

Sample RFP

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SAMPLE ONLY

Request for Proposal (RFP)

Electronic Medical Record (EMR) Practice Mangement (PM) Development Project

ABC Company wishes to entertain proposals to this RFP for the purpose of assisting a specialty type, consisting of number of providers practicing in the location, to establish an Information Technology solution to automate and transfer their practices into a paperless office through the use of EMR.

Prepared By:

Name

Title

Date

Your Company Name

Address

City, State, Zip Code

Phone Number

Internet Address

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**Section One
Administrative**

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SECTION ONE (1) – ADMINISTRATIVE

- 1.1 The company name is _____.
- 1.2 The company address is _____.
- 1.3 The contacts for this Request for Proposal (“RFP”) are _____.
- 1.4 The telephone number is _____, fax number is _____ and email is _____.
- 1.5 The RFP release date is _____.
- 1.6 The proposal delivery due date is _____.
- 1.7 The dates for vendor demonstrations and/or site visits are _____.
- 1.8 The projected date for vendor selection is _____.
- 1.9 The selected vendor's proposal and response to this RFP will be included as exhibits in the contract with the vendor.
- 1.10 The following RFP will be used to build the contract with the vendor of choice. Therefore, anything that has been set forth in this RFP pertaining to what the vendor can and will offer will potentially be expected to be included in the final contract from the vendor. The vendor must state in the contract that all features and functions described in the proposal as part of the system will be present in the installed system and as indicated in the RFP.

Note: The following sections comprise a detailed survey. Each section (and each section therein) is essential to the initial evaluation process. The Coker Group and the Client realize and appreciate the time and effort required to complete this RFP. Further, we realize the likelihood that no respondent will have fully “favorable” responses. The overall evaluation and ultimate prioritization of the respondents will bear this fact in mind.

Section Two
Background Information

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SECTION TWO (2) – SAMPLE CLIENT BACKGROUND INFORMATION

Below are examples of some background information. This section needs to be customized to reflect your specific background.

- 2.1 Hospital owned physician network through an MSO located in the midwestern region of the country.
- 2.2 100 providers with an expected increase to 110-120 providers by 2003.
- 2.3 Multispecialty physician group with mid-level providers.
- 2.4 400 total number of users/operators utilizing the system.
- 2.5 Freestanding locations throughout the community and hospital based practices. 17 total number of locations.
- 2.6 EMR readiness evaluation completed in February of this year, with positive going forward results. Physician and Management culture accepts EMR. (This evaluation was completed by The Coker Group as an independent review.)
- 2.7 The results of the survey indicate strong interest among the physicians for EMR. (This evaluation was completed by The Coker Group as an independent review.)
- 2.8 One previous unsuccessful EMR implementation five (5) years ago.
- 2.9 Total number of exam rooms is 300.
- 2.10 Total number of nursing stations is 67.
- 2.11 Total number of ancillary units is 32.
- 2.12 Total number of front end users is 80.
- 2.13 The Coker Group has been tasked with the duty to assist the Client in the purchasing and development of the EMR system. The Client will have the final say on which system they intend to implement.
- 2.14 The Client desires that its identity remain confidential during the initial evaluation. Approved vendors will be given the opportunity to present and market their products and services directly upon approval and completion of the RFP. Instructions for completing the RFP are included in Section Three (3).

**Section Three
Instructions**

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SECTION THREE (3) - INSTRUCTIONS

- 3.1 Your response to this RFP will include: a) completing this RESPOND TO RFP, b) providing supporting materials described below.
- 3.2 This RESPOND TO RFP consists of four (4) areas: Background Information, General Questions, Cost Survey, and Functional Requirements.
- 3.3 Enter your responses in the General Question and Cost areas as well as checking off the functional requirements from the EMR application and the Practice Management System.
- 3.4 Do not answer yes to any functions currently being developed, as these will be discussed separately.
- 3.5 Provide these supporting materials: a) executive summary, b) company profile, c) software summary, d) hardware summary, e) references, f) documentation, g) implementation, h) sample contract, i) demo disk/tape.
- 3.6 The Executive Summary should include a brief overview of your proposal.
- 3.7 The company profile section should include literature about your company, products and services.
- 3.8 All responses or questions will be submitted through The Coker Group. (Absolutely no direct contact to the Client is allowed at this juncture.)
- 3.9 Vendor must state that in Section Eleven (11) "The Acknowledgement Statement" that all responses, functions, features or other described utilities will be present in the installed system as indicated in the RFP.
- 3.10 Attach more information separately if there is not enough room for an answer to the question asked.

**Section Four
Support**

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SECTION FOUR (4) - SUPPORT

- 4.1 How many software support offices do you have in the state your regional location area?

- 4.2 Where are the locations of your software support offices in state your regional location area?

- 4.3 How many technical staff serve each location and service area?

- 4.4 How many programmers serve each location and service area?

- 4.5 What are the service areas of each of these support centers?

- 4.6 Are support staff provided to go on site in the event they are needed for software support?

- 4.7 Is there a time frame in which support people are guaranteed to be at the site by? If so, what is the specified time frame?

- 4.8 Is telephone software support available 24 hours a day, 7 days a week?

- 4.9 Do you have a toll free support number?

- 4.10 Do you bill telephone charges to customers?

- 4.11 Is telephone support time included in the support fees, or do you charge on a per call or hourly basis?

- 4.12 Do you have a guaranteed response time for answering customer problem calls? If yes, what is it?

- 4.13 How and when are known software problems (e.g., bugs, errors) resolved?

- 4.14 Do you publish a list of known problems? If so, where are they published?

- 4.15 Do you provide the purchasers of your software with a list of known bugs?

- 4.16 Will you guarantee that software problem acknowledged by your company will be corrected within a specific time period? If yes, what is it?

- 4.17 Who provides hardware maintenance?

- 4.18 Who would we call for repairs?

- 4.19 How are software installation fees billed (e.g., fixed amount, line item, hourly)?

- 4.20 Where are your hardware support centers in the northern midwest area?

- 4.21 How much staff do you have dedicated to hardware support and service?

- 4.22 Is there a guaranteed time frame in which all hardware support issues must be answered? If so, what is the specified time frame?

- 4.23 If a piece of hardware goes down and has to be taken out of service for an extended period of time, is a replacement provided? If so, is there a related charge and what is it?

- 4.24 How are monthly support fees billed (e.g., fixed amount, variable, hourly)?

- 4.25 Is travel time to our site billable? If so, at what rate? Briefly, explain policy.

4.26 Will your company assume prime responsibility for all aspects of hardware and software implementation?

4.27 Will initial training be performed at our offices or at your facilities?

4.28 Are there any cost advantages of providing our own support inhouse?

4.29 Are there any cost advantages for developing our own in-house support team or individuals with advanced training to provide some on-site support?

4.30 If the answer to 4.29 is yes, please provide recommendation on number of staff and levels of expertise for an organization with our characteristics.

4.31 What documentation/training is provided for upgrades/revisions? Is additional training or documentation billable?

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Section Five
Cost Analysis and Fees

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SECTION FIVE (5) - COST ANALYSIS AND FEES

5.1 Support Cost

5.1.1 How is software support purchased (e.g., By the hour, in hour groupings, annually, by user, by provider, by license, etc.)?

5.1.2 Give a range of expected support cost for both software and hardware (if offered) that an entity of our size and structure will be expected to use in one calendar year.

5.1.3 What percent of that above figure is software support and what percent is hardware support?

5.1.4 In detail, explain what kind of support would be included in the price range quoted above?

5.1.5 Does support that we have purchased expire? If so, for how long does it last?

5.1.6 Is there any customization fee?

5.1.7 If there are any customization fees, at what rates are they billed, or is this a flat fee per project?

5.2 Equipment (Hardware) Cost

5.2.1 Give a range of expected equipment and hardware that an entity of our size and structure will be expected to purchase in order to support the needs that we have set forth.

5.2.2 Please fill out, in detail, the equipment that we will require to run our specified system and the cost associated with that equipment via the checklist in Section Six (6) of this RFP.

5.2.3 Is the equipment/hardware used to run this system provided by you or by another company? If another company provides it, what is the name of that company?

5.2.4 Do we receive any kind of discount because we purchase our equipment/hardware from you? If so, how much?

5.2.5 Do we have the option of purchasing our own hardware and support?

5.2.6 What are the policies as related to cost when purchasing new equipment (i.e., if we add another physician and support staff, will we pay full cost on equipment if the original equipment was purchased at a discount)?

5.2.7 What are your policies regarding upgrades for new equipment? Are they given for free? Are they given at a discount?

5.2.8 How often are these equipment upgrades provided?

5.2.9 If a new version of your software requires an equipment upgrade, is this provided at an additional cost, or is it included in the support cost?

5.2.10 Do you provide previously used equipment?

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5.3 Communication Cost

5.3.1 What kind of communication mechanisms must each location have (i.e., does every location have to have its own T-1 line or phone line) to properly and efficiently communicate with the server?

5.3.2 When providing software support online, is it recommended to have a T-1 or a phone line to communicate with your support services? Whose line will be used for this purpose, and who will receive the charge?

5.3.3 What is the range of communication costs that will be realized by a system of our size on an annual basis, including T-1 and long distant charges?

5.3.4 Please identify these in detail.

5.3.5 Are all communication issues managed by your own company or do you outsource them?

5.3.6 Are these charges included in the sum total?

5.3.7 If they are not, why?

5.4 Invoicing and Payment Process

5.4.1 Give a range of expected costs that we will recognize due to the implementation of your EMR system, including hardware and software support, hardware/equipment communication costs, and any other costs that may be included in the purchase and implementation of your system.

5.4.2 Please describe in detail what other costs will we be expected to incur other than those set forward in the above statement?

5.4.3 What is the basis of this cost (e.g., number of users, number of work stations, number of physicians, etc.)?

5.4.4 Do you provide any product guarantees on any of your products? If so, please list the items on which they are offered and the extent that they are covered.

5.4.5 If you do not list any product guarantees, please explain why you do not?

5.4.6 Please describe normal payment terms for an entity of our size and a system similar to the one in which we are interested.

5.4.7 Does your company offer any financing options? If so, please explain in detail.

5.4.8 Does your company have any “lenders of choice” that it works with? If so please list them in detail.

5.4.9 Does your lender of choice or leasing company pay points on referral fees upon signing of a contract? If yes, do you accept those fees?

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Section Six
Cost Worksheet

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SECTION SIX (6) - COST WORKSHEET

| | | Qty | Unit Price | Monthly support or maintenance |
|-----|---|-----|------------|--------------------------------|
| 6.1 | Main computer, CPU, or file server(s) | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| 6.2 | Disk storage | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| 6.3 | Optical disk storage | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| 6.4 | PCs (microcomputers) and workstations | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| 6.5 | Printers/scanners | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| 6.6 | PDA's | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| 6.7 | Communication equipment | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| 6.8 | Tape backup equipment | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| 6.9 | Installation and wiring | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| 6.9 | Please add any other equipment that you envision our system to require. | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |
| | _____ | --- | --- | --- |

**Section Seven
Vendor Profile**

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SECTION SEVEN (7) - VENDOR PROFILE

7.1 Vendor History and Information

7.1.1 How many years has your company, as it is presently organized, been in business?

7.1.2 How was your company founded/created (i.e., as it is today, through a merger or acquisition, etc.)?

7.1.3 Who was the original owner/founder (if presently different) of your company? Who is the current majority owner of your company?

7.1.4 Is your company publicly traded? If so, how long has it been a publicly-traded company?

7.1.5 Has your company recently (within the last two years) made any acquisitions (horizontal or vertical)?

7.1.6 Has your company ever been – or is it currently – involved in any litigation with a customer or any other entity within the last five (5) years? If so, please explain every instance in detail and each outcome.

7.1.7 Has your company, as it currently stands, experienced any nominal financial difficulties, such as bankruptcy, financial restructuring, default on loans, or decrease in bond rating or stock price? If any of the above have occurred please explain in detail.

7.1.8 Please include a personnel and management profile with this RFP.

7.1.9 What are some the major accomplishments that your company has experienced over the past two to three years?

7.1.10 What is your company's annual revenue?

7.1.11 What percent of revenue does your company allocate to research and development of new products every year?

7.1.12 What percent of revenue does your company allocate to support staff every year?

7.1.13 What percent of revenue does your company allocate to marketing and sales every year?

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7.2 Vendor Implementation History

7.2.1 How many fully implemented EMR systems have you installed in the last year? In the last two years?

7.2.2 How many fully implemented EMR systems have you installed for ***type and size of entity?*** What are the names of those ***hospitals/practices?***

7.2.3 Describe some of the issues that have been encountered when implementing your system in this environment.

7.2.4 What has been the *average* time, from start to finish, that is required for this implementation process?

7.2.5 EXAMPLE: How many fully implemented EMR systems have you installed for hospital owned, multi-specialty, or physician networks with 100+ physicians? With 25 – 100 physicians? With <25 physicians?

7.2.6 Describe some of the issues that have been encountered when implementing your system in this environment.

7.2.7 What has been the *average* time, from start to finish, that is required for this implementation process?

7.2.8 EXAMPLE: How many fully implemented EMR systems have you installed for private physician networks with 100+ physicians? With 25 – 100 physicians? With <25 physicians? What are the names of those facilities with the installed software?

7.2.9 Describe some of issues that have been encountered when implementing your system in this environment.

7.2.10 What has been the *average* time, from start to finish, that is required for this implementation process?

7.2.11 Describe, in detail, a typical timetable that we can expect to encounter from the start to finish of the implementation process of our EMR system.

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Section Eight
Software and Other Applications

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SECTION EIGHT (8) - SOFTWARE AND OTHER APPLICATIONS

8.1 Is your EMR system HL7 compliant?

8.2 If not, do you expect it to be in the near (six months) future, and what steps are you currently taking to make it compliant?

8.3 Does your software meet and comply with all statutes set forth by the Healthcare Insurance Portability Accountability Act (HIPAA)?

8.4 If not, do you expect it to be completed before the time frame allowed by the government expires?

8.5 If you are not completely compliant, what actions are you taking to ensure that you will be within the allotted time period?

8.6 Is your software able to integrate with other medical management software? Which ones?

8.7 Is your software able to integrate with any accounting software? Which ones?

8.8 Is your software able to integrate with any other billing software? Which ones?

8.9 What hospital billing software can it integrate to?

8.10 Which word processing/transcription software does it integrate to?

8.11 What PDA platform does it integrate to?

8.12 What is the database type (SQL Server, Oracle, etc.)?

8.13 Does your software have the ability to populate any other databases with ease? Could we do this internally or would it require the assistance of your support services?

8.14 Is our data backed up on any of your company's servers?

8.15 If it is backed up at one central location, how is it performed and what are any of the access issues to our organization using any of this information or obtaining any of it when we deem necessary?

8.16 Are we granted full access to this information?

8.17 Is there an additional charge associated with these services? If so, what is it?

8.18 Does your company reserve the right to harvest and purge our data to be used for any other intentions, such as selling to insurance or pharmaceutical companies, in order to determine demographic, utilization and/or prescribing data?

8.19 If your company does reserve the right to “mine” the above (or any other) data, do we have the ability to deny this access and use of information?

8.20 If we agree to supply such information, are we offered any kind of a discount or portion of the proceeds?

8.21 Does your software allow data to be stripped of all personal information so that we may provide that information to entities of our choice without compromising patient privacy?

8.22 Do you have the ability to access our data remotely?

8.23 What kind of security is offered when accessing our system remotely?

8.24 What kind of protection is offered to ensure that our data is not removed, altered, or viewed by any unauthorized party including, but not limited to, the vendor or agents or the vendor?

8.25 Can you use standard report writing software (Crystal Reports, Cognos) to produce ad hoc reports?

8.26 Does the product use a web-based interface for charts?

8.27 What operating systems are supported at the server level? Desktop level? Handheld/palm level?

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Section Nine
Checklist for EMR Systems

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SECTION NINE (9) - CHECKLIST FOR EMR SYSTEMS

| 9.1 General Considerations | | <u>Yes</u> | <u>No</u> |
|-----------------------------------|--|--------------------------|--------------------------|
| 9.1.1 | Will the system support a totally paperless operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.2 | Will the system allow a hybrid system with the computer printing the documents contained in the paper chart? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.3 | Does the system offer flexible interface options with full support of keyboard, mouse, trackball, pen, and voice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.4 | Does the system preprint summary and encounter information before the patient visit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.5 | Does the system offer a "single screen" summary of the problem lists, allergies, medications, and prevention prompts? (Or is it necessary to navigate multiple screens?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.6 | Are there multiple mechanisms for automated production of large blocks of text (user defined)? (This feature eliminates repetitive paperwork.) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Is there a flexible report generation capability allowing customization of printing/structure of: | | |
| 9.1.7 | SOAP notes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.8 | Histories and physicals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.9 | Operative notes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.10 | Procedure notes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.11 | Admission orders? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.12 | Letters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.13 | Prescriptions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.14 | Patient handouts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.15 | Summaries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.16 | Does the system support networking based upon the industry standard Windows NT and/or Novell software? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.17 | Does the system support "off-the-shelf" personal computers? (Or are you required to use the vendor's proprietary equipment?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.18 | Does the system offer full support of wireless and pen-based notebook computer access to the medical records? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.19 | Does the system integrate with a digital dictation system to offer full support of transcriptionist activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.20 | Is a medical spell checker included? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.1 General Considerations (continued) | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 9.1.21 | Can the user create an electronic record at any time (without having patient demographics entered)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.22 | Does the system offer automatic recording of the dates of entry of items? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.23 | Does the system record the dates at which items are to be reviewed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.24 | Does the system record which person is doing the coding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.25 | Does the system prompt users to complete unfinished reports? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Does the system offer electronic applications of codes to data (existing and future)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.26 | ICD-9-CM? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.27 | CPT? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.28 | ICD-10? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.29 | ICPC? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.30 | ICHPPC? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.31 | SNOWMED? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.32 | UMLS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.33 | DRG? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.34 | DMS? | | |
| 9.1.35 | Future ability to apply codes to findings, medications, outcomes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.36 | Ability to apply specific data to codes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.37 | Is a thesaurus that is user definable (e.g., cold = URI = upper respiratory infection) provided with the system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.38 | Does the system offer updating of codes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.39 | Does the system offer integration of third-party coding programs? (If so, which ones?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.40 | Does the system offer integration of a controlled data dictionary or standard nomenclature of clinical terms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1.41 | Does the system handle large data sets equivalent to your practice's needs for the next five years? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.2 Encounter-Progress Notes | | <u>Yes</u> | <u>No</u> |
|-------------------------------------|--|--------------------------|--------------------------|
| 9.2.1 | Can encounters be recorded electronically in some fashion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.2 | Can the electronic record be accessed during patient visits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.3 | Does the system allow full electronic availability of encounter-progress notes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.4 | Does the system allow scrollable encounter-progress notes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.5 | Does the system offer tested templates for the creation of encounter-progress notes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.6 | Are the templates easily modified? (Ask for a demonstration.) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Does the system offer encounter retrieval by: | | |
| 9.2.7 | Last name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.8 | First name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.9 | Date of birth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.10 | Identification number? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.11 | Family grouping? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.12 | Problem type? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.13 | Date? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.14 | Chronology? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.15 | Text search? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.16 | Can the encounter-progress note indicate duration of encounter? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.17 | Can encounter-progress note indicate visit type (e.g., scheduled vs. work-in, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.18 | Can the encounter-progress note indicate facility type? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.19 | Can the encounter-progress note indicate provider involved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.20 | Can the encounter-progress note indicate chief complaint? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.21 | Can the encounter-progress note document the history of present illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.22 | Can the encounter-progress note document physical examination findings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.23 | Can the encounter-progress note indicate procedures performed and planned? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.24 | Can the encounter-progress note indicate lab performed and planned? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.2 Encounter-Progress Notes (continued) | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 9.2.25 | Can the encounter-progress note indicate diagnoses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.26 | Can the encounter-progress note indicate provider goals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.27 | Can the encounter-progress note indicate patient goals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.28 | Can the encounter-progress note indicate medications prescribed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.29 | Can the encounter-progress note indicate patient education materials provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.30 | Can the encounter-progress note indicate consultations/referrals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.31 | Can the encounter-progress note indicate condition or status? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.32 | Can the encounter-progress note indicate follow-up plans? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.33 | Can the encounter-progress note be problem-oriented? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.34 | Linked to diagnosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2.35 | Linked to problem number? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.3 Medical History | | <u>Yes</u> | <u>No</u> |
| 9.3.1 | Does the system offer electronic medical histories? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.3.2 | Does the system offer obstetrical history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.3.3 | Does the system document hospitalization? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.3.4 | Dates? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.3.5 | Diagnoses addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.3.6 | Procedures performed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.3.7 | Include discharge summary text? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.3.8 | Does the system indicate tobacco use/history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.3.9 | Does the system indicate alcohol use/history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.3.10 | Does the system indicate drug use/history? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.4 Family History | | <u>Yes</u> | <u>No</u> |
|---------------------------|---|--------------------------|--------------------------|
| 9.4.1 | Does the system offer electronic family histories? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.4.2 | Does the system allow documentation of family members' cause of death and age of death? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.4.3 | Does the system allow for family-oriented groupings or linkages (e.g., through demographics) to facilitate documentation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.4.4 | Does the system provide the capability to include genograms and transfer them between different family members in the family history section? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.5 Social History | | <u>Yes</u> | <u>No</u> |
| 9.5.1 | Does the system offer electronic social histories? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.5.2 | Does the system allow recording of marital status? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.5.3 | Does the system allow recording of occupation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.5.4 | Does the system allow recording of religious preference? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.5.5 | Does the system allow recording of socioeconomic status? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.6 Allergies | | <u>Yes</u> | <u>No</u> |
| 9.6.1 | Does the system offer electronic listings of drug allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.6.2 | Does the system offer electronic listings of allergies other than drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.6.3 | Does the system offer electronic listing of type of allergic reaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.7 Problem Lists | | <u>Yes</u> | <u>No</u> |
| 9.7.1 | Does the system support problem/summary lists? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.7.2 | Does the system support separate active and inactive problem lists? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.7.3 | Does the system support the active problem list to be updated from the "assessment" or diagnosis in the progress note? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.7.4 | Does the system offer electronic listings of past interventions, hospitalizations, diagnostic procedures, and therapies for easy review? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.7.5 | Does the system support risk factor monitoring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.7.6 | Does the system support disease registrations? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.7 Problem Lists | | <u>Yes</u> | <u>No</u> |
|--------------------------------|---|--------------------------|--------------------------|
| 9.7.7 | Does the system support documentation of the date of a problem or diagnosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.7.8 | Does the system support documentation of the severity of a problem or diagnosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.7.9 | Does the system support documentation of the date of a change in the status of a problem or diagnosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.8 Surgery Listings | | <u>Yes</u> | <u>No</u> |
| 9.8.1 | Does the system offer electronic surgery listings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9 Medication Listings | | <u>Yes</u> | <u>No</u> |
| 9.9.1 | Does the system allow storage of common prescriptions for quick entry? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.2 | Does the system allow that one entry of a prescription can replace the manual tasks of entering data in the progress notes, the medication list and the prescription blank? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.3 | Does the system allow documentation of medications proved to be effective? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.4 | Does the system allow documentation of medications proved to be ineffective? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.5 | Does the system produce prescriptions that comply with your specific state regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.6 | Does the system facilitate refills or repeat prescriptions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.7 | Does the system support drug formularies and prescribing guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.8 | Does the system accommodate formularies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.9 | Alternative drug prompters | <input type="checkbox"/> | <input type="checkbox"/> |
| | Does the system allow electronic storage of prescriptions for retrieval by: | | |
| 9.9.10 | Drug name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.11 | Drug code number? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.12 | By amount prescribed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.13 | Monthly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.14 | Yearly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.15 | Both? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Does the system allow prescription: | | |

| 9.9 Medication Listings | | <u>Yes</u> | <u>No</u> |
|--------------------------------|---|--------------------------|--------------------------|
| 9.9.16 | Ability to print locally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.17 | Ability to print remotely? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.18 | Ability to record patient's preferred pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.19 | Ability to fax to patient's pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.20 | Ability to modem to patient's pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Does the system offer recording of: | | |
| 9.9.21 | Drug form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.22 | Drug strength? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.23 | Drug quantity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.24 | Drug duration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.25 | Drug discontinuance date? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.26 | Drug dosage instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.27 | Drug refills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.28 | Date of Authorization? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.29 | Prescribing Physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.30 | Pharmacy preference? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.31 | Link of prescribed medication to related diagnosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.32 | Does the system automatically update the encounter-progress notes when a prescription is written? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.33 | Does the system automatically update the medication list when a prescription is written? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Does the system offer drug/prescribing information: | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.34 | Drug-contraindication/active problem interactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.35 | Drug-lab linking to check that appropriate studies are obtained (e.g., diuretics and potassium levels)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.36 | Drug-dispense (refill) overdue? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.37 | Breakdown of trade-named combination drugs into their constituent components? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.38 | Ability to list drugs within a therapeutic class? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.9 Medication Listings | | <u>Yes</u> | <u>No</u> |
|--------------------------------|--|--------------------------|--------------------------|
| | Does the system offer drug interaction information: | | |
| 9.9.39 | Drug-drug interaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.40 | Drug-allergy interaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.41 | Drug-symptom/finding alerts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.42 | Ability to prioritize/rank importance of interactions/warnings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.43 | Does the system automatically drop acute medications from the medication list when their course is finished? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.44 | Does the system offer automatic or timed searching for drug interactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.9.45 | Will the system automatically alert the provider of a drug allergy as the medication is prescribed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10 Nursing Issues | | Yes | No |
| | Does the system allow the recording of how/when vital signs are entered: | | |
| 9.10.1 | Height? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.2 | Weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.3 | Pulse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.4 | Respiratory rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.5 | Blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.6 | Multiple blood pressures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.7 | Different position blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.8 | Head circumference? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.9 | Other vital measurements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.10 | Does the system allow other health maintenance prompts to be provided for the nurses to address? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.11 | Does the system indicate how physician requests/protocols are communicated to the nurses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.10.12 | Does the system include tested, modifiable telephone templates for the nurses? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.11 Forms | | <u>Yes</u> | <u>No</u> |
|---------------------------------|---|--------------------------|--------------------------|
| 9.11.1 | Does the system support specific form-based information to be collected and integrated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.11.2 | Patient questionnaires? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.11.3 | Symptom-specific template forms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.11.4 | Intake forms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.11.5 | Flow sheets? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.11.6 | Growth charts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.11.7 | Well child exams? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.11.8 | How are templates stored and retrieved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12 Images/Scanning | | <u>Yes</u> | <u>No</u> |
| 9.12.1 | Does the system allow for drawings/pictures to be created and stored (e.g., location of a breast lump)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.2 | Capacity to display images and drawings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.3 | Optical character recognition scanning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.4 | Ability to add text to the image? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.5 | Does the system allow for inclusion of a patient photograph? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.6 | Does the system allow for inclusion of scanned documents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.7 | Does the system you to scan and store documents electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.8 | How will outside information be integrated (e.g., x-rays, consultants' letters, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.9 | Store as a picture? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.10 | Run an optical character recognition program and store as text in the system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.11 | Highlight (yellow marker) critical information and manually enter? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.12 | How will existing paper-based information be introduced into the future electronic system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.13 | Does the system allow for multi-media (full motion videos) inclusion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.12.14 | Does the system support the inclusion of x-rays? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.13 Graphing-Flow Charting | | <u>Yes</u> | <u>No</u> |
|-------------------------------------|--|--------------------------|--------------------------|
| 9.13.1 | Does the system allow for the flexible and easy graphing-flow charting of vital signs, medication doses, and lab values? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14 Laboratory | | <u>Yes</u> | <u>No</u> |
| 9.14.1 | Will the system allow quick and easy access to lab results? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.2 | Numeric data? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.3 | Text comments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.4 | Will the system allow the user to easily add and delete specific studies and normal ranges? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Will the system graph out lab results: | | |
| 9.14.5 | Over time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.6 | View on screen and print? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.7 | User-specified parameters/axis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.8 | Does the system allow physician sign-off after review? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.9 | How does the system facilitate/ensure timely review? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.10 | Does the system monitor lab sent to the wrong party and how it is transferred? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.11 | Does the system facilitate smooth lab integration into other portions of the information system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.12 | Directly from lab instruments on-site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.13 | Directly from outside referral labs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.14 | What lab will have to be manually entered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.14.15 | Who, what, and how? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.15 Referrals/Consultations | | <u>Yes</u> | <u>No</u> |
| | Does the system allow for recording of: | | |
| 9.15.1 | The type of referral or request? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.15.2 | Date? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.15.3 | Person making request? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.15.4 | Specialty/department request made to? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.15 Referrals/Consultations | | <u>Yes</u> | <u>No</u> |
|-------------------------------------|--|--------------------------|--------------------------|
| 9.15.5 | Reason for consultation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.15.6 | Contractual status of referral/consultation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.15.7 | Consultants available based upon conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.15.8 | Consultants available based upon specialty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.15.9 | Consultants available based upon insurance coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16 Prevention | | <u>Yes</u> | <u>No</u> |
| 9.16.1 | Does the system allow prevention prompts on the summary sheet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.2 | Does the system allow prevention item status documentation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.3 | Date addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.4 | Result? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.5 | Reasons not performed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.6 | Where performed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.7 | Default lists based upon patient gender, age, risks, chronic illness, etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.8 | Easy modification of default lists? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.9 | Does the system allow incorporation of tested prevention protocols (e.g., USPSTF)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.10 | Health maintenance templates modifiable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.11 | Patient tracking and reminders? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.12 | Flow sheet capability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.13 | Does the system allow longitudinal recording of health status? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.14 | Does the system allow longitudinal recording of functional status? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.15 | Does the system allow incorporation of immunization protocols? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.16 | Universal child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.17 | Universal adult? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.16.18 | Specific foreign travel? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.17 Data Searching-Reporting | | <u>Yes</u> | <u>No</u> |
|--------------------------------------|---|--------------------------|--------------------------|
| 9.17.1 | Does the system offer full searching-reporting capabilities supporting Boolean (e.g., and, or, not, greater than, less than)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.2 | Can you search text by whole, part, and including wild characters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.3 | Does the system give the ability to search for both coded entry and free text items from any field in any record? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.4 | Does the system provide call and recall capability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.5 | Retrospective based upon specified search criterion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.6 | Real time alerts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.7 | Does the system provide calls/recalls based upon specific patient characteristics within a particular period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.8 | Immunizations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.9 | Blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.10 | Weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.11 | Body/mass index? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.12 | Specific diseases? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.13 | Repeat medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.14 | Tobacco use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.15 | Alcohol use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.16 | Contraception status? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.17 | Blood screen results? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.18 | Cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.19 | Urine screen results? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.20 | Pap smears? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.21 | Rubella antibody/immunization status? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.22 | Does the system provide recalls based upon a specific type of intervention or prescribed medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.23 | Does the system allow for quality assurance to be addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.24 | Does the system allow for outcomes measures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.25 | Does the system provide recalls based upon quality control algorithms? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.17 Data Searching-Reporting | | <u>Yes</u> | <u>No</u> |
|--------------------------------------|--|--------------------------|--------------------------|
| 9.17.26 | Does the system allow users to store regularly used groups or sets of criteria for searching later? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.27 | Does the system provide recalls based upon a review of recalls due within a specified period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.28 | Does the system allow the user to specify selection criterion for reporting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.29 | Does the system provide reporting for all information stored regarding a selected patient or group of patients? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.30 | Does the system provide reporting of the numbers of patients from a selected group who fall within different age/sex parameters? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Allows reports based upon: | | |
| 9.17.31 | Last name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.32 | Date of birth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.33 | Age/sex distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.34 | Address/Zip code? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.35 | Doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.36 | Does the system provide automated reporting for defined search set at regular intervals? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Does the system provide a flexible means in order to: | | |
| 9.17.37 | Visualize results of searches/reports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.38 | On-screen display - table? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.39 | On-screen display - bar graph? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.40 | Printed versions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.41 | Print to disk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.42 | Electronic storage to disk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.43 | Does the system provide a flexible means in order to create comparisons between providers? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Does the system provide selection of interventions for appropriate recalls based upon: | | |
| 9.17.44 | Age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.45 | Sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.46 | Date of last intervention (screening/recall)? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.17 Data Searching-Reporting | | <u>Yes</u> | <u>No</u> |
|--------------------------------------|---|--------------------------|--------------------------|
| 9.17.47 | Does the system allow printing of personalized recall letters for selected group of patients? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.48 | Sorting based on zip code? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.49 | Does the system allow modification of the text of standard recall letters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.50 | Does the system allow modification of the selection criterion upon which recall letters are addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.51 | Can you generate a form letter and then have it mail merged with the information in the patient's demographics? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.52 | Does the system allow monitoring of the progress of screening initiatives to check compliance with standards/protocols? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.53 | Will the system automatically delete recall notices once the encounter/procedure occurs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.54 | Will the system automatically alert the provider regarding unresolved problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.55 | Does the system allow for reporting of patient satisfaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.56 | Does the system allow for reporting of provider productivity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.17.57 | Does it allow reporting of provider utilization? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18 Order Entry | | <u>Yes</u> | <u>No</u> |
| 9.18.1 | Does the system have an acceptable order entry capability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.2 | Can the system include standard set of orders based upon condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.3 | Can the system delegate orders to respective departments (e.g., pharmacy)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.4 | Does the system track orders which have not been completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.5 | Can the system include the entire range of diagnostic tests that can be ordered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.6 | Can the system include the costs of diagnostic tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.7 | Can the system indicate information regarding alternative diagnostic tests for the practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.8 | Can the system indicate information regarding the availability of diagnostic tests for the practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.9 | Can the system indicate information regarding the insurance coverage for diagnostic tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.10 | Can the system include the entire range of therapies/treatments that can be ordered? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9.18 Order Entry | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 9.18.11 | Can the system include the costs of treatments/therapies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.12 | Can the system indicate information regarding alternative therapies/treatments for the practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.13 | Can the system indicate information regarding the availability of therapies/treatments for the practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.18.14 | Can the system indicate information regarding the insurance coverage for therapies/treatments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19 Printing/Storing of Documents | | <u>Yes</u> | <u>No</u> |
| 9.19.1 | Does the system provide for flexible and easy creation of documents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19.2 | Brief encounter notes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19.3 | Extended encounter notes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19.4 | Histories and physicals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19.5 | School physicals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19.6 | Sports physicals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19.7 | Referral letters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19.8 | Letters to patients (e.g., test reports)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19.9 | Record abstracts for patients? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19.10 | Selected portions of the record? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.19.11 | Entire electronic record? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.20 Patient Education | | <u>Yes</u> | <u>No</u> |
| 9.20.1 | Complete discharge instructions, patient reminders, aftercare sheet repository, and automatic generation of these as the patient leaves? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.20.2 | Does the system provide handout materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.20.3 | Can the handout materials be personalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.20.4 | To the practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.20.5 | To the patient? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.20.6 | Does the system allow interactive learning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.20.7 | Does the system facilitate recording of informed consents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.21 Clinical Information | | <u>Yes</u> | <u>No</u> |

Medical information management, access to medical knowledge/information (modem to data banks, CD-ROM, etc.)

- | | | | |
|---------|--|--------------------------|--------------------------|
| 9.21.1 | Does the system allow for linking to electronic textbooks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.21.2 | Does the system allow for linking to electronic medical literature searching? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.21.3 | Does the system allow for linking to electronic diagnostic assistance systems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.21.4 | Iliad? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.21.5 | QMR? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.21.6 | PKC? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.21.7 | Cancer management protocols (PDQ)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.21.8 | Does the system facilitate medical education/CME? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.21.9 | Does the system offer programmed learning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.21.10 | Does the system allow for patient simulations? | <input type="checkbox"/> | <input type="checkbox"/> |

DO NOT COPY

Section Ten
Practice Management System
Requirements

DO NOT COPY

SECTION TEN (10) - PRACTICE MANAGEMENT SYSTEM REQUIREMENTS

The following is a list of the functional requirements for a practice management system. Please check the box next to the functional description if your product currently does that function. Do not mark any future or planned functions for your product on this list. We will discuss those issues separately.

A) REGISTRATION

10.1 Registering New Patients

| | | <u>Yes</u> | <u>No</u> |
|---------|--|--------------------------|--------------------------|
| 10.1.1 | Maintains master list of patient names | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.2 | Registers patient by families | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.3 | Establishes a patient account status or code that reflects payment status, (e.g., a status could result in no bill being sent out) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.4 | Free text field | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.5 | Allows automatic copy of guarantor address, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.6 | Able to specify which family member covered by which insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.7 | System maintains unique patient identifier | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.8 | Automatically assigns patient identification | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.9 | Record patient record number at registration | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.10 | Able to record maiden surname | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.11 | Patients associated with families can have different addresses | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.12 | Able to differentiate patient from guarantor | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.13 | Records info for identifying employer | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.14 | Records geographical information | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.15 | Each family can have unlimited insurance policies | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.16 | User assigns patient identification | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.17 | Allows > 1 guarantor without creating a 2 nd account for patient | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.18 | Supports recording a permanent and local address | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.19 | Can assign patient to a sliding fee scale and record a date to recert that | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.20 | Can upload charges | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.2 Updating Existing Patient Records | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 10.2.1 | Certain data fields protected for editing unless user has security access to do so | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.2 | Maintains audit trail for all changes made | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.3 | Allows changes to patient name or registration number without having to reregister patient | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.4 | Able to change any data field at any time | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2.5 | On-line data edit function is available | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| 10.3 Patient Identification Features | | <u>Yes</u> | <u>No</u> |
| 10.3.1 | Alternative methods of identifying patients | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.2 | Allows interruption of registration to go to another module (scheduling) and return to same place in registration page | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.3 | Can print registration screen by screen dump to local printer | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.4 | Can register multiple patients without returning to registration menu | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.5 | Allows one to specify if updated info applies to only individual or all patients under that guarantor | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.6 | Records initials of data entry operator and date of changes | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.7 | Able to uniquely identify patient by current or former medical record number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.8 | Is name identifier able to enter DOB or SSN to limit matches | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.9 | Can identify patient by prior name | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.10 | All patients associated with a family can be listed under the head of household or guarantor | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3.11 | Full or partial name lookup matches exact spelling or phonetic matches | <input type="checkbox"/> | <input type="checkbox"/> |

B) SCHEDULING

| 10.4 Scheduling Appointment | | <u>Yes</u> | <u>No</u> |
|------------------------------------|---|--------------------------|--------------------------|
| | Select appointment by provider by requesting: | | |
| 10.4.1 | A particular date | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.2 | Next available appointment after a particular date | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.3 | Next available appointment on a particular day of the week | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.4 | Next occurrence of a particular day of the week | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.5 | By time of day, select next available appointment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.6 | By type of visit | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.7 | By provider panel | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.8 | By primary physician | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.9 | By special room or equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.10 | User can enter comment and it gets printed on schedule | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.11 | User enters patient complaint when scheduling | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.12 | Automatically informs user of conflicts in schedules | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.13 | Able to create types of appointments and amount of time required | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.14 | Able to designate time periods provider or clinic not available | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.15 | Able to book > 1 appointment into slot | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.16 | Able to modify appointment to change required amount time allotted | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.17 | Can physicians customize their scheduling processes to fit their particular styles (e.g., see patients every 10, 15, 30 minutes, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.18 | Automatically generate mail-out reminders? How far in advance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.19 | Automatically calls patient to remind them of appointment? How far in advance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4.20 | Able to automatically discern how much time will be required for the examination by the problems that the patient is having? | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.5 Canceling Appointments | | <u>Yes</u> | <u>No</u> |
|------------------------------------|--|--------------------------|--------------------------|
| 10.5.1 | Able to cancel specified appointment and enter reason for cancellation | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.5.2 | Makes time slots available immediately upon cancellation | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.5.3 | Able to cancel all appointments for a provider in a time frame and print report with contact information for all affected patients | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.5.4 | Able to generate mailing labels, reminder letters or phone calls for missed appointments or cancelled or rescheduled appointments | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.5.5 | When patient cancels or not shows for appointment, able to view, cancel or reschedule all subsequent appointments | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.6 Displaying Patient Appointments | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| | Able to request display of all future appointments for a patient that shows: | | |
| 10.6.1 | Provider | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6.2 | Appointment date | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6.3 | Appointment time | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6.4 | Appointment duration | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6.5 | Appointment comment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6.6 | Patient complaint | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6.7 | Type of visit | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6.8 | Special room or equipment needed | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6.9 | Able to view schedule clinic/provider by day, week, month | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6.10 | Able to view clinic resource requirements | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.6.11 | Able to integrate with the hospital scheduling system when trying to reserve OR rooms in the office? | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.7 Printing Schedules | | <u>Yes</u> | <u>No</u> |
|---|---|--------------------------|--------------------------|
| | Print days schedule in sequence by appointment time that shows: | | |
| 10.7.1 | Patient name | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.2 | Patient chart number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.3 | Guarantor name and relationship | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.4 | Patient phone number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.5 | Appointment time | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.6 | Type of visit | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.7 | Appointment duration | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.8 | Patient complaint | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.9 | Provider name | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.10 | Patient account status indicator | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.11 | Patient account balance | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.12 | Date of last payment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.13 | New patient indicator | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.14 | Schedule list sequenced by provider | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.7.15 | Schedule list showing new patients, walk ins, same day appointments | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.8 Creating Schedule Templates | | <u>Yes</u> | <u>No</u> |
| 10.8.1 | Able to specify multiple templates | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.8.2 | Able to copy templates across days and providers | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.8.3 | Able to enter and edit holidays to remove them from availability | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.8.4 | Template able to specify | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.8.5 | Type of appointment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.8.6 | Duration of appointment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.8.7 | Maximum number of patients for each slot | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.8.8 | Varies time slots | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.9 Administration of Scheduling Module | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 10.9.1 | Able to edit registration info when scheduling a patient | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9.2 | Maintain history of patients that miss or cancel appointments and reasons | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9.3 | User can create or edit multiple reminder of follow-up letters | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9.4 | Able to produce an encounter form for scheduled appointments | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9.5 | System registers attendance for scheduled appointments | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9.6 | Can produce follow-up address labels for selected patients | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9.7 | Can produce report of no shows | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9.8 | Able to produce a pull list for days appointments showing demographics and provider name, appointment date and time, AND CHART # | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9.9 | Able to design labels for printing scheduling and registration info | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9.10 | Print order labels in lab for scheduled tests | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.9.11 | Can generate labels for off site reference labs | <input type="checkbox"/> | <input type="checkbox"/> |

C) BILLING

| <i>10.10 Third Party Billing</i> | | <u>Yes</u> | <u>No</u> |
|--|---|--------------------------|--------------------------|
| 10.10.1 | Prints provider identification in provider box | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10.2 | Form 1500 can be generated | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10.3 | UB92 can be printed | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10.4 | State Medicaid forms can be printed | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10.5 | Bills can be generated at any time of month | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10.6 | Automatically generate bills for all visits not yet billed | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10.7 | Maintain and print audit trail of transactions | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10.8 | Able to transmit claims electronically | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10.9 | Automatic translation of dx and procedure codes to state and third-party mandated coding schemes | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10.10 | Supports electronic remission payments | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.10.11 | Allows billing of guarantors and third-party payers at same time | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>10.11 Transfers – Crossovers</i> | | <u>Yes</u> | <u>No</u> |
| 10.11.1 | Responsibility for payment transferable from guarantor to third-party payer, vice versa, or another payer | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.11.2 | Able to transfer unpaid balances and co-payments to secondary payers and retain all necessary info | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.11.3 | Able to transfer unpaid balance to guarantor after a predetermined period | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.11.4 | Able to transfer balances after payment received to patient and issue new bill to guarantor | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>10.12 Insurance Forms</i> | | <u>Yes</u> | <u>No</u> |
| 10.12.1 | Allows initially defining all third-party payers | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.12.2 | Able to edit this list of payers | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.12.3 | Able to define all pertinent data to be asked of patient at time of registration based on type of insurance | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.13 Fee Schedule – Collection Management | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 10.13.1 | Maintains fee schedule for all billable events | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.13.2 | Restricted access to fee schedule editing | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.13.3 | Tracks status of outstanding balances by guarantor | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.13.4 | Tracks status of outstanding third-party payments | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.13.5 | Supports development of budget plans | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14 Encounter Bill Generation | | <u>Yes</u> | <u>No</u> |
| 10.14.1 | Able to generate when patient checks in or out | <input type="checkbox"/> | <input type="checkbox"/> |
| | Demand bill includes: | | |
| 10.14.2 | Patients name and address | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.3 | Patients account number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.4 | Billing facility name and address | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.5 | Billing facilities taxpayer identification number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.6 | Place of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.7 | Line item details | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.8 | Date of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.9 | Procedure code | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.10 | Supply items | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.11 | Fee | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.12 | Diagnosis code and description | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.13 | Balance prior to visit | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.14 | Total amount due this visit | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.15 | Adjustments | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.16 | Method of payment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.17 | Amount of payment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.18 | Net balance | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.19 | Able to print generic service description for confidential diagnosis | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.14 Encounter Bill Generation | | <u>Yes</u> | <u>No</u> |
|--|--|--------------------------|--------------------------|
| 10.14.20 | Bills printed at cashier's terminal at 80 columns | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.21 | Automatically include predetermined adjustment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.22 | If fixed co-payment, bill reflects the adjustments | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.23 | Balance and aging of account updated at time bill is generated | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.14.24 | Supports billing by family | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.15 Charge Entry | | <u>Yes</u> | <u>No</u> |
|---------------------------|---|--------------------------|--------------------------|
| 10.15.1 | Supports CPT, ICD9, HCPC | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.15.2 | Supports real time and batch entry of charges | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.15.3 | Defaults visit diagnosis to chronic diagnosis or last diagnosis, set by users | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.15.4 | Shows primary, secondary and tertiary insurance for selection during charge entry and allows changing insurance assignments | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.15.5 | Able to print a private statement for patient of/r guarantor | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.15.6 | Able to print a day log of all transactions to facilitate cash drawer reconciliation and encounter form tracking | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.15.7 | Allows use to define 100 program codes to identify revenue categories and reimbursement source | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.15.8 | Issue monthly mailing statements conforming to postal service requirements of zip+4 and bar coding requirements | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.15.9 | Prompts user with codes and fees associated with the selected insurance carrier | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.15.10 | Supports splitting global fees into user defined components | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.16 Interfaces with other areas | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| With Registration s.t. at initial contact with patient systems shows: | | | |
| 10.16.1 | The account to which the patient belongs | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.16.2 | The sources of payment available to patient | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.16.3 | Accounting data transactions and clinical data entered via same input stream to eliminate data redundancy and match services billed with services rendered | <input type="checkbox"/> | <input type="checkbox"/> |

With scheduling s.t. status of patient account is available:

10.16.4

At the time the appointment is made

DO NOT COPY

| <i>10.16 Interfaces with other areas</i> | | <u>Yes</u> | <u>No</u> |
|--|--|--------------------------|--------------------------|
| 10.16.5 | When the patient checks in | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.16.6 | With registration and scheduling module s.t. comments and account status indicator/code associated with the patient account is displayed | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.16.7 | All changes to patient registration info immediately reflected in the A/R data | <input type="checkbox"/> | <input type="checkbox"/> |

DO NOT COPY

D) ACCOUNTS RECEIVABLE**10.17 A/R Account Inquiry****Yes No**

Inquiry capability for user to view the following elements of an account:

- | | | | |
|---------|---|--------------------------|--------------------------|
| 10.17.1 | Accounting data transactions | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.2 | Guarantor's name | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.3 | Guarantor's account number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.4 | Guarantor's full billing address | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.5 | Guarantor's phone number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.6 | Names medical record numbers of account members | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.7 | Patient account status indicator/code | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.8 | Guarantor balance with aging in intervals 30-120 days | <input type="checkbox"/> | <input type="checkbox"/> |

Other payers balances with aging in intervals and the following insurance info:

- | | | | |
|----------|----------------------------------|--------------------------|--------------------------|
| 10.17.9 | Payer's name | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.10 | Policy number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.11 | Group number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.12 | Policy expiration date | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.13 | Accept assignment arrangement | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.14 | Other user defined data elements | <input type="checkbox"/> | <input type="checkbox"/> |

Detailed transactions in chronological order by posting date and include:

- | | | | |
|----------|----------------------------------|--------------------------|--------------------------|
| 10.17.15 | Date of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.16 | Member of account receiving care | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.17 | Posting date | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.18 | Site of service | <input type="checkbox"/> | <input type="checkbox"/> |

Visit line items including:

- | | | | |
|----------|-----------------------|--------------------------|--------------------------|
| 10.17.19 | Transaction type | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.20 | Line item description | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.21 | Dollar amount | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.17 A/R Account Inquiry | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 10.17.22 | If a payment, payment's source | <input type="checkbox"/> | <input type="checkbox"/> |
| | Aggregation of line items billed via third party payer claims forms: | | |
| 10.17.23 | Claim number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.24 | Name of payer | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.25 | Date of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.26 | Status of claim (paid, not paid) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.27 | Ability to sort and print to any printer a patient's account info sorted by pay code | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.17.28 | A summary report showing last payment date, amount and credit balance for a patient | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.18 Organization of Account Function/Feature | | <u>Yes</u> | <u>No</u> |
| 10.18.1 | Accounts organized by guarantor with individual members uniquely identified | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.18.2 | Special group accounts available to handle situation where services provided to a group of patients are billed to a third-party and not the guarantor | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.18.3 | Special confidential accounts available to encode identification of patient receiving services | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.18.4 | Special confidential accts. Entered that are not reflected in the family account | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.18.5 | Accounts can be identified by patient name, guarantor name, account number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.18.6 | Accounts can be sorted by guarantor or account number on reports | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19 Posting Transactions/Audit Trail | | <u>Yes</u> | <u>No</u> |
| 10.19.1 | Method of posting is double entry accounting | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.2 | Debit and credit adjustments are distinguished from debits and credits | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.3 | Data entry can be on line or batches | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.4 | All transactions associated with the patient, account, name of person who posted the transaction, posting date, name of transaction, dollar amount of transaction and transaction type | <input type="checkbox"/> | <input type="checkbox"/> |

10.19 Posting Transactions/Audit Trail**Yes No**

Each charge item includes the following:

| | | | |
|----------|---|--------------------------|--------------------------|
| 10.19.5 | Date of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.6 | Payer | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.7 | Provider | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.8 | Department or program | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.9 | Procedure code | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.10 | Revenue producing cost center | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.11 | Site of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.12 | Type of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.13 | A flag identifying a nonstandard fee (override fee) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.14 | User defined comment field | <input type="checkbox"/> | <input type="checkbox"/> |

Each payment or administrative service is associated with:

| | | | |
|----------|--|--------------------------|--------------------------|
| 10.19.15 | Date of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.16 | Payer | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.17 | Provider | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.18 | Department/Program | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.19 | Revenue producing cost center | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.20 | Charges to which the payment is applied | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.21 | If a payment is by check, bank number and check number | <input type="checkbox"/> | <input type="checkbox"/> |

Each adjustment is associated with:

| | | | |
|----------|---|--------------------------|--------------------------|
| 10.19.22 | Date of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.23 | Payer | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.24 | Provider | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.25 | Department/Program | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.26 | Revenue producing cost center | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.27 | Type of adjustment, either debit or credit adjustment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.19.28 | Comment or notation area | <input type="checkbox"/> | <input type="checkbox"/> |

10.19 Posting Transactions/Audit Trail

| | | <u>Yes</u> | <u>No</u> |
|----------|---|--------------------------|--------------------------|
| 10.19.29 | Third party payments can be posted to particular visits designated by the payer as well as to outstanding balances. Printing a statement at posting is mandatory. | <input type="checkbox"/> | <input type="checkbox"/> |

10.20 Accounting Periods

| | | <u>Yes</u> | <u>No</u> |
|---------|---|--------------------------|--------------------------|
| 10.20.1 | At time system is initialized, the accounting periods can be defined by manager and are not fixed at a particular predefined interval | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.20.2 | The system can be initialized to work on a cash basis or modified accrual basis | <input type="checkbox"/> | <input type="checkbox"/> |

10.21 Daily Reports

| | | <u>Yes</u> | <u>No</u> |
|----------|--|--------------------------|--------------------------|
| 10.21.1 | Daily transaction log details all transactions entered each day | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.21.2 | Daily transaction log includes date and time each transaction generated | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.21.3 | Daily transaction log organized by patient name or account number. Order is user defined and can be changed from one accounting period to another. | <input type="checkbox"/> | <input type="checkbox"/> |
| | Daily transaction log includes the following detail within each account: | | |
| 10.21.4 | Date of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.21.5 | Posting date | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.21.6 | Provider's name | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.21.7 | Each transaction includes: | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.21.8 | Description of transaction | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.21.9 | Type of transaction | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.21.10 | Dollar amount | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.21.11 | System generates bank deposit sheet listing all checks (with bank and check numbers) dollar amounts, and total amount for deposit | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.21.12 | System generates cash receipt log (cash and checks) broken out by facility/program/provider | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.22 Receivables Management Reports | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 10.22.1 | Aged Trial Balance (ATB) report by guarantor name showing all outstanding receivables on non-zero balance accounts. Report can be run at any time | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.2 | On ATB all accts with charges in suspense show aging of the suspense amounts by carrier | <input type="checkbox"/> | <input type="checkbox"/> |
| | Each account description includes: | | |
| 10.22.3 | Guarantor's name | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.4 | Account number | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.5 | Telephone number(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.6 | ATB report includes totals for entire practice by age category for guarantor responsible for third party payer with suspended amts. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.7 | Monthly outstanding report third party charges report showing aged totals for all third parties | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.8 | Above report can also be broken out by site, program, payer | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.9 | System produces detail and summary receivables report by patient financial status, age and amount due, location, provider, accounts with credit card balances, and overdue accounts due for collection | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.10 | A/R ledger is subdivided into nonzero balance accounts which are shown by date and number days since last payment activity | <input type="checkbox"/> | <input type="checkbox"/> |
| | Revenue analysis report breaks out revenue or gross charges by: | | |
| 10.22.12 | Provider | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.13 | Site | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.14 | Program | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.15 | Payer | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.16 | Cost Center | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.17 | Combination any of above | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.18 | Detail revenue analysis report shows adjusted gross by applying adjustments to gross charges. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.19 | Revenue analysis report shows charges, if run on a cash basis, shows charges, adjustments, and payments at time the report is run | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.20 | Revenue analysis report, if run on accrual basis, can be run at any time, but specific accounting period or range of periods must be defined | <input type="checkbox"/> | <input type="checkbox"/> |
| | On an accrual basis, the revenue analysis report shows: | | |
| 10.22.21 | Charges for one or more periods this fiscal year | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.22 Receivables Management Reports | | <u>Yes</u> | <u>No</u> |
|---|---|--------------------------|--------------------------|
| 10.22.22 | Charges for prior periods this fiscal year | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.23 | Net this (or selected) period this fiscal year (charges less adjustments) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.24 | Payments posted against dates of service in this fiscal year | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.25 | Payments posted against dates of service in prior periods | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.26 | System produces a capitated patient list that shows insurance information for all patients under capitation | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.22.27 | System produces encounter for patients without third-party coverage; can be used to check for Medicaid eligibility. | <input type="checkbox"/> | <input type="checkbox"/> |

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E) FOLLOW – UP TRACKING

| 10.23 Follow-up Monitoring – Tracking | | <u>Yes</u> | <u>No</u> |
|--|--|--------------------------|--------------------------|
| 10.23.1 | Enter follow-up date when entering encounter data | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.2 | Enter date of next immunization in compliance protocol | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.3 | Calculates date of next immunization | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.4 | Able to define and track multiple patient registries | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.5 | Able to produce mailing labels for select group patients | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.6 | Generate missed appointment report weekly | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.7 | Able to report all patients delinquent in immunizations | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.8 | Generates reminder letters for immunizations | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.9 | Able to edit letters | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.10 | Generate list of all patients with abnormal lab tests by test | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.11 | Generate list of all patients with high risk medical condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.12 | Able to define, track and report data elements of patients | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.13 | Patients identification by name and identification number on reports | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.23.14 | All output reports list patients by home clinic | <input type="checkbox"/> | <input type="checkbox"/> |

F) MANAGEMENT SUPPORT

| <i>10.24 Reports and Clerical Functional Requirements</i> | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 10.24.1 | System generates HRSA Bureau of Health Care Uniform Data System Reports | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.2 | System produces revenue analysis report summarizes for a user defined data range, cost center, site, department, or provider: total fees charged, total adjustments and total revenue generated | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.3 | System produces productivity trend reports: average charge per visit, average revenue per visit, average cost per visit, collection ratios, accounts receivable ratios and net worth/current ratio | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.4 | Report generator is integrated with other system modules so that user need not be concerned about job control language | <input type="checkbox"/> | <input type="checkbox"/> |
| | Subsets of patients, encounters, or account records can be selected using Boolean logic. Selection operators include: | | |
| 10.24.5 | =, <, >, >=, <=, := | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.6 | Within a range | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.7 | First, last occurrence | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.8 | N th occurrence | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.9 | Not, and, or with nesting to 5 levels | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.10 | Up to 10 fields from each selected record can be listed | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.11 | Two-dimensional tables from the selected records can be generated | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.12 | User is able to store report programs in a report library and execute the programs under user control | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.13 | User is able to edit the parameters of a report program and refile the revised parameters into the program library | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.14 | System manager able to queue report programs that are to be executed and to request the system execute the programs when the computer is unattended | <input type="checkbox"/> | <input type="checkbox"/> |
| | Report files created by the report generator can be analyzed via a statistical package including | | |
| 10.24.15 | Frequency counts | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.16 | Mean | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.17 | Median | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.18 | Standard deviation | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.19 | Cross tabulation | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.24 Reports and Clerical Functional Requirements | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 10.24.20 | Histograms | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.21 | Scatter plots | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.22 | Chi-square | <input type="checkbox"/> | <input type="checkbox"/> |
| | Security features are incorporated and include: | | |
| 10.24.23 | Positive identification of authorized users and terminals | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.24 | Supports biometrics | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.25 | Control of facts authorized for a user or category of users | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.26 | Control of menu options authorized for user or category | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.27 | Ability to drop inactive users off system after specified interval inactivity | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.28 | Ability to clear automatically screens of video display terminals after specified interval of inactivity | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.29 | System can provide context sensitive on line help messages for each data prompt at request of user or automatically for erroneous response | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.30 | System manager able to change help messages or add new messages | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.31 | Selection of functions of the system is through the use of menus | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.32 | System is designed to protect against simultaneous update of same data fields by more than one user | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.33 | System has means to recover data from an earlier version of master files | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.34 | Data automatically backed up as it is entered | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.35 | Data backed up on an incremental basis | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.36 | Data entry is on-line. System checks data for validity, consistency and warns user of erroneous entries before data committed to database | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.37 | User is able to edit any data time as soon as the error is detected | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.38 | System has master directory of all terms that will be input as part of registration, encounter data, accounts receivable/billing data | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.39 | System manager able to add, delete, modify entries in master directory without programmer intervention | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.40 | Numerous users can simultaneously use each module and system will ensure data integrity in multi user environment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.41 | System slows large volume updates (fee changes) to be scheduled for a given effective date and time | <input type="checkbox"/> | <input type="checkbox"/> |

10.24.42

Backup of system accomplished during off hours



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| 10.24 Reports and Clerical Functional Requirements | | <u>Yes</u> | <u>No</u> |
|---|--|--------------------------|--------------------------|
| 10.24.43 | System error messages clearly explained on the users screen | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.44 | List of all error messages with clear explanation and recommended response is documented in an operators manual | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.45 | System allows archiving inactive patient records and patients with no accounting activity for 2 years onto disk or tape and purging these records from the active patient data files | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.46 | System has restore capability to recall inactive patient data from archive and transfer data back into active files | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.47 | Zero balance charges can be periodically purged | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.24.48 | System provides status reports that indicate the utilization of computer resources (disk space used/remaining, date/time last full system backup, terminal user activity) | <input type="checkbox"/> | <input type="checkbox"/> |

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G) MANAGED CARE FUNCTIONAL REQUIREMENTS

| 10.25 Managed Care - Enrollment, Eligibility, Benefits | | <u>Yes</u> | <u>No</u> |
|---|---|--------------------------|--------------------------|
| 10.25.1 | Supports entry and management member demographics, benefits eligibility, allowed services and effective dates | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.25.2 | Supports electronic downloading eligibility direct from connection to managed care company | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.25.3 | Supports electronic downloading eligibility via diskette or tape | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.25.4 | Maintains history of eligibility with effective dates | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.25.5 | Identifies and provides report of new members with names and effective dates | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.25.6 | Provides report matching clinic patients with managed care plan membership rolls | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.25.7 | Registration managed care plan members integrated into normal patient registration process | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.25.8 | Offers on-line eligibility checking via EDI or demand dial to managed care company | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.25.9 | Provides on-line description of benefits, services, co-payments | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.25.10 | Provides member profile reports with total member months, member additions/terminations | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.25.11 | Reports that profile the demographics of managed care | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.26 PCP Tracking | | <u>Yes</u> | <u>No</u> |
| 10.26.1 | System tracks assignment to PCP and transfer of patients between PCP | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.26.2 | Able to track all services to the PCP | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.27 Referral Tracking | | <u>Yes</u> | <u>No</u> |
| 10.27.1 | Tracks authorization, diagnosis, visit limits, referring PCP | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.27.2 | Supports on-line authorization of referrals | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.27.3 | Tracks pre-certifications for hospital admissions | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.27.4 | Prints referral forms | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.27.5 | Provides referral analysis reports | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.27.6 | Produces list of referrals that will expire so that patients can be contacted for follow-up | <input type="checkbox"/> | <input type="checkbox"/> |

| 10.28 Utilization Management | | <u>Yes</u> | <u>No</u> |
|--|--|--------------------------|--------------------------|
| 10.28.1 | Provides inpatient utilization reports by provider, diagnosis | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.28.2 | Provides utilization reports showing number referrals and costs per member per month for each provider | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.28.3 | Provides reports showing cost per referral by provider and plan | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.28.4 | Provides reports showing referral rate per 1,000 members per year by provider | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.29 Billing and Accounts Receivable | | <u>Yes</u> | <u>No</u> |
| 10.29.1 | Automatically distributes costs of the visit and calculates co-payment | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.29.2 | Automatically separates services allowed from those not covered | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.29.3 | Tracks charges, adjustments, co-payments, diagnosis, dates of service | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.30 Management Reports | | <u>Yes</u> | <u>No</u> |
| 10.30.1 | Reports showing visits per member per year, cost per visit, cost per member per month | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.30.2 | Reports for cap revenue, co-payments, revenue per member per month | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.30.3 | Can show summary reports in graphics (pie chart, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.30.4 | Produces productivity analysis reports for non-cap plans and fee-for-service plans that price services using RBRVS | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.30.5 | Profile report of managed care plan patients seen in office | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.30.6 | Produces fee comparison enables practice to compare reimbursement from insurance carriers | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.30.7 | Produces a capitation analysis report by doctor and plan | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.30.8 | Produces a capitation payment by provider report | <input type="checkbox"/> | <input type="checkbox"/> |

Section Eleven
Vendor Acknowledgement Statement

DO NOT COPY

SECTION ELEVEN (11) – VENDOR AGREEMENT

By signing below, the agent or representative of the vendor does so with the express intent of certifying that all information that has been set forth in this RFP is accurate and in line with that in which the company they represent can provide.

Further, by signing this document, this individual acknowledges that any of the information set forth can potentially be requested to be apart or accompany the particular system that is selected. While we do acknowledge that certain issues may arise when implementing a system of this size, we agree not hold the vendor responsible for such issues that we consider unavoidable or undisclosed in this RFP dated _____.

However, if it appears that any such vendor has provided information that is not true, or if it becomes evident that there are products or services that the vendor has assured that we would receive, but do not exist, or there will be an additional, nominal charge above that which was estimated, we reserve the right to terminate any and all discussions, negotiations and/or implementation processes that have been conducted up to that point.

Also, the agent(s) signing this document agrees that they are in a position within their organization that allows them to make commitments similar to those that have been set forth in this document. If it is determined at a later date that this individual was not in a position to make such commitments, we reserve the right to terminate all discussions, negotiations and/or implementations that have been made up to that point.

By completing this RFP and signing this document, the vendor herein acknowledges that it agrees to work in concert with ABC Company in the selection process, and, if deemed to be a viable candidate for implementation, throughout the set-up process, as the client deems necessary.

For the agent representing _____
(Name of Company)

(Print Name)

(Signature)

Date: _____

ABC Company

(Owner or President)
Title