST- date test placed, time it was placed, Provider, date and time the test was read, and result of test on form BIL027	H						
Ability to document the result of the reading , the date and a signature line for the Nurse to sign and date on form TB-001	H						
PHARMACY							
Ability to record Patient name, language, address, date of birth, gender, allergies, diagnosis, and prescription profile or history	H	X					
Prescription profile should include the drug name, strength, dose form (tablet, capsule, etc.), quantity dispensed, date dispensed, directions for use, number of refills, prescriber and dispenser	H						
Reporting FP, STD, 340B with drug name, number dispensed under 340b	H						
Inventory reporting, needed information- date, item description, item NDC#, package size, quantity on hand, unit price, extended price	H						
Ability to generate labels for in house drugs	H						
Ability to send prescriptions electronically to outside pharmacies	H	X					
Ability to generate labels for client prescriptions in both English and Spanish	H						
Ability to print prescriptions that can not be sent to outside Pharmacy	H						
Ability to print drug pamphlets for clients in English and Spanish	D	X					
Ability to select provider from list	H						
Ability to generate audit reports on users	H	X					
LAB							
Ability to alert lab of pending order	H						
Ability for lab staff to modify or delete orders if given permission by provider.	H						
Ability to add reflex tests with CPT code to encounter	H						
Ability for orders to populate Lab Information System (LIS)	H						
Ability for patient labels to be generated at the time tests are ordered	H						
Ability to create a test profile list to simplify order entry	D						
Ability to check orders not completed by date	D						
Ability to match and verify samples from LIS.	D						

Appendix A - PM/EHR Requirements

Requirement	PRI	MU	RESP	Yes, Included	Yes, Additional Cost	No	Comments
Ability to acknowledge that sample was received and add to the worklist.	H						
Ability to accession samples and place them on the correct worklist with date and time collected	H						
Ability to create a worklist for each test station that either interfaces with an instrument or allows manual entry	H						
Ability to create a work list for the reference labs	H						
Ability to order batch and stat tests	H						
Ability to print worklists	H						
Ability to list tests for each patient	H						
Fields to enter lab results that show units, normal ranges and an indication of where the testing was done. Recommended by accrediting agencies that these are scanned into client records	H						
Ability to print lab results over a specified date range	D						
Ability to run a monthly report of daily paps and well water samples.	H						
Lab enters test request for well water testing and prints results directly to EHS	H						
Ability to order and track river water reports which includes fields for data entry and an interface to the MPN calculator provided by Idexx	H						
Ability to track daily quality control for test procedures	H						
Interface with instruments to capture quality control data. Data ranges inputted by control lot number. Levy Jennings charts generated using data. Report showing mean values and SD for each index prepared at the end of each lot number of control. Must be able to view and print current mean and SD values.	H						
Ability for lab personnel to order tests and generate labels. Acknowledged orders flow through the system in the same manner as clinic samples. Completed orders are faxed or mailed to physician	H	X					

Appendix B

Below is a list of systems we currently have access to. Please indicate all items that proposed system can/will interface with along with the type of interface in chart below.

System	Type of Interface (batch/bi-directional, one-way outbound, one-way inbound, hyperlink, not applicable)	Currently Available	Available in the Future (please provide estimated timeframe)	Not Planning to Offer	Additional Cost (yes/no)	Amount	Comments
Crossroads							
NCIR							
NCTracks							
LaserFische							
NCEDDS							
Coastal HIE							
Travax							
RX1							
Dentrix							
Dexis							
LabNet							
State Lab							
Solstas Lab (Quest)							
WakeMed							
BlueE							
Medicare							
Navinet							

**NEW HANOVER COUNTY HEALTH DEPARTMENT
BUSINESS ASSOCIATE AGREEMENT**

This Agreement is made effective the _____ of _____, 20__ by and between the **New Hanover County Health Department**, hereinafter referred to as “Covered Entity”, and _____ hereinafter referred to as “Business Associate”, (individually, a “Party” and collectively, the “Parties”).

WITNESSETH:

WHEREAS, Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as “the Administrative Simplification provisions,” direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services has issued regulations modifying 45 CFR Parts 160 and 164 (the “HIPAA Privacy Rule”); and

WHEREAS, the Parties wish to enter into or have entered into an arrangement whereby Business Associate will provide certain services to Covered Entity, and, pursuant to such arrangement, Business Associate may be considered a “business associate” of Covered Entity as defined in the HIPAA Privacy Rule; (the agreement evidencing such arrangement is entitled “_____” and is hereby referred to as the “Arrangement Agreement”).

WHEREAS, Business Associate may have access to Protected Health Information (as defined below) in fulfilling its responsibilities under such arrangement;

THEREFORE, in consideration of the Parties’ continuing obligations under the Arrangement Agreement, compliance with the HIPAA Privacy Rule, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Privacy Rule and to protect the interests of both Parties.

I. DEFINITIONS

Except as otherwise defined herein, any and all capitalized terms in this Section shall have the definitions set forth in the HIPAA Privacy Rule. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Privacy Rule, as amended, the HIPAA Privacy Rule shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Privacy Rule, but are nonetheless permitted by the HIPAA Privacy Rule, the provisions of this Agreement shall control.

The term “Protected Health Information” means individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

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Business Associate acknowledges and agrees that all Protected Health Information that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by Covered Entity or its operating units to Business Associate or is created or received by Business Associate on Covered Entity's behalf shall be subject to this Agreement.

II. CONFIDENTIALITY REQUIREMENTS

- (A) Business Associate agrees:
- (i) to use or disclose any Protected Health Information solely: (1) for meeting its obligations as set forth in any agreements between the Parties evidencing their business relationship, or (2) as required by applicable law, rule or regulation, or by accrediting or credentialing organization to whom Covered Entity is required to disclose such information or as otherwise permitted under this Agreement, the Arrangement Agreement (if consistent with this Agreement and the HIPAA Privacy Rule), or the HIPAA Privacy Rule, and (3) as would be permitted by the HIPAA Privacy Rule if such use or disclosure were made by Covered Entity;
 - (ii) at termination of this Agreement, the Arrangement Agreement (or any similar documentation of the business relationship of the Parties), or upon request of Covered Entity, whichever occurs first, if feasible, Business Associate will return or destroy all Protected Health Information received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information, or if such return or destruction is not feasible, Business Associate will extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible; and
 - (iii) to ensure that its agents, including a subcontractor, to whom it provides Protected Health Information received from or created by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply to Business Associate with respect to such information. In addition, Business Associate agrees to take reasonable steps to ensure that its employees' actions or omissions do not cause Business Associate to breach the terms of this Agreement.
- (B) Notwithstanding the prohibitions set forth in this Agreement, Business Associate may use and disclose Protected Health Information as follows:
- (i) if necessary, for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that as to any such disclosure, the following requirements are met:
 - (a) the disclosure is required by law; or
 - (b) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;
 - (ii) for data aggregation services, if to be provided by Business Associate for the health care operations of Covered Entity pursuant to any agreements between the Parties evidencing their business relationship. For purposes of this Agreement, data aggregation services means the combining of Protected Health Information by Business Associate with the protected health information received by Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

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- (C) Business Associate will implement appropriate safeguards to prevent use or disclosure of Protected Health Information other than as permitted in this Agreement. The Secretary of Health and Human Services shall have the right to audit Business Associate's records and practices related to use and disclosure of Protected Health Information to ensure Covered Entity's compliance with the terms of the HIPAA Privacy Rule. Business Associate shall report to Covered Entity any use or disclosure of Protected Health Information which is not in compliance with the terms of this Agreement of which it becomes aware. In addition, Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

III. AVAILABILITY OF PHI

Business Associate agrees to make available Protected Health Information to the extent and in the manner required by Section 164.524 of the HIPAA Privacy Rule. Business Associate agrees to make Protected Health Information available for amendment and incorporate any amendments to Protected Health Information in accordance with the requirements of Section 164.526 of the HIPAA Privacy Rule. In addition, Business Associate agrees to make Protected Health Information available for purposes of accounting of disclosures, as required by Section 164.528 of the HIPAA Privacy Rule.

IV. TERMINATION

Notwithstanding anything in this Agreement to the contrary, Covered Entity shall have the right to terminate this Agreement and the Arrangement Agreement immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement. If Covered Entity reasonably believes that Business Associate will violate a material term of this Agreement and, where practicable, Covered Entity gives written notice to Business Associate of such belief within a reasonable time after forming such belief, and Business Associate fails to provide adequate written assurances to Covered Entity that it will not breach the cited term of this Agreement within a reasonable period of time given the specific circumstances, but in any event, before the threatened breach is to occur, then Covered Entity shall have the right to terminate this Agreement and the Arrangement Agreement immediately.

V. MISCELLANEOUS

Except as expressly stated herein or the HIPAA Privacy Rule, the parties to this Agreement do not intend to create any rights in any third parties. The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Arrangement Agreement and/or the business relationship of the parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.

This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party. None of the provisions of this Agreement are intended to create, nor will they be deemed to create any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. This Agreement will be governed by the laws of the State of North Carolina. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

The parties agree that, in the event that any documentation of the arrangement pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of Protected Health Information which are more restrictive than the provisions of this Agreement, the provisions of the more restrictive documentation will

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control. The provisions of this Agreement are intended to establish the minimum requirements regarding Business Associate's use and disclosure of Protected Health Information.

In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect. In addition, in the event a party believes in good faith that any provision of this Agreement fails to comply with the then-current requirements of the HIPAA Privacy Rule, such party shall notify the other party in writing, For a period of up to thirty days, the parties shall address in good faith such concern and amend the terms of this Agreement, if necessary to bring it into compliance. If, after such thirty-day period, the Agreement fails to comply with the HIPAA Privacy Rule, then either party has the right to terminate upon written notice to the other party.

E-Verify Compliance. Business Associate shall fully comply with the U.S. Department of Homeland Security employee legal status E-Verify requirements for itself and all its subcontractors. Violation of the provision, unless timely cured, shall constitute a breach of Contract.

Iran Divestment Act of 2015 Compliance Pursuant to N.C.G.S.147-86.55 et. seq. The Act requires that the State, a North Carolina local government, or any other political subdivision of the State of North Carolina must not utilize any contractor or subcontractor found on the State Treasurer's Final Divestment List. Business Associate certifies that it or its subcontractors are not listed on the Final Divestment List created by the North Carolina State Treasurer pursuant to N.C.G.S. 147-86.58. The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address www.nctreasurer.com/Iran and will be updated every 180 days.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

COVERED ENTITY:

BUSINESS ASSOCIATE:

By: _____

By: _____

Title: Health Director _____

Title: _____