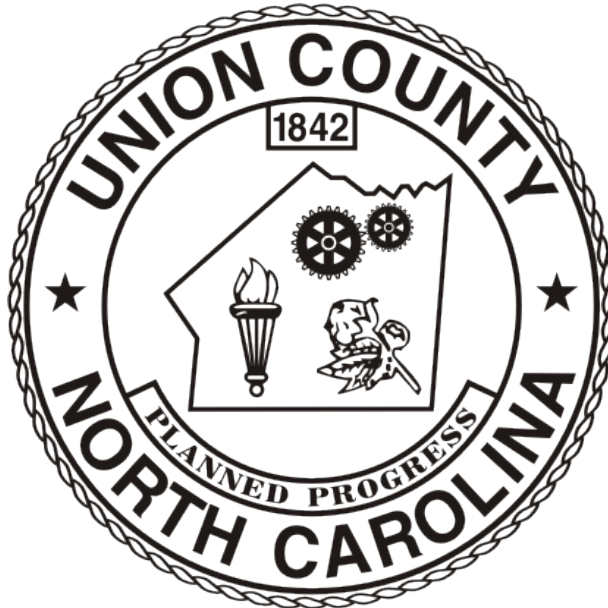# Union County

Request for Proposal # 2014-018
Public Health Automation Project

Due Date: April 11, 2014
Time: 2:00pm
Receipt Location: Government Center, 500 N. Main Street, Administrative Services, Procurement Division, Suite #709, Monroe, NC 28112

Pre-Proposal Conference: March 5, 2014 at 10:00am (see page 13)

Procurement Contact Person
Name: David Shaul
Title: Procurement Specialist
E-mail: david.shaul@co.union.nc.us
Telephone: 704.283.3601

Public Health Automation Project

Introduction

Union County, North Carolina (hereinafter, "The County") is seeking proposals from qualified firms to provide (1) an integrated Practice Management system, and (2) Electronic Health Record in support of its Public Health clinical and ancillary operations. The goal of this project is to replace the current Health Information System (HIS) and to provide an Electronic Medical Record system in Union County Public Health that meets meaningful use requirements prior to 2015.

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

County

Union County Public Health provides a wide range of services and clinics. In 2013, 8,463 patients were seen in Union County Public Health Clinics for a total of 21,970 appointments. Union County provided more than $2 million in billable services in FY13. The Public Health Division of Union County operates in a single location and houses the following Programs:

- Maternity (low and high risk)
- WIC, Dental
- Child Health (sick and well children from birth to eighteen years of age)
- Family Planning
- Pre and Post-Natal
- Chronic and Communicable Disease
- Disaster Preparedness
- Employee Health
- Health Promotions and Prevention
- HIV/STD Community Program
- Immunization Tracking
- Vital Records

Public Health Goals: Union County Human Services and in particular, the Public Health Division, will use the both the Ten Public Health Essentials and an additional two to set departmental goals and guide its work.

Public Health Ten Essentials plus Two
1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health workforce and personal health workforce.
9. Evaluate effectiveness, accessibility and quality of persona and population-based health services.
10. Research for new insights and innovative solutions to health problems.
11. Develop and maintain administrative operations to support and promote effective and efficient public health services.
12. Provide integrated service options for human services clients.

Project Scope

Introduction

The purpose of this project is to introduce a modern updated system that will meet business needs and allow for future expansion and to implement a major expansion of the Practice Management System to include Electronic Health Records that meet Meaningful Use requirements.

Goals and Objectives

- To replace the Health Information System (HIS)
- To implement an Electronic Health Record that fully meets Meaningful Use criteria and functions with the Practice Management System as an integrated product.

Implementation Scope

The project will be managed in two distinct phases:

Phase I: Implementation of a new Practice Management System and Supporting Interfaces.

Practice Management System (PM) is software that deals with the day-to-day operations of a medical practice. Data includes patient demographics, insurance payers, patient appointments, billable services performed and payments rendered. This data allows the system to generate patient bills, insurance claims and to track the administrative and financial operations of a medical practice.

Phase I will include:
- System Configuration/Customization
- User Roles/Security Setup
- Application Training of Core Team Members
- Build/Development and Review Sessions
- Data Conversion & Validation
- Interface development and customizations
- Support Reporting requirements

Required Interfaces

Interface	Type	Comments
Labcorp		Demographic and Insurance data sent to Labcorp
HIS	Batch	Medicaid billing and aggregate data sent weekly to State of NC HIS system
HIS	Batch	Remittance 835 file received from State of NC HIS system for patient ledger update
Medicare	Batch	837/835 data exchange for billing only
MailPros	Batch	Flat delimited data file transmitted to statement processing vendor for printing/mailing services
Collections	Batch	Collection records and consumer payment records sent to 3rd party collections agency

Phase II: Implementation of an Electronic Health Record that meets Meaningful Use criteria

Electronic Health Record (EHR): computerized patient record created in a medical practice. Data stored in these records may include patient demographics, medical history, medications, allergies, immunizations, laboratory test results, radiology images, medical procedures, vital signs and personal statistics like height and weight. This data supports the *clinical operations* of a medical practice.

Phase II will include:

- o Electronic Medical Records and System Configuration/Customization to support multi-specialty clinical operations, e-prescribing, and a patient portal
- o User Roles/Security Setup
- o Application Training of Core Team Members
- o Build/Development and Review Sessions
- o Data Conversion & Validation
- o Interface development and customizations
- o Support Reporting requirements

Detailed Submittal Requirements

Proposal Format

Proposers shall prepare their proposals in accordance with the instructions outlined in this section. Each proposer is required to submit the proposal in a sealed package. Proposals should be prepared as simply as possible and provide a straightforward, concise

description of the proposer's capabilities to satisfy the requirements of the RFP. Utmost attention should be given to accuracy, completeness, and clarity of content. All parts, pages, figures, and tables should be numbered and clearly labeled. The proposal should be organized into the following major sections:

PROPOSAL SECTION	TITLE
	Title Page
	Letter of Transmittal
	Table of Contents
1.0	Executive Summary
2.0	Scope of Services
3.0	Company Background
4.0	Proposed Software and Computing Environment
5.0	Responses to Functional/Technical Requirements
6.0	Implementation Plan
7.0	Maintenance and Support Program
8.0	Cost Proposal
9.0	Exceptions to the RFP
10.0	Sample Documents
11.0	Required Signature Forms

Instructions relative to each part of the response to this RFP are defined in the remainder of this section. Response information should be limited to pertinent information only. Marketing and sales type information is not to be included.

1 Executive Summary

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

2 Scope of Services

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

3 Company Background

Each proposal must provide the information requested in the Company Background section of the requirements document listed in "Union County PM-EHR Requirements-Final" (Appendix A). This section of the proposal should be used to comply with those requirements.

4 Proposed Software and Computing Environment

The proposer must present, in detail, the version, features and capabilities for each of the proposed modular systems. In addition to the description, please provide in succinct narrative form answers to the following questions:

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

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

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

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

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

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

Data Backup and Archive: Describe what methods are available for local data backup to Union County?

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

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

Description of Roles: What are the skill sets required for use and administration of proposed systems? Differentiate the operational skills from the technical skills. For Phase I implementation, what percentage of time is expected from the Union County project team?

5 Responses to Functional/Technical Requirements

Responses to the functional / technical requirements listed in "Union County PM-EHR Requirements-Final" (Appendix A and available electronically-see Note below) must be provided in this section of the proposer's proposal. The following response key code must be used when responding to the requirements:

F	Fully provided "Out of the Box"
CU	Customization (Change to source code is required)
CO	Configuration (Setup required with built-in tools and procedures but no change in source code is required); future upgrades and enhancements will not be affected
TP	Third Party Software required to fully provide requirements
R	Provided with Reporting Tool
NA	Not Available

Responses should be in the "Union County PM-EHR Requirements-Final" Excel spreadsheet available from the County Procurement Department. Proposers must use one code only per requirement. Any requirement that is answered in any other way will be treated as a negative, non-response. Proposers should incorporate a detail comments column stating how the solution meets each requirement, cross-referencing specific requirement numbers. Proposers should place the response code in a separate column in bold type. The proposals submitted, including requirement responses, will be attached to the software license and implementation services contract.

All responses that indicate out-of-the-box, configurable or customizable functionality should be included in the costs submitted in this proposal. In addition, customization costs

should be broken out by specific requirement. Functionality available in future versions should not be considered during response to the requirements in this proposal.

NOTE: Appendix A, the "Union County PM-EHR Requirements-Final" Excel spreadsheet may be obtained free of charge by emailing David Shaul at david.shaul@co.union.nc.us. The Excel file is in Microsoft Excel 97-2003 file format and is 421kb in size. The file will be sent electronically, attached to an email reply, to any request received.

6 Implementation Plan

The proposer must provide a detailed plan and timeline for implementing the proposed system and services outlined below.

This plan should include the following

Specific phases of the engagement to be executed by the vendor/provider.

Phase I: Practice Management System and Interface Implementation

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

Phase II: Electronic Health Record Implementation

- Engagement Preparation
- Solution Planning
- Solution Implementation
- Testing
- Training
- Customer Deliverables & Knowledge Transfer to Union County
- Engagement Closure

Qualifications for all personnel who will be assigned to this contract and a list of current assignments including technical staff. Please indicate the percentage of time each individual may dedicate to the contract as well as the percentage of time dedicated to any ongoing engagements.

7 Maintenance and Support Program

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

- Software/Network Support
- Ad-hoc Reporting Support

- Telephone Support
  Include toll-free support hotline, hours of operation, availability of 24x7 hotline, etc.
- Customer Support
  Define 'levels' (i.e. gold, silver, etc.) of support and associated response times, if applicable. Define what level of support is being proposed.
  Include problem reporting and resolution procedures
  Availability of (geographic) user groups
- Software Upgrades/Product Enhancements/Bug Fixes/Patches
  Describe delivery methods, including historical frequency of upgrades by module.
- Third Party Solution Support, if applicable
- Other Support (i.e. onsite, remote dial-in, web access, etc.)

8 Cost Proposal

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

System/Service	Cost
Phase I:Practice Management System	
Software	$
Interface Development	$
Implementation Services	$
Data Conversion	$
Training	$
Project Management	$
Support/Maintenance	$
Phase II: Electronic Health Record	
Software	$
Interface Development	$
Implementation Services	$
Data Conversion	$
Training	$
Project Management	$
Support/Maintenance	$
Other (Reporting, Travel, etc.)	$

9 Exceptions to the RFP

All requested information in this RFP must be supplied. Proposers may take exception to certain requirements in this RFP. All exceptions shall be clearly identified in this section and a written explanation (cite the REFERENCE NUMBER from the functional/technical spreadsheet for clarity) shall include the scope of the exceptions, the ramifications of the exceptions for the County, and the description of the advantages or disadvantages to the

County as a result of exceptions. The County, in its sole discretion, may reject any exceptions or specifications within the proposal. Proposers may also provide supplemental information, if necessary, to assist the County in analyzing responses to this RFP.

10 Sample Documents

Proposers should include sample copies of the following documents:

Contractual Documents
Software licensing agreement
Maintenance agreement
Services Agreement
Scope of Work
System User Guides, Training Materials, etc.

11 Required Signature Forms

Proposers should include signed copies of the following documents:

Proposal Submission Form, Appendix B
Addenda Receipt and Anti-Collusion, Appendix C

Current System Environment

Current Systems

- The County will provide encrypted laptops and station desktops with wired, wireless and cellular data connections. The majority of the desktops and laptops are installed with Windows XP Professional and a transition to Windows 7 Professional.

- The County's current e-mail platform is Microsoft Exchange 2010.

- For local systems, the County has a strong preference for products that store their data in databases which meet County standards.

- Public Health provides services for all eligible county residents. We currently provide client server access to our existing system for approximately 100 staff. The connection speed is NCTN 10mbs, 25mbs. The County also supports "virtual office" locations at employee homes. The County's Internet Service Provider is Time Warner Telecom, Time Warner Business Class, and NCTN ← this one is the line that services Health Dept. Avatar/HIS system.

Evaluation Criteria

Selection Participants

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

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

Evaluation of Proposals

Evaluation criteria will be used to assist in determining the finalist vendor. The vendor's proposal will be evaluated based on the following criteria below. These criteria are provided for informational purposes and are not intended to represent an order of preference.

- Financial Stability
- Product Demonstrations
- Essay Question Responses
- Implementation capability and strategy
- Total System/Services Cost(s)
- Technical Architecture
- Client References
- Customer Service
- Compliance with functional and technical requirements
- Compliance with the general bidding requirements, general submittal requirements, and detailed submittal requirements of the RFP.

Evaluation Selection Process

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

Award Procedures

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

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

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

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

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

General Conditions and Requirements

Terms and Conditions

The term of contract shall be for 3 years, from date of award with County having the option to renew for three years (in one year increments).

All proposals submitted in response to this request shall become the property of Union County and as such, may be subject to public review.

Union County has the right to reject any or all proposals, to engage in further negotiations with any firm submitting a proposal, and/or to request additional information or clarification. The County is not obligated to accept the lowest cost proposal. The County may accept that proposal that best serves its needs, as determined by County officials in their sole discretion.

All payroll taxes, liability and worker's compensation are the sole responsibility of the Proposer. The Proposer understands that an employer/employee relationship does not exist under this contract.

Sub-Contractor/Partner Disclosure

A single firm may propose the entire solution. If the proposal by any firm requires the use of sub-contractors, partners, and/or third-party products or services, this must be clearly stated in the proposal. The firm submitting the proposal shall remain solely responsible for the performance of all work, including work that is done by sub-contractors.

Modification or Withdrawal of Proposal

Prior to the scheduled closing time for receiving proposals, any Vendor may withdraw their proposal. After the scheduled closing time for receiving proposals, no proposal may be withdrawn for 180 days. Only written requests for the modification or correction of a previously submitted proposal that are addressed in the same manner as proposals and are received by the County prior to the closing time for receiving proposals will be accepted. The proposal will be corrected in accordance with such written requests, provided that any such written request is in a sealed envelope that is plainly marked "Modification of Proposal – "2014-018 Public Health Automation Project". Oral, telephone, or fax modifications or corrections will not be recognized or considered.

E-Verify

Proposer shall utilize the U.S. Department of Homeland Security's E-Verify system to confirm the employment eligibility of all persons employed by the Proposer during the term of the Contract to perform employment duties within North Carolina and all persons, including subcontractors, assigned by the Proposer to perform work pursuant to the contract with the County.

Insurance

Proposers should have or be able to obtain the following minimum insurance requirements:

General Liability

    a) Each Occurrence $1,000,000.00

    b) Products/Completed Operations Aggregate $1,000,000.00

    c) Personal and Advertising Injury $1,000,000.00

    d) General Aggregate $2,000,000.00

Business Automobile Liability

    a) For owned, scheduled, non-owned, or hired automobiles with a combined single limit of not less than $1,000,000 per occurrence.

Workers' Compensation

    a) Statutory limits including Employer's Liability limits of $500,000 each accident, $500,000 Disease – each employee.

    b) Professional Liability Insurance (minimum limits)

       Each Occurrence $1,000,000 / Policy Aggregate $2,000,000

If needed, Proposers should be able to obtain other insurance in amounts which from time to time may reasonably be required by the mutual consent of Union County and the awarded firm against other insurable hazards relating to performance.

Governing Laws

In performing the services described in this RFP, Proposer shall comply with all laws, rules, regulations, ordinances, codes, standards, and orders of any and all governmental bodies, agencies, authorities, and courts having jurisdiction. Proposer further agrees to the terms and conditions of the County's current HIPAA Addendum (Business Associate Agreement), which is attached to, and made a part of, this RFP, or any successor HIPAA Addendum (Business Associate Agreement) that is updated to reflect the requirements of applicable law.

Proposal Submittal Deadline and Proposal Addendum Information

Proposal Submission Deadline

Submittals shall be sealed and labeled on the outside RFP# 2014-018, "Public Health Automation Project". RFP's are to be received by the Union County, Procurement Division by **2:00 p.m., April 11, 2014**.

Mail or hand-deliver submission packets to:
Union County Government Building
Administrative Services, Procurement Division
500 North Main Street, Suite #709
Monroe, NC 28112
Attention: David Shaul, Procurement Specialist

The proposal must be submitted electronically on non-returnable CD or flash drive, and in printed form. One (1) original (mark "ORIGINAL COPY") plus six (6) hard copies of the proposal must be submitted. The original proposal package must have original signatures and must be signed by a person who is authorized to bind the proposing firm. All additional proposal sets may contain photocopies of the original package.

Electronic (email) or facsimile submissions will not be accepted.

There is no expressed or implied obligation for Union County to reimburse firms for any expenses incurred in preparing proposals in response to this request.

Union County reserves the right to reject any or all proposals or to select the proposal, which in its opinion, is in the best interest of the County.

Pre-proposal Conference

A pre-proposal conference will be held at 10:00AM EST, March 5, 2014 at the County Health Department, 1224 W. Roosevelt Blvd, Monroe, NC 28110. Attendance is not mandatory, but is highly encouraged.

All pre-proposal conference questions will be due on **Friday, March 12, 2014, at 5 pm** EST. The primary purpose of this is to provide participating firms with the opportunity to ask questions, in writing, related to the RFP. The County will respond with an addendum within five (5) calendar days.

Participating firms will be given the opportunity to ask follow-up questions. These questions, in writing, will be due on **March 25, 2014, at 5 pm** EST. The County will respond with an addendum within five (5) calendar days.

Submit questions by e-mail to **David Shaul at david.shaul@co.union.nc.us by the deadlines shown above.** The email should identify the RFP number and project title. All questions and answers will be posted as addenda on www.co,union.nc.us and www.ips.state.nc.us.

Union County may modify the RFP prior to the date fixed for submission of proposals by the issuance of an addendum.

Any addenda to these documents shall be issued in writing. No oral statements, explanations, or commitments by anyone shall be of effect unless incorporated in the written addenda. Receipt of Addenda shall be acknowledged by the Proposer on Appendix C, Addenda Receipt and Anti-Collusion form.

HIPAA ADDENDUM
(BUSINESS ASSOCIATE AGREEMENT)

I.   <u>REFERENCES AND DEFINITIONS</u>

(a) "Covered Entity" refers to Union County.

(b) "Business Associate" refers to _____.

(c) "Agreement" refers to the underlying agreement between Covered Entity and Business Associate dated _____, pursuant to which Business Associate provides services to Covered Entity involving the use or disclosure of Protected Health Information (defined below).

(d) "HIPAA "or "HIPAA Regulations" refer to those federal regulations created pursuant to Section 261 through 264 of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, found at 45 CFR Parts 160 and 164.

(e) "Protected Health Information" or "PHI" means individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is reasonable basis to believe the information can be used to identify the individual that is not public. "Protected Health Information" includes, without limitation, "Electronic Protected Health Information," as defined below.

(f) "Electronic Protected Health Information" or "Electronic PHI" means Protected Health Information which is transmitted by, or maintained in, "Electronic Media" (as defined under HIPAA).

(g) "Designated Record Set" means the medical records and billing records about individuals maintained by or for a health care provider; and "Record", as it appears in the phrase Designated Record Set, means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for a Covered Entity, including videotapes from diagnostic studies, x-ray films, ultrasound images, and all other types of information.

(h) "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

(i) "Breach" means the acquisition, access, use, or disclosure of PHI in a manner not permitted by 45 CFR 164 Subpart E which compromises the security or privacy of the PHI.

(j) "HITECH Act" means the "Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A of the American Recovery and Reinvestment Act of 2009 (P.L. 111-5).

(k) "Unsecured Protected Health Information" shall have the same meaning as the term "unsecured protected health information" in 45 CFR 164.402.

(l) All other capitalized terms appearing in this Addendum shall have the definitions set forth under HIPAA.

II.   COORDINATION WITH HIPAA

In the event of an inconsistency between the provisions of this Addendum and mandatory provisions of HIPAA, as amended, HIPAA Regulations in effect at the time shall control. Where provisions of this Addendum are different than those mandated under HIPAA, but are nonetheless permitted by HIPAA, the provisions of this Addendum shall control.

The parties agree that, in the event that any provisions of the Agreement are more restrictive than the provisions of this Addendum, the provisions of the more restrictive documentation will control. The provisions of this Addendum are intended to establish the minimum requirements regarding Business Associate's use and disclosure of PHI.

III.   OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

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

(b) Business Associate agrees to not use or further disclose PHI other than as permitted or required by this Addendum or as required by law.

(c) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Addendum. Business Associate will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any Electronic PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity as required under HIPAA. Business Associate shall review and modify its security measures and safeguards to continue provision of reasonable and appropriate protection of Electronic PHI, and update documentation of such security measures.

(d) Business Associate agrees to provide Covered Entity, upon reasonable request, access to and information about Business Associate's security and confidentiality policies, processes, and practices that affect PHI of Covered Entity's patients that has been provided to or created by Business Associate pursuant to this Addendum. To the extent that Business Associate has the ability to access one or more information systems in which Covered Entity electronically stores or maintains PHI, Business Associate further agrees to comply with Covered Entity's security policies and procedures governing such access.

(e) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Addendum.

(f) Business Associate agrees to report to Covered Entity's Privacy Officer any use or disclosure of PHI not provided for by this Addendum of which Business Associate becomes aware and any Security Incident or Breach of which it becomes aware. Such event shall be reported without unreasonable delay and in no case later than the following: initially reported by telephone within 24 hours of when Business Associate becomes aware of the event and reported thereafter in writing within five days of the initial telephone call. The notification shall include the information required by applicable law, including, but not limited to 45 CFR 164.410 and Section 13402 of the HITECH Act. As used by this subsection, the phrase "becomes aware" shall mean the first day on which a Breach, Security Incident, or other use or disclosure is known or reasonably should have been known to Business Associate to have occurred.

(g) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created, received or transmitted by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Addendum to Business Associate with respect to such information.

(h) If Business Associate maintains a Designated Record Set on behalf of Covered Entity, Business Associate agrees to permit, within 10 days of a request, an individual to inspect or copy PHI contained in that set about the individual under conditions and limitations required under Section 164.524 of the HIPAA Regulations.

(i) If Business Associate maintains a Designated Record Set on behalf of Covered Entity, Business Associate agrees to make PHI available for amendment and incorporate any amendments to PHI in accordance with the requirements of Section 164.526 of the HIPAA Regulations.

(j) Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity, available to Covered Entity, or, at the request of Covered Entity, to the Secretary of Health and Human Services for the purpose of determining Covered Entity's compliance with HIPAA, in a time and manner designated by Covered Entity or the Secretary.

(k) When using or disclosing PHI or when requesting PHI from a covered entity or other business associate, Business Associate must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

(l) Business Associate agrees to document any disclosures of and make PHI available for purposes of accounting of disclosures by Business Associate or its agents, including subcontractors, as required by Section 164.528 of the HIPAA Regulations and Section 13405(c)(3) of the HITECH Act.

(m) Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all additional requirements of the Privacy and Security Rules as applicable to Business Associate, including specifically, but not limited to, the requirements of 45 CFR 164.308, 164.310, 164.312, and 164.316.

(n) Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all additional applicable requirements of the Privacy Rule, including those contained in 45 CFR 164.502(e) and 164.504(e)(1)(ii), at such time as the requirements are applicable to Business Associate.

(o) Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI except as specifically authorized by the Agreement and by the HITECH Act Section 13405(d) and its implementing regulations.

(p) Business Associate shall not engage in any communications within the definition of "marketing" in the HITECH Act except as authorized by the Agreement and by the HITECH Act and its implementing regulations.

IV.   PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

Except as otherwise limited in this Addendum, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement, provided that such use or disclosure would not violate HIPAA if done by Covered Entity. In addition, Business Associate may use or disclose PHI if necessary for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate. Business Associate may use and disclose protected health information subject to this Addendum only if such use or disclosure is in compliance with each applicable requirement of 45 CFR 164.504(e) pursuant to the HITECH Act.

V.   VIOLATION OF ADDENDUM AS GROUNDS FOR TERMINATION

A material breach of any provision of this Addendum by Business Associate shall give Covered Entity the right to immediately terminate the Agreement. If termination is not feasible, Covered Entity shall report such violation to the Secretary of the Department of Health and Human Services.

VI.   RETURN OR DESTRUCTION OF PROTECTED HEALTH INFORMATION

(a) Upon termination of the Agreement, Business Associate shall, within 10 days, return or destroy all PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity.

(b) Upon request of Covered Entity, Business Associate shall, within 10 days, return or destroy any PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity.

(c) The Business Associate's obligation to return or destroy PHI upon termination of the Agreement or upon request of Covered Entity, as set forth above, shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Neither Business Associate nor its subcontractors or agents shall retain copies of the PHI.

(d) If, upon termination or in response to a request by Covered Entity, Business Associate determines that return or destruction of PHI is not feasible, Business Associate shall, within 10 days, notify Covered Entity of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Agreement to that PHI and limit further uses and disclosures of that PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains the PHI.

VII.   <u>MISCELLANEOUS</u>

(a) <u>Indemnification.</u> Business Associate shall indemnify and hold the Covered Entity harmless from and against all claims, liabilities, judgments, fines, assessments, penalties, awards, or other expenses, of any kind or nature whatsoever, including, without limitations, attorneys' fees, expert witness fees, and costs of investigation, litigation or dispute resolution, relating to or arising out of any breach or alleged breach of this Addendum by Business Associate or subcontractors or agents of Business Associate.

(b) <u>Disclaimer.</u> Covered Entity makes no warranty or representation that compliance by Business Associate with this Addendum or with HIPAA will be adequate or satisfactory for Business Associate's own purposes. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI.

(c) <u>Survival</u>. The obligations of Business Associate shall survive the expiration, termination, or cancellation of this Addendum, the Agreement and/or the business relationship of the parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.

(d) <u>No Rights in Third Parties</u>. Except as expressly stated herein or in HIPAA, the Parties to this Addendum do not intend to create any rights in any third parties.

(e) <u>Amendment</u>. This Addendum may be amended or modified only in a writing signed by the Parties. The Parties agree that this Addendum will be automatically amended to conform to any changes in HIPAA as is necessary for a Covered Entity to comply with the current HIPAA requirements. All references in this Addendum to HIPAA mean HIPAA as most recently amended.

(f) <u>Assignment</u>. No Party may assign its respective rights and obligations under this Addendum without the prior written consent of the other Party.

(g) <u>Independent Contractor</u>. None of the provisions of this Addendum are intended to create, nor will they be deemed to create, any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Addendum and any other agreements between the Parties evidencing their business relationship.

(h) <u>Governing Law</u>. This Addendum will be governed by the laws of North Carolina.

(i) No Waiver. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

(j) Interpretation. Any ambiguity of this Addendum shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA.

(k) Severability. In the event that any provision of this Addendum is held by a court of competent jurisdiction to be invalid or unenforceable, the remaining provisions will remain in full force and effect.

(l) Notice. Any notification required in this Addendum shall be made in writing to the representative of the other Party who signed this Addendum or the person currently serving in that representative's position with the other Party.

Functional/Technical Requirements

The functional and technical requirements have been separated by worksheet tabs representing each area/department that has requirements of an EHR/Practice Management system. Responses should be entered in the "Response" column using the appropriate response choices indicated for each field. The "Response Comment" field can be used to clarify your response with additional information, documentation, or a reference to a response somewhere else. All fields should be completed. The functional requirements include the following worksheets:

1. Registration/Checkout
2. Child & Maternal Health (which includes Family Planning, Child Coordination for Children (CC4C), Pregnancy Care Management)
3. Allergies/Medications
4. Communicable Diseases (CD)/Immunizations
5. Lab
6. Patient & Chart Tracking (which includes Tracking, Patient Tracking, Referrals and Medical Records)
7. Forms & Reports
8. Billing
9. Education
10. Technical

Section Name (Sub-Section Name)	Requirement	Subordinate Requirement	Response	Response Comments
COMPANY BACKGROUND				
Contact Information				
	Name of Company			
	Company: Street address 1			
	Company: Street address 2			
	Company: City			
	Company: State			
	Company: Zip code			
	Contact Person			
	Phone Number			
	Fax Number			
	E-Mail Address			
Company Profile				
	How many years has your company been in business?			
	Have you acquired, been acquired or merged with another company within the last four years?	Is so, please comment.		
	Can you provide financial reports for the last three years? If not available, a statement as to why they are not available along with a copy of the financials that are available including the revenue and net profit/loss statements.	If yes, please provide.		
	Please select the description that most closely describes the ownership of your organization: 1. Sole Proprietorship 2. Partnership 3. Privately held corporation 4. Publicly held corporation	If a corporation, provide evidence that the vendor is in good standing and qualified to conduct business in North Carolina.		
	If partnering, how long the implementer has worked with the software/service vendor and how many implementations the two parties have completed together			
	Can you provide an organizational chart of your company?	If yes, please provide.		
	Provide a total number of full-time employees.			
	Provide the number of employees responsible for Development.			
	Provide the number of employees responsible for Installation.			
	Provide the number of employees responsible for Support during implementation.			
	Provide the number of employees responsible for Support post-implementation.			
	Does your company have affiliations or business dealings with any other public health agency in NC?			
	Does your company typically write software contracts independently from the hardware and other third party contracts?	Please describe the typical arrangement.		
	Do you currently have a plan to End of Life (EOL) this product?			
	If you are planning to EOL this product, please list the timeframe: 1) EOL < 2 years 2) 2 years < EOL > 5 years 3) EOL > 5 years 4) No plan			
	How many years will you guarantee your products to be supported?			
	Does a plan exist for the future direction of the solution that you are proposing?	If yes, please describe that direction and technology changes over the next 5 years.		
	Does your company have any pending or adjudicated lawsuits?	If yes, please describe in detail.		
Implementation/Training Methodology				
	Do you contract with a third party for implementation services/resources?	If yes, please outline and describe these services.		
	Do you execute implementations simultaneously with other agencies utilizing the same project manager?			
	Do you provide any implementation resources?	If yes, please outline and describe these services.		
	Will Union County need to provide resources or staffing for the implementation?	If yes, please include a list of the number of resources that will needed and the activities that they will perform.		
	Describe your process for user acceptance.			
	Do you conduct training classes for users?	If yes, please provide an outline for the classes.		
	Would training classes be conducted at Union County facilities?			

Section Name (Sub-Section Name)	Requirement	Subordinate Requirement	Response	Response Comments
	Do you perform custom programming?	If so, please provide the process of how custom programming requests are made, completed, and implemented. Please include a description of how custom programming will affect an agencies ability to receive software updates.		
	What is the typical number of weeks from contract signing to go-live?			
	Please provide a description of the implementer's project management capabilities and experience. Provide references to other projects of similar size and complexity as part of the proposal.	Please provide details.		
	For your three most recent implementations, what was the number of weeks from contract signing to go-live?			
Post Implementation Support/Maintenance				
	Is 24 hour by 7 day implementation support coverage provided immediately after the Go-Live? If so, please describe how long this support is available in the Notes section of this document.	If yes, please describe how long this support is available and if additional fee.		
	Do you maintain a 24-hour by 7-day support center?	If no, please describe how off-hours support is handled.		
	Do you have documented process for handling support calls? 1. Description of how calls are prioritized. 2. What call turnaround/escalation policies are in place? 3. What warranties are provided?			
	How often are upgrades released? 1. Monthly 2. Quarterly 3. Annually 4. Other	If other, please comment.		
	What method or media is used to distribute upgrades? 1. CD 2. ftp 3. Email 4. Other	If other, please comment.		
	Do you have a process for submission and scheduling of user requested enhancement?	If yes, please describe the process.		
	Do you have a documented process for internal testing and Quality Assurance?	If so, please describe the process.		
	Do you have a documented patch process for Emergency Bug Fixes?	If so, please describe the process.		
	What method or media is used to distribute Emergency Bug Fixes? 1. CD 2. ftp 3. Email 4. Other	If other, please comment.		
	Do you conduct technical training classes for support staff?	If yes, please provide an outline for the classes.		
	Is it expected/required that staff (IT and end users) will have certain education or certifications?	If yes, please provide a list of these requirements.		
	For an implementation similar to our size, how many support staff do you estimate will be needed?	Please describe what type of resource and skill sets needed.		
	Do you have user group meetings?	If yes, how often and are the meetings regional or national? Are they led by the corporation or users?		
Corporate Solutions - (For the purchase of multiple products from a vendor)				
	Is there be a single point of contact for support for the solution that you are proposing?			
	Are all of the products for the solution that you are proposing fully integrated?	Please provide documentation outlining and explaining how the products are integrated at the desktop and the database level.		
	Do you have client satisfaction measurement processes in place?			
	How many active accounts do you have using the solution that you are proposing?			
	Do you have quality control methods and processes in place that are used in the development and implementation of your software?	If yes, please describe the process.		

2

Appendix A   EHR/Practice Management Requirements - Company Background

Section Name (Sub-Section Name)		Requirement	Subordinate Requirement	Response	Response Comments
Experience with Public Health Systems					
		How many implementations are currently in production in any healthcare environment?			
		How long has the company been selling the proposed software to clients similar to Union County?			
		How many implementations are currently being implemented/beta tested in any healthcare environment?	Please provide any material (including letters of support or endorsement from clients) indicative of the proposer's capabilities.		
		How many implementations are currently in production in public health agencies? How long have they been in production?	Please provide details.		
		How many implementations are currently being implemented/beta tested in public health agencies?			

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	REGISTRATION/CHECKOUT							
1	Registration/Checkout	Client Registration Process	Search for client record	Must be able to search for client by client first name, client last name, client ID number, client date of birth, client social security number, client's alias, client's responsible party first name and last name (including responsible party history choices), clients mother's first and last name, client's fathers first and last name, clients city and/or county, CNDS number	You can include as many search criteria to narrow or widen your search. Not all search criteria listed are a must. Must criteria would be client first name, client last name, client ID number, client date of birth, client social security number, client's alias, and CNDS number.	High		
2	Registration/Checkout	Client Registration Process	Search for client record	Search results must display list of First, Middle and Last Name, date of birth, Social Security number, CNDS number, alias, client ID number		High		
3	Registration/Checkout	Client Registration Process	Search for client record	Should be able to search by wildcards		Medium		
4	Registration/Checkout	Client Registration Process	Search for client record	Should be able to search by soundex	Searches by sounds like as keyed.	Medium		
5	Registration/Checkout	Client Registration Process	Search for client record	Should be able to select and open client demographic information from search list		High		
6	Registration/Checkout	Client Registration Process	Search for client record	May generate barcode associated with patient CNDS number or client ID number	If you have a patient ID card this will replace it.	Low		
7	Registration/Checkout	Client Registration Process	Complete call intake	Should have the ability to create a client call intake		Medium		
8	Registration/Checkout	Client Registration Process	Complete call intake	Should be able to search for client by all call intake fields		Medium		
9	Registration/Checkout	Client Registration Process Client Appointment Scheduling	Complete call intake Demographics, payor, eligibility and income info Complete call intake Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Should validate city, state and zip code and flag any discrepancies	Regular updates of zip code database is required.	Medium		
10	Registration/Checkout	Client Registration Process	Assign a CNDS client ID	May interface with CNDS system to generate CNDS numbers	Priority depends on state's (HHS) granting access to CNDS interface.	Low		
11	Registration/Checkout	Client Registration Process	Assign a CNDS client ID	May automatically input CNDS number into client's registration information	Priority depends on state's granting access to CNDS interface.	Low		
12	Registration/Checkout	Client Registration Process Client Appointment Scheduling	Demographics, payor, eligibility and income info Evaluate eligibility appointment type	Must automatically generate client ID numbers		High		
13	Registration/Checkout	Client Registration Process Client Appointment Scheduling	Demographics, payor, eligibility and income info Evaluate eligibility appointment type	Should allow for management of required demographics, payor, eligibility, and income data fields	Ability to add and disable data fields and make certain fields required or not required.	Medium		
14	Registration/Checkout	Client Registration Process Client Appointment Scheduling	Demographics, payor, eligibility and income info Evaluate eligibility appointment type	Must capture household income and calculate sliding scale fees based on each sub-program requirements	Specifically, we must be able to enter different income levels and different sliding fee scales for each sub-program, because different sub-programs have different qualifications for income.	High		
15	Registration/Checkout	Client Registration Process Client Appointment Scheduling	Demographics, payor, eligibility and income info Evaluate eligibility appointment type	Must generate a client percent pay report based on a specific date and sub-program, the system calculates the percent the client must pay for the sub-program specified based on the sliding fee scale information for that date		High		
16	Registration/Checkout	Client Registration Process Client Appointment Scheduling	Demographics, payor, eligibility and income info Evaluate eligibility appointment type	Must retain historical income and sliding fee scale data	In order to answer future questions about past balances, registration staff must be able to see what the client's percentage (sliding fee) was at the time of the service.	High		
17	Registration/Checkout	Client Registration Process Client Appointment Scheduling	Demographics, payor, eligibility and income info Evaluate eligibility appointment type	Must retain previous payor data	In order to answer future questions about past balances, registration staff must be able to see what the client's percentage (sliding fee) was at the time of the service.	High		
18	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Must be able to manage list of payors and their plan types with data fields that include payor name, address, phone #, federal tax ID, insurance provider number, terminate date		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	REGISTRATION/CHECKOUT							
19	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Must be able to add required information for additional payors	Ideally screen would display data fields of one payor, but if there are more payors user would be alerted to view complete list.	High		
20	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Must be able to manage list of preferred languages or have a comprehensive list built into the system		High		
21	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Must be able to manage list of area schools		Low		
22	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Must be able to manage list of occupations that is updated from the Bureau of Labor & Statistics list of SOC occupations	Another source is acceptable	Low		
23	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Must be able to manage list of providers in the area with information that includes provider name, practice name, specialty, National Provider Identification (NPI), taxonomy, agency ID		Medium		
24	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	May be able to automatically generate the provider number and display on the registration screens.		Low		
25	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should display client's current age on all of the client demographic screens	Calculated from the date of birth.	High		
26	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should create and display a registration date of when client ID is created		Medium		
27	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Must calculate and store dates for use by encounter and billing if client is new, new this fiscal year to the agency, or a return client to the agency based on "last kept" appointment		High		
28	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Must calculate and store date for use by encounter and billing for the initial treatment date for family planning based on payor plan type (i.e. family planning waiver)	Must be highlighted or flagged for view to staff.	High		
29	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Must allow user to specify "confidential contact" for the client for each sub-program specified	Client may specify confidential contact for some sub-programs, i.e. family planning, but not others, i.e. child health services. Certain reports, mailings, phone calls, etc. will be filtered by that field.	High		
30	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should display if the client contact is confidential on all of the client demographics, payor, eligibility and/or income screens	Confidential contact information must be displayed prominently so user does not accidently disclose confidential client information.	Medium		
31	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should display the date the client demographics were last updated on all of the client demographic screens		Medium		
32	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should display the last user to update sub-sections of the client demographic, payor, eligibility and/or income information screens		Medium		
33	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should have the ability to record which consents were signed by client with date	Example: privacy, release of information,	Medium		
34	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should have the ability to manage the list of consent topics and ability to group by sub-program, topic, sub-topic, and item		Medium		
35	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	May have the ability to alert user if consents need to be signed	Calculated by consent data field in the system.	Low		
36	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should indicate what proof is used when a name is changed and document all versions of the name and who changed it in history		High		
37	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should keep history when an alias is changed and document all versions of the alias and who changed it in history		High		
38	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should indicate repsonsible party's relationship if patient is a minor and capture responsible party's SS#	person standing in loco parentis or guardien	High		
39	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should capture W-7 information	Accounts submitted to NC debt set off can be searched through a W-7	High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	REGISTRATION/CHECKOUT							
40	Registration/Checkout	Client Registration Process	Basic demographics, payor, eligibility and income info	Should be able to alert staff, per user role, on all registration screens when there are internal notes regarding client	Flag to notify staff to click and read internal notes regarding client that is not to be shown to client.	High		
41	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	May capture photo of client and store with demographic information		Low		
42	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	May capture finger prints or other biometrics of client and store with demographic information		Low		
43	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Should be able to copy the necessary call intake information into the client demographic section once client arrives for appointment and becomes a client in the system		Medium		
44	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Should be able to copy the necessary client demographic information into the responsible party section if the information is the same		Medium		
45	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Should be able to copy the necessary client demographic information into the insured's section if the client is the insured and the information is the same		Medium		
46	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Should retain historical "responsible party" information and their payor and payor plan type	Example: Mother was responsible, birth to date 1. DSS was responsible date 1 - date 2. Foster parent was responsible date 2 to date 3.	Medium		
47	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Should have ability to bill the correct responsible party based on the date of service and the party responsible at that time	Example: Service rendered while Mother had custody is billed to mother. Service rendered when DSS had custody is billed to DSS.	Medium		
48	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Must have the ability to bill a payor (that is a company) for specific services for multiple clients and group these services (CPT/HCPC/CDT/Local code) by payor	Example: Sheriff, school system, etc. pays for employee immunizations. We bill the employer, not the client or their insurance company.	High		
49	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Should display client balance on all of the client demographic screens	Calculated from the ledger.	Medium		
50	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Should verify when family planning waiver is selected for payor plan type and family planning is the sub-program and alert user if all of the family planning waiver visits have been used	Currently only 6 family planning waiver visits are acceptable in a year.	Medium		
51	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Should have the ability to determine if the "number of people in household including unborn child" field is used to calculate eligibility based on the sub-program or payor	If presumptive eligibility is payor or Maternity is sub-program, then the total number of people in household including unborn child should be used to calculate eligibility.	Medium		
52	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Should have the ability to create commands to manage exceptions to eligibility	Based on list/tables that are used to calculate eligibility and payment	Medium		
53	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	Should be able to generate a presumptive eligibility determination form for pregnancy related-care and calculate required fields based on their codes, standard work deductions, child care deductions		Medium		
54	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	May define and display a dashboard view of client registration, income and financial information		Low		
55	Registration/Checkout	Client Registration Process	Demographics, payor, eligibility and income info	May display the date of client last full physical on clinical screens		Medium		
56	Registration/Checkout	Client Registration Process	Reinstate bad debt that was written off	Must have the ability to reinstate client write-offs and recalculate to display new balance of account	Calculate old debt to new debt. Must have the ability to reinstate client write-offs, but recalculating new balance is not a must. It could be done manually.	High		
57	Registration/Checkout	Client Registration Process	Reinstate bad debt that was written off	Should have alert on client's registration, demographics, payor, eligibility, and income screens to notify of user of bad debt that was written off	Staff would then know to go to the AR screen to see more information about the bad debt.	Medium		
58	Registration/Checkout	Client Registration Process	Collect payments	Must have the ability to collect and post all co-pays and flat fee services to client account prior to client receiving services	Calculate flat fees or co-pays before services are rendered and give client a receipt of payment with balance due.	Medium		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	REGISTRATION/CHECKOUT							
59	Registration/Checkout	Client Registration Process	Collect payments	Must have the ability to post all co-pays and flat fee services without having to associate it to a specific CPT/HCPC/CDT/Local code but would associate fee with sub-program		High		
60	Registration/Checkout	Client Registration Process Checkout process including self-pay	Collect payments/partial payments	Must have the ability to post payments to previous balances for a specific CPT/HCPC/CDT/Local code		High		
61	Registration/Checkout	Client Registration Process Checkout process including self-pay	Collect payments/partial payments	Should interface credit card system with EHR system (including debit cards and flex medical)		Medium		
62	Registration/Checkout	Client Registration Process	Give client receipt	Must be able to print client receipt showing the 100% fee, the discount applied, any payments made, and the balance due		High		
63	Registration/Checkout	Checkout process including self-pay	Enter encounter data and generate charges	Must capture date service was performed		High		
64	Registration/Checkout	Checkout process including self-pay	Enter encounter data and generate charges	Must be able to enter an encounter for past date services		High		
65	Registration/Checkout	Checkout process including self-pay	Enter encounter data and generate charges	Must be able to close encounter		High		
66	Registration/Checkout	Checkout process including self-pay	Enter encounter data and generate charges	Must be able to void an encounter	Usually a mistyped or incorrectly entered encounter is voided not deleted. Reason why encounter is voided should be noted.	High		
67	Registration/Checkout	Checkout process including self-pay	Enter encounter data and generate charges	Must be able to reopen closed encounter with appropriate supervisor rights and make changes	Example: For family planning services part of the services would get charged to family planning waiver and other charges to private pay in order to not have a payor mismatch.	High		
68	Registration/Checkout	Checkout process including self-pay	Enter encounter data and generate charges	Must be able to enter CPT/HCPC/CDT/Local codes on the encounter as services for client are conducted through the assessment process		High		
69	Registration/Checkout	Checkout process including self-pay	Enter encounter data and generate charges	Must have ability to determine the highest billing priority level or highest paying CPT code and automatically adjust and put at top of bill	Example: Family planning visit and STD visit are on the same day, family planning visit is the highest billing code.	High		
70	Registration/Checkout	Checkout process including self-pay	Enter encounter data and generate charges	Must have ability to override highest CPT code for billing		High		
71	Registration/Checkout	Checkout process including self-pay	Is payment due?	Must have the ability to post a refund to a client account and refund cash, check or apply credit to the credit card that was used	This is especially needed if fees are collected prior to service.	High		
72	Registration/Checkout	Checkout process including self-pay	Determine payment arrangement	Should calculate a payment arrangement based on either time frame or amount owed each time period	Example: Payment of $100 the first of each month or payment in full must be paid by a certain date	Medium		
73	Registration/Checkout	Checkout process including self-pay	Determine payment arrangement	Should interface with the billing system to document payment arrangements in billing system so statements reflect payment arrangement		Medium		
74	Registration/Checkout	Checkout process including self-pay	Determine payment arrangement	Should have the ability to print out the number of payment vouchers needed based on the payment arrangements	This could probably be created with the form/letter application.	Medium		
75	Registration/Checkout	Checkout process including self-pay	Collect payment Collect partial payment	Should alert user on the client demographics, payor, eligibility and/or income information screens of last payment date and amount paid for any self-pay outstanding balance		Medium		
76	Registration/Checkout	Checkout process including self-pay	Collect payment Collect partial payment	Should alert user on the client demographics, payor, eligibility and/or income information screens if client has written bad checks		Medium		
77	Registration/Checkout	Checkout process including self-pay	Collect payment Collect partial payment	Must have the ability to collect and post all fees to client's account		High		
78	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must have the ability to build a profile for each clinic with beginning (and ending) effective dates		High		
79	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must not be restricted to the number of time slots available when building a profile		High		
80	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must have ability to overbook a time slot for each clinic		High		
81	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must have ability to restrict time slots (clinic profiles) for each clinic and all clinics simultaneously	Example, can't book during a specific time slot due to provider not being available, holidays, etc.	High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	REGISTRATION/CHECKOUT							
82	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must have ability to add comments to a time slot for each clinic	For example, what type of appointments could be scheduled.	High		
83	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must have ability to set multiple time slot increments for each clinic	For example, the clinic schedule will show the time slot increment columns (i.e. 15 min. column and a 30 min. column - similar to provider A and provider B column) and appointment type would be tied to a time slot length (i.e. 15 min. slot or 30 min. slot)	High		
84	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must have ability to manage locations (sites) which includes location name, county ID, site ID, street address 1, street address 2, city, state, and zip code		High		
85	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must have ability to manage NC state site ID list		High		
86	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must have ability to manage NC county site ID list		High		
87	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to manage list of profile names	Should be able to inactivate a clinic name but not delete past history from the system.	High		
88	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to manage list of appointment types and frequency of appointment types allowed	Should be able to inactivate a appointment type but not delete past history from the system.	High		
89	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to set profiles for a specific clinic as reoccurring	For example, use profile for all Child Health Monday's. Similar to Outlook Calendar.	High		
90	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Should be able to copy a profile for a specific clinic to a different day of the week		Medium		
91	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must allow for multiple appointment statuses such as: scheduled, rescheduled (before appointment), kept, cancelled by client, no show, no show-client rescheduled (after appointment)		High		
92	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to delete a scheduled appointment		High		
93	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to view and retain appointment history		High		
94	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	System must automatically mark appointment as "scheduled" when entered into system		High		
95	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to change appointment status to "rescheduled"	This status is used when a client contacts the agency before the scheduled appointment and asked for appointment to be rescheduled. This appointment is now closed and a new appointment is scheduled.	High		
96	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must have the ability to allow clerk to either create or not create encounter labels at their discretion		High		
97	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to change appointment status to "kept" when client comes for their appointment		High		
98	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must generate encounter number and mark appointment "kept"		High		
99	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to change appointment status to "cancelled by client"		High		
100	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	System must automatically mark an appointment as "no show" if the day after an appointment the appointment was not kept and is still flagged as "scheduled"		High		
101	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to change appointment status to "no show-rescheduled"	This status is used when a client does not show for an appointment but contacts the agency within X days after the scheduled appointment to reschedule. This is used so no show letters are not sent to clients.	High		
102	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to change any appointment status manually		Medium		
103	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Should be able to move a clinic roster from one day to another day and keep appointments exactly the same	For example, the maternity clinic is only open on Monday and Tuesday but is now being changed to Wednesday and Thursday, all the appointments would get changed to the new days.	Medium		

5

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
REGISTRATION/CHECKOUT								
104	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Should be able to change a profile name and have it populate the new profile name for future profiles throughout the system	This would not change the name of a profile that has passed.	Medium		
105	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Should have the ability to alert user if a new appointment is being made for a specific appointment type and another appointment type for the same date already exists	For example, client has an appointment scheduled when leaving hospital but parent calls and talks to triage nurse and she tries to schedule it at a different time but does not reschedule the other appointment.	Medium		
106	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	System must automatically indicate which user (user ID) makes any appointment status changes		High		
107	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Should have a waiting list that includes client name, responsible party name, alias, phone number, CNDS # if applicable, clinic, date of birth, appointment type, and comments	For example, if client has an appointment but would like to be notified if an earlier appointment becomes available. Or if a possible client wants an appointment when slots become available, hence the appointment slots are filled.	Medium		
108	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Should have the ability to copy/transfer client's data to the waiting list		Medium		
109	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to schedule appointments a year in advance.		High		
110	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to schedule appointments by provider.		High		
111	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to view appointment schedule by the week.		High		
112	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to maintain waitlists.		High		
113	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to track scheduled vs. walk-in appointments.		High		
114	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to track appointment types: kept; cancelled; no show.		High		
115	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to cancel an appointment and note cancellation reason.		High		
116	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to print daily appointment rosters.		High		
117	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Should be able to track missed appointments or cancellations.		Medium		
118	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to send appointment reminder notifications to patients electronically and/or via text message.		High		
119	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to view multiple provider appointment schedules at one time.		High		
120	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to produce daily appointment roster that includes patient demographics, telephone #'s, notes, ect.		High		
121	Registration/Checkout	Client Appointment Scheduling	Appointment schedule setup	Must be able to flag confidential patient on Rosters	adherance to internal policy and state law that allows certain services to be confidential without parental consent, etc.	High		
122	Registration/Checkout	Client Appointment Scheduling	Complete call intake	Should be able to schedule an appointment from client call intake and copy the necessary call intake information into the appointment schedule		Medium		
123	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Must be able to complete required appointment scheduling data fields		High		
124	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Must have ability to search for available appointments for more than one clinic from multiple locations or select a specific location (on the same screen)		High		
125	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Must have ability for system to determine first available appointments by appointment type in a specific clinic and display appointments in ascending order by first available		High		

Appendix A   **EHR/Practice Management Requirements - Registration/Checkout**

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
REGISTRATION/CHECKOUT								
126	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Must have ability for system to determine available appointments by date range and appointment type in a specific clinic and display appointments in ascending order by first available		High		
127	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Must have ability to search for an available appointment for a specific appointment type from multiple locations or select a specific location		High		
128	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Should have ability to select more than one time slot even if appointment type usually only requires one time slot	Could be needed if a family is being seen or someone with special needs.	Medium		
129	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check clinic availability	System may determine if appointment type frequency is not met (too short or too long) and notify user of issue	Example: Family planning annual visits are only reimbursable every 366 days so an appointment cannot be made under this timeframe, but an override should be allowed if an appointment is needed for a problem visit.	Low		
130	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Must have ability to add comments for a specific appointment		High		
131	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Must have ability to select an appointment and schedule it		High		
132	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	May have appointment type legacy names joined for historical purposes and for determining allowable frequency of appointment type		Low		
133	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Must be able to manage a Web-based version of clinic appointment scheduling with public access	Required fields must be completed to successfully submit.	High		
134	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Patient Portal must be fully integrated with Practice Management System and HER		High		
135	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Client may schedule a clinic appointment on Web site as long as security issues with the Internet and HIPAA compliance is met	Client must be notified of security issues with the Internet and HIPAA compliance steps taken.	High		
136	Registration/Checkout	Client Appointment Scheduling	Determine need/type of appointment Check eligibility appointment availability Check clinic availability	Client must view/verify only their clinic appointments on Web site as long as security issues with the Internet and HIPAA compliance is met	Client must be notified of security issues with the Internet and HIPAA compliance steps taken.	High		
137	Registration/Checkout	Client Appointment Scheduling	Client meet residency requirements?	System may determine if client meets residency requirements if required for a specific clinic and notify user if requirement is not met	Example, if trying to make a family planning appointment the client must live in the county but if an appointment is for CD the client could live anywhere in the country. System would flag user if client does not meet requirement.	Low		
138	Registration/Checkout	Client Registration Process	Client meet residency requirements?	Should have the ability to override residency requirements and continue scheduling appointment		Medium		
139	Registration/Checkout	Client Appointment Scheduling	Clinic appointment schedule	Must have the ability to print various clinic roster reports		High		
140	Registration/Checkout	Client Appointment Scheduling	Clinic appointment schedule	Must have a calendar view of the clinic appointment schedule showing limited information (such as client name, appointment type, CNDS#, time and length of appointment, interpreter) on the calendar		High		
141	Registration/Checkout	Client Appointment Scheduling	Clinic appointment schedule	Must be able to manage the limited information displayed on the clinic calendar view		High		
142	Registration/Checkout	Client Appointment Scheduling	Clinic appointment schedule	Must have the ability to select a client's appointment from the calendar view and go to the client appointment detail page		High		
143	Registration/Checkout	Client Appointment Scheduling	Reminder sent	Should have the ability to send clinic appointment reminders via email and/or text as long as security issues with the Internet and HIPAA compliance is met.	Client must be notified of security issues with the Internet and HIPAA compliance steps taken.	Medium		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	REGISTRATION/CHECKOUT							
144	Registration/Checkout	Client Appointment Scheduling	Reminder sent	Must be able to print batch of reminder letters based on specific criteria such as date range or clinic		High		
145	Registration/Checkout	Client Appointment Scheduling	Reminder sent	May be able to generate a database file to import into reminder calling systems (i.e. Televox)		Low		
146	Registration/Checkout	Client Appointment Scheduling	Reminder sent	May be able to interface directly with reminder calling system (i.e. Televox) to contact clients for appointment reminders		Low		
147	Registration/Checkout	Encounter	CPT codes	System will set codes as billable and/or reportable		High		
148	Registration/Checkout	Encounter	CPT codes	Must have the ability to define appointment types that may map to CPT/HCPC/CDT/Local codes	example: MCCONT = Maternity Care Coordination CPT code that is for in-house use only 99211 = service code that is also a CPT code	High		
149	Registration/Checkout	Encounter	CPT codes	Must create a relationship between CPT/HCPC/CDT/Local codes that include description, fee, sub-program, payor, total number of people in household, and total family annual income lists/tables to calculate the correct billing fee		High		
150	Registration/Checkout	Encounter	CPT codes	Must have the ability to manage list of CPT/HCPC/CDT/Local codes with description and identify those with highest billing priority level		High		
151	Registration/Checkout	Encounter	CPT codes	May have the ability to search by soundex for CPT and DX codes.		Low		
152	Registration/Checkout	Encounter	CPT codes	Must have the ability to manage list of fees with CPT/HCPC/CDT/Local codes		High		
153	Registration/Checkout	Encounter	CPT codes	Should have a drop-down list of CPT/HCPC/CDT/Local codes and CPT codes that are associated with a body system/section in the specific assessment	The EHR system MUST be able to associate a CPT/HCPC/CDT/Local code to a specific assessment at minimal.	Medium		
154	Registration/Checkout	Encounter	CPT codes	Should be able to alert staff if procedure code does not match provider code.		Medium		
155	Registration/Checkout	Encounter	CPT codes	Should prohibit or alert the pairing of codes that have conflicts for billing	system should follow the correct coding edits	High		
156	Registration/Checkout	Encounter	CPT codes	Should alert staff if procedure/CPT code is not age appropriate for the client		High		
157	Registration/Checkout	Encounter	CPT codes	Should produce a modifier with a CPT code if required for billing	Example: 25 modifier required with an EM code if ultrasound is done	High		
158	Registration/Checkout	Encounter	CPT codes	Should manage a list of fees that are flat fee associated with a program	Example: Adult Health STD codes don't slide	High		
159	Registration/Checkout	Encounter	Services	Must have a field for the number of units of service with limits set per sub-program		High		
160	Registration/Checkout	Encounter	Services	Must calculate charges for unit based services by multiplying CPT/HCPC/CDT/Local code fee by units		High		
161	Registration/Checkout	Encounter	Services	Must have the ability to manage list of the place of service for billing	Example: home, office, community, rural health, ER, hospital	High		
162	Registration/Checkout	Encounter	Services	Must have the ability to manage list of type of service	Example: diagnostic lab, consultation, medical	High		
163	Registration/Checkout	Encounter	Sub-program	Must have the ability to manage list of sub-programs		High		
164	Registration/Checkout	Encounter	Sub-program	Must have the ability to manage a list that maps the provider who performed the service to the billing provider for each sub-program	Example: Nurse performs the service under standing orders of physician. Both providers must be listed on encounter for service (CPT/HCPC/CDT/Local code) given.	High		
165	Registration/Checkout	Sliding fee scale	Poverty level table	Must be able to maintain and update poverty level table for presumptive Medicaid given by DSS		High		
166	Registration/Checkout	Sliding fee scale	Poverty level table	Must be able to maintain and update poverty level table for child health given by state		High		
167	Registration/Checkout	Sliding fee scale	Poverty level table	Must be able to maintain and update poverty level table for family planning given by state		High		
168	Registration/Checkout	Sliding fee scale	Poverty level table	Must be able to maintain and update poverty level table for Maternal Health given by state		High		

Appendix A   EHR/Practice Management Requirements - Registration/Checkout

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	REGISTRATION/CHECKOUT							
169	Registration/Checkout	Sliding fee scale	Poverty level table	May be able to generate a sliding fee scale with just the poverty base rate, the per person increment, and the percent of poverty/percent pay brackets	Example: Rather than completing the entire sliding fee scale matrix, the system would calculate the brackets.	Low		

Appendix A   EHR/Practice Management Requirements - Child Maternal Health

ID#	Area	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	GLOBAL (CHILD & MATERNAL HEALTH)							
1	ALL	Clinic Visit	Record vitals	Must record vitals of client including height, weight, blood pressure, pulse, temperature		High		
2	ALL	Clinic Visit	Record/review/amend medical history	Must allow authorized staff to input and/or add information to medical history		High		
3	ALL	Clinic Visit	Record/review/amend medical history	Should allow client to input and/or add information to medical history via kiosk station with touchscreen capability		Medium		
4	ALL	Clinic Visit	Review/amend medical history	Must have the ability to review medical history and indicate that the history was reviewed with each visit		High		
5	ALL	Clinic Visit	Review/amend medical history	Must have the ability to review medical history and indicate that the history was reviewed by a provider		High		
6	ALL	Clinic Visit	Record exam	Must allow practitioner to record physical exam with appropriate fields	Preference: a column of boxes to check when all findings are normal, and a box to check followed by space to write in abnormal findings.	High		
7	**FAMILY PLANNING**							
8	Family Planning	Client visit (New, annual or Problem)	Record exam	Must allow for management of required data entry fields		High		
9	Family Planning	Client visit (New, annual or Problem)	Record exam	Should have the ability to auto populate the annual date 366 days from current year.		Medium		
10	Family Planning	Client visit (New, annual or Problem)	Pregnancy Planning	Should have the ability to track contraceptive device users for length of use, reason for discontinuation, and complications.	Desire lists generated by method, by provider, by year, etc. Ideally this would be auto generated by entry of ICD-9, ICD-10, or CPT codes.	Medium		
11	Family Planning	Client visit (New, annual or Problem)	Pregnancy Planning	May have the ability to store the following data including but not limited to: contraceptive/birth control method and pregnancy plans.		Low		
12	**MATERNAL HEALTH**							
13	Maternal Health	Clinic Visit	Record/review/amend medical history	Must have ability to add multiple past pregnancies in the medical history		High		
14	Maternal Health	Clinic Visit	Record/review/amend medical history	Must be able to add multiple operations/hospitalizations in the medical history		High		
15	Maternal Health	Clinic Visit	Plotting the prenatal weight gain chart	Should select appropriate prenatal weight gain chart based on pregravid BMI with appropriate ranges and recommendations (underweight, overweight, normal)		Medium		
16	Maternal Health	Clinic Visit	Plotting the prenatal weight gain chart	Should determine the prenatal weight gain by subtracting the pregravid weight from the current weight and plot on chart based on number of weeks gestation		Medium		

ID#	Area	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
17	Maternal Health	Clinic Visit	Plotting the prenatal weight gain chart	Should plot prenatal weight gain at each visit on prenatal weight gain chart		Medium		
18	Maternal Health	Clinic Visit	Record exam	Must be able to add multiple ultrasound results for EDC confirmation and display all results		High		
19	Maternal Health	Clinic Visit	Record exam	Must be able to make additions and changes to diabetes medications for diabetes clients in a format that is easy to see numerous visits at one time - global view		High		
20	Maternal Health	Clinic Visit	Record exam	Should display initial/return OB visit exam information with numerous visits - global view		Medium		
21	Maternal Health	Clinic Visit	Next appointment	Should have the ability to provide instructions for next appointment to be scheduled	For example: Next appointment should be in 3 weeks and client should fast for lab tests that will be performed.	Medium		
22	Maternal Health	Clinic Visit	Care plan	Should have ability to create pre-defined care plan templates for each condition of pregnancy	Examples such as Severe Anemia, Placenta Previa, etc.	Medium		
23	Maternal Health	Clinic Visit	Care plan	Should have ability in the pre-defined care plan template to create toggles, drop-down lists, yes/no options, text boxes, etc.		Medium		
24	Maternal Health	Clinic Visit	Care plan	Should have ability to select and display the appropriate care plan		Medium		
25	Maternal Health	Clinic Visit	Care plan	Should be able to indicate which components of the care plan have been completed and document who completed it (user ID) and the date it was completed (auto-populated)	A checkmark could be used to indicate that component is completed. User login and date when component is check marked.	Medium		
26	Maternal Health	Physician order	Complete forms for physician's order	Should be able to create a physician's order completed form and send electronically to hospital or other providers	Data for the form should be able to be obtained from various fields in the system	Medium		
27	Maternal Health	Clinic Visit	Diabetic screening if needed	May prompts 2 hour Glucose Challenge Test (GCT) if family history of parents is positive, if patient is over-weight, if past pregnancy included gestational diabetes		Low		
28	Maternal Health	Tracking of prenatal care, postpartum visit, and prenatal outcome.	Postpartum Assessment	Should allow input/editing of required post partum assessment data		High		

ID#	Area	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
29	Maternal Health	Tracking of prenatal care, postpartum visit, and prenatal outcome.		Should have the ability to notify staff when prenatal patient does not return within specified period of time, including by 2 months past due date for postpartum visit. Flag patients as high risk for more intense follow-up. Generate list of week/trimester of entry into care. Generate reports of pregnancy outcomes - miscarriage, preterm, full term, birth weight, etc.	Could receipt of referral for Home Nurse postpartum visit close the chart to prenatal care and open for postpartum care? If no postpartum visit scheduled, staff would be flagged. Integrate all the services received by pregnant and postpartum moms.	Medium		
30	**CHILD COORDINATION FOR CHILDREN (CC4C), PREGNANCY CARE MGMT**							
31	CC4C Pregnancy Care Mgmt	Interface	Receive referral Written referral Enter information into client log	Must be able to interface and populate CMIS with client data		High		
32	CC4C Pregnancy Care Mgmt	Referral Intake	Receive referral	Should send confidential referral email to care manager once Risk Screen Form is complete in clinic		Medium		
33	**CHILD HEALTH**							
34	Child Health☐	Well Child Clinical Assessment Sick Child/Re-Check Clinical Assessment	Collect and record vital signs Record vitals	Must record vitals of client including length/height, weight, head circumference, blood pressure, and temperature, and BMI		High		
35	Child Health☐	Well Child Clinical Assessment Sick Child/Re-Check Clinical Assessment	Collect and record vital signs Record vitals	Must plot BMI		High		
36	Child Health	Well Child Clinical Assessment	Record vision results	Must allow for data entry of vision results that include type of screening/test, results from right eye, left eye, both eyes		High		
37	Child Health	Well Child Clinical Assessment	Record hearing results	Must allow for data entry of hearing results that include type of screening/test, results from left ear and right ear		High		
38	Child Health	Well Child Clinical Assessment	Plot growth chart	Should select appropriate growth chart based on age and sex of client		Medium		
39	Child Health	Well Child Clinical Assessment	Plot growth chart	Should calculate height, weight, and head circumference percentiles for clients growth chart based on age-appropriate CDC guidelines		Medium		
40	Child Health	Well Child Clinical Assessment	Plot growth chart	Should plot height, weight, and head circumference percentiles for clients growth chart at each visit		Medium		
41	Child Health	Well Child Clinical Assessment	Conduct developmental screening	Must allow input and editing of developmental screening results		High		
42	Child Health	Well Child Clinical Assessment Sick Child/Re-Check Clinical Assessment	Record exam	Must allow input and editing of exam data		High		

ID#	Area	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
43	Child Health	Well Child Clinical Assessment Sick Child/Re-Check Clinical Assessment	Record exam	Must allow for management of data fields and those that are required data entry fields of exam data	Ability to add/delete/modify data fields for exam data and determine which fields are required.	High		
44	Child Health	Well Child Clinical Assessment Sick Child/Re-Check Clinical Assessment	Record exam	Should have ability to manage list of formulas for nutrition assessment		Medium		
45	Child Health	Well Child Clinical Assessment	Complete exam/school form	Should be able to create and edit exam/school template form with data entered automatically from client's medical record		Medium		
46	Child Health	Well Child Clinical Assessment	Complete exam/school form	Should be able to print exam/school form with data entered automatically from client's medical record		Medium		
47	Child Health	Well Child Clinical Assessment	Complete exam/school form	Should be able to email exam/school form with data entered from client's medical record (PHI standards upheld)		Medium		
48	Child Health	Well Child Clinical Assessment	Dental varnish	Should have the ability to indicate whether or not dental varnish was performed; if not, reason why		Medium		
49	Child Health	Well Child Clinical Assessment	Dental	Must be able to refer to dental clinic		High		
50	Child Health	Sick Child/Recheck Clinical Assessment	Record sick care evaluation	Must have the ability to select reason for visit from a pre-defined list	List to include 'Other' with the ability to manually enter a reason.	High		
51	Child Health	Newborn Assessment	Complete assessment	Must allow input and editing of required newborn assessment data		High		
52	Child Health	Assessment	Complete assessment	Must allow input and editing of required Bright Futures data.	For details regarding Bright Futures forms, visit. http://brightfutures.aap.org/tool _and_resource_kit.html.	High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	GLOBAL - ALLERGIES							
1	All Clinics	Allergies	Document allergies	Must have the ability to manage a list of allergies	List would include allergies such as latex, food, and/or drugs.	High		
2	All Clinics	Allergies	Document allergies	Must have the ability to manage a list of reactions to allergies		High		
3	All Clinics	Allergies	Document allergies	Must have the ability to select an allergy and join multiple reactions to the allergy		High		
4	All Clinics	Allergies	Document allergies	Must have an "other" data field for allergies and/or reactions for allergies and reactions that are not in the default list		High		
5	All Clinics	Allergies	Document allergies	Should have a note/comment field for each allergy for any additional comments	Example: Year the allergy occurred.	Medium		
6	All Clinics	Allergies	Review allergies	Must have one list of allergies per patient that is accessible and updated by all services		High		
7	All Clinics	Allergies	Review allergies	Allergy list should be easily accessible from all assessment and medical history screens		Medium		
8	All Clinics	Allergies	Review allergies	Should have alert that appears on any assessment screen when client has any allergies to prompt clinicians to look at allergy information		High		
	GLOBAL - MEDICATIONS							
9	All	Medications	Document medications	Must have the ability to manage a list of medications	Generic name is the medication name with brand name in parenthesis.	High		
10	All	Medications	Document medications	Must have 3 numeric dosage amount fields - typically only one field is used, but for combination medications the other two dosage fields are for the other dosage amounts		High		
11	All	Medications	Document medications	Must have the ability to manage a list of measurement amounts	Example: tbl, cc, mg, ml, grams, drops, boxes of patches, rings, pack(s), tablets, injection, oz.	High		
12	All	Medications	Document medications	Must have the ability to manage a list of frequency of dosages which includes number of times and per day/hour	Example: in the evening, in the morning, once daily, twice daily, three times daily, four times daily, before meals, after meals, with meals, stat, as needed	High		
13	All	Medications	Document medications	Must have the ability to manage a list of routes	How medication is administered. Example: by mouth (po), intramuscular (IM), subcutaneous (SQ), topically, vaginally, rectally, optic, otic, intradermally	High		
14	All	Medications	Document medications	Must have the ability to select a medication and join dosage amounts, dosage measurements, routes to the medication		High		
15	All	Medications	Document medications	Must have an "other" data field for medications		High		
16	All	Medications	Document medications	Should have a start and stop date field for each medication	Stop date field could include forever.	Medium		
17	All	Medications	Document medications	Must have the ability to record all medications being taken	List of medications being taken and medications being prescribed should be separate lists.	High		
18	All	Medications	Document medications	May populate medication list for client based on information from e-prescribing hub and select which medications are valid based on client interview		Low		
19	All	Medications	Document medications	Should have a field for who (physician) ordered medication for each medication listed		Medium		
20	All	Medications	Review medications	Must have one list of medications per patient that is accessible and updated by all services		High		
21	All	Medications	Review medications	Medication list should be easily accessible from all assessment and medical history screens		Medium		
22	All	Medications	Review medications	Should retain history of medication and have it be accessible		Medium		
23	All	Medications	Review medications	Should have electronic access to Physician's Desk Reference for a specific medication		Medium		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	GLOBAL - ALLERGIES							
24	All	Medications	Review medications	Must alert clinician of drug interactions, drug dosage limits, similar medication client is taking within the drug category based on medication list in the EHR		High		
25	All	Medications	Review medications	Must alert clinician of drug interactions, drug dosage limits, similar medication client is taking within the drug category based on medication list from e-prescribing hub		High		
26	All	Medications	Review medications	Should search Physician Desk Reference by soundex for a medication		Medium		
27	All	Medications	Review medications	May alert clinician of medications that sound like the selected medication		Low		
28	All	Medications	Prescribing medication	Must have ability to manage list of prescribers (tied to user ID) and their DEA number		High		
29	All	Medications	Prescribing medication	Must cross reference medication with clients allergy list and alert clinician of possible crossover allergies	Example: The client is allergic to penicillin and physician orders cephalosporin.	High		
30	All	Medications	Prescribing medication	May provide recommendations to the dosage levels for specific client based on various factors such as age and weight		Low		
31	All	Medications	Prescribing medication	Must have the ability to record all medications that are prescribed	List of medications being taken and medications being prescribed should be separate lists.	High		
32	All	Medications	Prescribing medication	Should have the ability to manage prescriptions that are dispensed by agency pharmacy and indicate who dispensed medication, date and quantity dispensed		Medium		
33	All	Medications	Prescribing medication	Should have the ability to search for the pharmacy that client uses based on pharmacy name and/or geographic location criteria		Medium		
34	All	Medications	Prescribing medication	Must have the ability to order prescription and send prescription electronically to pharmacy, including our own pharmacy	Includes physicians electronic signature.	High		
35	All	Medications	Prescribing medication	Should have the ability to print prescription for client	This is required for certain medication and should include physicians electronic signature.	Medium		
36	All	Medications	Prescribing medication	Should have the ability to update pharmacy information such as pharmacy name, address, and phone number		Medium		
37	All	Medications	Prescribing medication	Should have the ability to receive electronic updates from external source to populate pharmacy information for our geographic area to our pharmacy list	Our pharmacy list would include pharmacies only in our geographic region to be able to determine which pharmacy the client uses to send the electronic prescription. System Administrator would select criteria of pharmacy's we would want included in our pharmacy list.	Medium		
38	All	Medications	Prescribing medication	Should have the ability to electronically receive requests for refills from pharmacy		Medium		
39	All	Medications	Prescribing medication	Should have the ability to receive electronic medication updates (not client medication lists, general medication list) and select which medications are transferred to our medication list		Medium		
40	All	Medications	Prescribing medication	Should have fields to indicate which pharmacy the prescription is sent to; fields include pharmacy name, address, fax number, and phone number		Medium		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	GLOBAL - ALLERGIES							
41	All	Medications	Prescribing medication	Prescription must include the following data fields: agency name, agency address, agency phone number, client name, prescribing provider and their DEA#, date , client DOB, indicate if "dispense as written" or "substitution permitted", name of medication, dosage, unit of measure, route, frequency of dosage, refill #'s, refill expiration date, end date for refills, quantity to dispense (i.e. # of pills), additional comments		High		
42	All	Medications	Prescribing medication	Should have field for how prescription was distributed with selection options of: dispensed, direct observation of therapy (DOT), electronic prescription, printed prescription		Medium		
43	All	Medications	Dispensing medication	Must have the ability to record the quantity dispensed by agency pharmacy for prescriptions including who dispensed medication (user ID) and date		High		
44	All	Medications	Dispensing medication	Should have the ability to calculate the quantity remaining of each prescription filled by agency pharmacy for a client	Example: If prescription is for 12 refills and 3 prescriptions are filled, the quantity remaining would be 9 and would indicate such.	Medium		
45	All	Medications	Dispensing medication	Must automatically generate encounter when prescriptions are dispensed by agency pharmacy		High		
46	All	Medications	Dispensing medication	Should have ability to print pharmacy labels for specific medication that is being dispensed	Should have the ability to print in multiple languages including but not limited to English and Spanish.	Medium		
47	All	Medications	Dispensing medication	Must have the ability to link medications to National Drug Code (NDC) required data		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	COMMUNICABLE DISEASE (CD)							
1	CD	Visit Initial/Return Active Visit Initial and Return Latent/Contact Visit International Travel Visit	Review medical history	Must allow authorized staff to input and/or add information to medical history	Examples: Medical History for Skin Test, STD Visit, Tuberculosis History, and International Travel Visit data fields.	High		
2	CD	STD	Record exam	Must allow practitioner to record physical exam with appropriate fields		High		
3	CD	Initial Active Visit Initial Latent/Contact Visit	Review medical history	Must allow authorized staff to input and/or add information to the client Record		High		
4	CD	Initial/Return Active Visit Initial and Return Latent/Contact Visit	Review medical history	Must have the ability to capture/update visit information and display multiple visit information on a screen		High		
5	CD	Initial Active Visit	Gather list of contact	Must have the ability to document contacts		High		
6	CD	Initial Active Visit	Perform disease test	Must have the ability to create and modify multiple series of disease test screening questions and document the answers during each visit		High		
7	CD	Initial Active Visit	Perform disease test	Must have the ability to create and edit pre-defined list of purified protein derivative (PPD)		High		
8	CD	Initial/Return Active Visit Initial Latent/Contact Visit	Perform disease test Complete lab test request form	Should allow choice between private pay and state funded test to be performed		Medium		
9	CD	Initial/Return Active Visit Initial and Return Latent/Contact Visit	Perform disease test	Must have the ability to document appropriate data for state funded test		High		
10	CD	Initial Active Visit	Perform disease test	Must have the ability to document appropriate data for private pay test		High		
11	CD	Initial Active Visit	Complete report of possible disease case to consultant	May be able to upload suspected or confirmed disease cases to NC EDSS		Low		
12	CD	Initial/Return Active Visit	Complete report of possible disease case to consultant Complete Report of Verifiable Case of Tuberculosis (RVCT)	Must have the ability to document the dates when the specific reports were filed with NC EDSS	Reports include: Reporting Tool, Report of Verifiable Case of Tuberculosis (RVCT), Follow-up 1, Follow-up 2 and List of Contacts.	High		
13	CD	Initial Active Visit	Complete report of possible disease case to consultant	Must notify specified communicable disease staff of when specific follow-up reports are due to NC EDSS	Reports are due based on specific time schedule for a disease case. Reports include: Reporting Tool, Report of Verifiable Case of Tuberculosis (RVCT), Follow-up 1, Follow-up 2 and List of Contacts.	High		
14	CD	International Travel Visit	Provide travel vaccines/prophylaxis recommendations	Should have the ability to indicate educational materials given for specific countries of destination per travel software		Medium		
15	CD	Investigation of Reportable Diseases	Review medical history Does client meet case definition	Should have ability to document CD interaction/event with client and case contacts	Data includes: Event ID from NC EDSS, staff member, control measures issued, client's response to control measures, date of interaction.	Medium		
16	CD	Investigation of Reportable Diseases	Gather list of contact	Must have the ability to document contacts	One contact list per client.	High		
17	CD	Investigation of Reportable Diseases	Gather list of contact	Should have ability to limit access to CD event and contact list		Medium		
18	CD	Investigation of Reportable Diseases	Gather list of contact	Should have ability to copy contact list from one client to another		Medium		
19	CD	Investigation of Reportable Diseases	Gather list of contact	Should have ability to link contact list from one client to another	Example: John Smith is client and Mary, Sue, and George are on his contact list. When Mary, Sue and George become clients to be tested or receive treatment, their medical record can be accessed from John's contact list.	Medium		
	GLOBAL - IMMUNIZATIONS							
20	All Clinics	Immunizations	Are immunizations needed	Interface should accept a patients immunization record download from NCIR into the patients EHR	To determine which immunizations are needed and to eliminate duplicate entry (include specific download fields)	Medium		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	COMMUNICABLE DISEASE (CD)							
21	All Clinics	Immunizations	Are immunizations needed	Should flag immunizations recommended according to clients age, immunization history and current immunization schedules		Medium		
22	All Clinics	Immunizations	Are immunizations needed	Should have capability to manage immunization list per Advisory Committee of Immunization Practices (ACIP)		Medium		
23	All Clinics	Immunizations	Are immunizations needed	Should have capability to update immunization list with new immunization schedules according to ACIP recommendation revisions		Medium		
24	All Clinics	Immunizations	Are immunizations needed	Should allow manual entry of immunizations		Medium		
25	All Clinics	Immunizations	Assess immunization needs	Must have the ability to manage list of a series of multiple immunization screening questions and document the answers during each visit		High		
26	All Clinics	Immunizations	Assess immunization needs	Must have the ability to document the answers from immunization screening questions during each visit		High		
27	All Clinics	Immunizations	Evaluate for Contraindications	Must have the ability to create and edit pre-defined list of contraindications		High		
28	All Clinics	Immunizations	Evaluate for Contraindications	Must have the ability to create and edit pre-defined list of vaccines		High		
29	All Clinics	Immunizations	Evaluate for Contraindications	Must have the ability to associate multiple contraindications to specific vaccines		High		
30	All Clinics	Immunizations	Evaluate for Contraindications	Must be able to document multiple contraindications to a particular patient on a particular day on a particular vaccine		High		
31	All Clinics	Immunizations	Record immunizations into NCIR	May have the ability to add vaccine to inventory which includes vaccine name, trade, lot number, vaccine expiration date, dose		Low		
32	All Clinics	Immunizations	Record immunizations into NCIR	May have the ability to reduce vaccine from inventory based on immunization doses given from a specific trade and lot number		Low		
33	All Clinics	Immunizations	Record immunizations into NCIR	May have the ability to track vaccine inventory based on usage	Inventory reports for reordering or recall	Low		
34	All Clinics	Immunizations	Record immunizations into NCIR	Interface may allow for update of immunization record from EHR to NCIR: include vaccine name, trade, lot number, vaccine expiration date, site, date vaccine given, VIS date, nurses name and title and eligibility	Refer to 'tradename' and 'body site'. 'Include 'Route' and 'Ordering Authority' (physician, PA, NP, etc.)	High		
35	All Clinics	Immunizations	Record immunizations into NCIR	Should include NCIR user ID number in system user id set up in order to transfer data into NCIR	Currently, NCIR user ID is an 8-digit number.	Medium		
36	All Clinics	Immunizations	Record immunizations into NCIR	Must record immunizations given in medical record to include vaccine name, trade, lot number, vaccine expiration date, site, date vaccine given, series, manufacturer, dose and VIS given	Refer to 'tradename' and 'body site'. Include 'Route' (Intramuscular, subcutaneous, intradermal, intranasal, oral, etc.)	High		
37	All Clinics	Immunizations	Give immunization	Should have ability to document adverse reactions from pre-defined list		Medium		
38	All Clinics	Immunizations	Give immunization	Should have the ability to manage the pre-defined adverse reaction list		Medium		
39	All Clinics	Immunizations	Complete encounter form	Should auto-populate encounter form for immunization services provided		Medium		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	LAB							
1	Lab	Lab order requisition and results	Deliver lab request to lab	User ordering should have ability to flag lab test requests as STAT		Medium		
2	Lab	Lab order requisition and results	Deliver lab request to lab	Should display lab test requests currently in the queue with patients name, if order is STAT, clinic ordered from, room number, date and time of order, and how long order has been in the queue	How long order has been in queue will be calculated based on date and time ordered before lab request is accepted or cancelled by lab	Medium		
3	Lab	Lab order requisition and results	Deliver lab request to lab	Must have pre-defined list of lab tests that can be ordered by clinician - individual lab tests and/or pre-defined lab panels	Example: List could be an alphabetical drop-down list that also allows you to type to get to the point in the list. Lab panels could be expanded or collapsed to show what lab tests are included in lab panel and give the ability to select tests individually.	High		
4	Lab`	Lab order requisition and results	Deliver lab request to lab	Must have the ability to build tables for lab tests		High`		
5	Lab	Lab order requisition and results	Deliver lab request to lab	Should have ability to flag or notify staff if a follow-up lab test is needed based on an answer to a specific question for that lab test		Medium		
6	Lab	Lab order requisition and results	Deliver lab request to lab	Must have the ability to manually enter or system to automatically link lab tests to CPT codes, providers, sub-program, and information that is required for the specific lab test	Example: Lab order must be associated with the information required when a specific lab test is ordered (i.e. additional information needed to perform lab test), CPT codes, sub-program (i.e. family planning, maternal health, primary care etc.) and provider. Hopefully this should be able to determine by the system based on the assessment being done.	High		
7	Lab`	Lab order requisition and results	Deliver lab request to lab	Should have the ability to manage lab tests and associate information that is required to perform the lab test	Example: If a MS-AFP test is ordered, you also must include the gestational age. If information is located in another section of the system (i.e. in the demographics section) the system could automatically pull that information. Or a question may be did the patient fast before specimen was drawn and the clinician would need to answer yes or no.	Medium		
8	Lab	Lab order requisition and results	Deliver lab request to lab	Must be able to select which Diagnosis code is associated with lab test request	Drop-down of ICD9 codes that could be used with this appointment type.	High		
9	Lab	Lab order requisition and results	Print labels for specimens	Should synchronously print labels and lab test request form when lab test request is accepted by lab staff from the queue	Two printers are setup - one to print labels and the other to print lab test request form	Medium		
10	Lab	Lab order requisition and results	Print labels for specimens	Should synchronously print labels and lab test request form when lab test request is accepted by lab staff from the lab test request detail page	Two printers are setup - one to print labels and the other to print lab test request form	Medium		
11	Lab	Lab order requisition and results	Print labels for specimens	Should have ability to print an ad hoc label such as name and address		Medium		
12	Lab	Lab order requisition and results	Print labels for specimens	Should have ability to create templates for ad hoc labels		Medium		
13	Lab	Lab order requisition and results	Print labels for specimens	Should have ability to manage the appropriate number of labels to be printed for each lab test requested	For example, if you ordered AFP, two labels would be needed.	Medium		
14	Lab	Lab order requisition and results	Print labels for specimens	Should have ability to print information on various sized labels		Medium		
15	Lab	Lab order requisition and results	Print labels for specimens	Must record lab test request being accepted by lab staff (i.e. the date and time when labels were printed) and auto-populate time, date, and who printed it (user ID) fields		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	LAB							
16	Lab	Lab order requisition and results	Print labels for specimens	Must print label with the following information: * Client name (first, middle initial, and last) * DOB * Patient (agency) ID # * CNDS # * Medicaid # * Social Security # * Date of Visit * Race * Sex * Ethnicity * County # of specimen collection * County # of client's residence * Tax ID # * Blank space for lab test name to be written in		High		
17	Lab	Lab order requisition and results	Print labels for specimens Check lab requisition	Should allow lab staff to cancel order and indicate why order was cancelled	Why order was cancelled field should be a combo box.	Medium		
18	Lab	Lab order requisition and results	Perform specimen collection	Must record specimen collection being done by lab staff, COA, Nurse, or Practitioner and auto-populate time, date, and who collected it (user ID) fields		High		
19	Lab	Lab order requisition and results	Specimen delivered to lab for processing	Must record when specimen is received in lab and auto-populate time, date, and who collected it (user ID) fields		High		
20	Lab	Lab order requisition and results	Specimen delivered to lab for processing	Must automatically charge for lab test on encounter when specimen is received in lab		High		
21	Lab	Lab order requisition and results	Complete forms and shipping of specimens Complete forms and shipping of specimens	Must record when specimen is sent to outside third-party lab and NCSLPH for analysis and auto-populate time, date, and who sent it (user ID) fields		High		
22	Lab	Lab order requisition and results	Complete forms and shipping of specimens Complete forms and shipping of specimens	Must electronically or through documentation (i.e. requisition/packing slip) include required information for each client in the shipment to the outside third-party lab or NCSLPH	Information includes: client name, insured name, payor, policy holders relationship to client, policy #, group #, DOB, payor address, payor phone #, sex, social security #, insured social security #, lab test name, sub-program, CNDS #, patient ID #, date of visit, race, ethnicity, client's address, county # of specimen collection, county # of client's residence, tax ID # of entire packing list	High		
23	Lab	Lab order requisition and results	Complete forms and shipping of specimens Complete forms and shipping of specimens	Must provide documentation or notification of specimens being shipped to outside third-party lab and NCSLPH	Packing slip or electronic notification of specimens being shipped or both.	High		
24	Lab	Lab order requisition and results	Capture specimen results	Should allow lab staff to electronically download lab test results from in-house instruments into EHR	Some instruments can download results directly into EHR	Medium		
25	Lab	Lab order requisition and results	Capture specimen results	Should electronically receive lab test results from main outside third-party labs and NCSLPH and distribute to pre-defined clinician	Distribution of lab results may go to a specific staff person, a clinic group, or a queue.	Medium		
26	Lab	Lab order requisition and results	Capture specimen results	Must record lab test results received by outside third-party labs and NCSLPH and auto-populate time, date, and who received it (user ID, if applicable) fields		High		
27	Lab	Lab order requisition and results	Capture specimen results	Must automate or allow lab staff to manually enter lab test results from in-house, outside third-party labs, and NCSLPH and auto-populate time, date, and who entered results (user ID, if applicable) fields		High		
28	Lab	Lab order requisition and results	Capture specimen results	Must be able to enter results of a single test on multiple patients.		High		
29	Lab	Lab order requisition and results	Capture specimen results	Must be able to enter multiple test results at one time for a patient.		High		
30	Lab	Lab order requisition and results	Capture specimen results Disseminate lab results	Must allow for recording when specimen analysis is completed for in-house lab test requests and auto-populate time, date, and who analyzed it (user ID) fields	For in-house lab tests, releasing lab test results is the same date and time as completing lab tests.	High		

Appendix A EHR/Practice Management Requirements - Lab

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	LAB							
31	Lab	Lab order requisition and results	Capture specimen results	Must be able to complete required data fields for lab test results: Name of test, name of test components (if applicable), result (text or number), normal result range (text or number), unit of measure, interpretation, comments	This requirement is for manual or electronic data entry of lab test results.	High		
32	Lab	Lab order requisition and results	Capture specimen results	Should be able to generate a daily lab 'work list'.		Medium		
33	Lab	Lab order requisition and results	Disseminate lab results	If electronic lab results are received from outside third-party labs or NCSLPH and cannot be matched to a patient, system must flag lab results and notify lab staff	Lab results that may not be ours are put in a queue (or bucket) for review by lab staff.	High		
34	Lab	Lab order requisition and results	Disseminate lab results	If lab test results are received electronically from an outside third-party lab, NCSLPH or in-house instrument, specific fields must be integrated with EHR		High		
35	All Clinics	Lab Test Result Review	Disseminate lab results	Must have ability to track Pap smear results.	Must generate lists of abnormal Pap tests that have not been resolved and be able to sent reminder letters to patients not in compliance.	High		
36	All Clinics	Lab Test Result Review	Disseminate lab results	Must have ability to flag results High/Low				
37	All Clinics	Lab Test Result Review	Place lab test in client's medical record	Must have ability to print lab test results		High		
38	All Clinics	Lab Test Result Review	Disseminate lab results	Must have the ability to set up individual clinic queues for lab test results to be sent to and assign specific users to queue		High		
39	All Clinics	Lab Test Result Review	Normal results?	Must allow for review of lab test results by clinicians and auto-populate time, date, and who reviewed it (user ID) fields	Lab staff can view, but not "review".	High		
40	All Clinics	Lab Test Result Review	Normal results?	Should display lab test results currently in the queue with patients name, if result is abnormal, clinic ordered from, date and time of order, date and time of result received, and how long result has been in the queue		Medium		
41	All Clinics	Lab Test Result Review	Normal results?	Should allow for abnormal lab test results for a specific client to be assigned to a specific user and or group for follow up		Medium		
42	All Clinics	Lab Test Result Review	Normal results?	Must have the ability to manage abnormal test result queues and assign specific users to the abnormal test result queue		High		
43	All Clinics	Lab Test Result Review	Review labs and provide orders Follow standing orders or consult with practitioner	Must include text field for follow up of abnormal lab results and auto-populate time, date, and who analyzed it (user ID) fields		High		
44	All Clinics	Lab Test Result Review	Follow-up on treatment plan/next steps with client	Should have the ability to select and track notification of abnormal lab results with auto-populate time, date, who performed notification (user ID), method of notification, and follow up time frame		Medium		
45	All Clinics	Lab Test Result Review	Follow-up on treatment plan/next steps with client	Should have the ability to manage a type of notification method and follow up time frame for tracking abnormal lab results	Examples of notification types: phone, in-person, letter.	Medium		
46	All Clinics	Lab Test Result Review	Follow-up on treatment plan/next steps with client	Should have the ability to flag abnormal lab results that need resolution and have flag appear on all clinic screens regardless of which clinic lab results were ordered from		Medium		
47	All Clinics	Lab Test Result Review		Must be able to identify a lab test as billable and/or reportable (to State).		High		

Appendix A   EHR/Practice Management Requirements - Patient Chart Tracking

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	GLOBAL - TRACKING SYSTEM							
1	All	Tracking System	Enter client in tracking system	Must allow client with problem, referral, or needed follow-up to be flagged for further follow-up or reminder		High		
2	All	Tracking System	Send correspondence	Should allow staff to indicate correspondence to be sent to client based on problem, referral, or follow-up needed		Medium		
3	All	Tracking System	Send correspondence	Should allow staff to send correspondence to client electronically (PHI must be protected)		Medium		
4	All	Tracking System	Send correspondence	Should allow staff to print specific correspondence to give or mail to client		Medium		
5	All	Tracking System	Send correspondence	Should allow staff to indicate automatic phone message (text or voice) to be sent to client based on problem, referral, or follow-up needed		Medium		
6	All	Tracking System	Send correspondence	Should allow list of correspondence to be managed by agency		Medium		
7	All	Tracking System	Send correspondence	Must be able to manually record title of correspondence that was sent along with method (letter, phone call, text message, e-mail) used.	Example of title = Abnormal Pap Smear or AbnPap	High		
8	All	Tracking System	Send correspondence	Should allow staff to enter date for next correspondence to be sent or printed		Medium		
9	All	Tracking System	Send correspondence	Should send or print correspondence on date entered by staff		Medium		
10	All	Tracking System	Record follow-up	Should have one list of tracking items per client that is accessible and updated by appropriate services		Medium		
11	All	Tracking System	Record follow-up	Must be able to manually record any action taken by staff, client, referral source, or referral recipient to resolve problem, referral, and/or follow-up	Track date of action and site.	High		
12	All	Tracking System	Record follow-up	Must allow action taken to be recorded in specific client record in association with problem, referral, and/or sub-program		High		
13	All	Tracking System	Send reminder	Should send staff a reminder when a determined date for follow-up has been reached		Medium		
	GLOBAL - PATIENT TRACKING							
14	All	Patient Tracking		Must have the ability to automatically generate a medical record number for a patient.		High		
15	All	Patient Tracking		Should be able to track patients at non-traditional sites.	Non-traditional sites may include mobile units and/or referral provider site.	Medium		
16	All	Patient Tracking		Must be able to store a patient's health data in compliance with EHR requirements.		High		
17	All	Patient Tracking		Must be able to store patient encounter data related to the following clinical services: HIV-STD, Immunizations, Family Planning, Prenatal, Maternity and Child Health.		High		
18	All	Patient Tracking		Should be able to link family members (mother, father, children) within the PM system.		Medium		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
19	All	Patient Tracking		Must be able to distinguish a twin from a regular sibling.		High		
20	All	Patient Tracking		Must be able to store notes within a patient record.		High		
21	All	Patient Tracking		Must allow for input and editing of progress notes including date, contact type, notes, and user ID name		High		
22	All	Patient Tracking		Must be able to store patient's medical history.		High		
23	All	Patient Tracking		Must be able to attach documents to a patient medical record.		High		
24	All	Patient Tracking		Must track contraceptive devices provided to patient and expiration.		High		
25	All	Patient Tracking		Must mark a patient and/or specific patient data (ex. Contact info for patients under the age of 18) as confidential.		High		
26	All	Patient Tracking		Should maintain history of demographic data.		Medium		
27	All	Patient Tracking		Must record vitals of client including height, weight, and blood pressure		High		
28	All	Patient Tracking		Should calculate BMI		Medium		
29	All	Patient Tracking		Should alert staff if BMI is greater than 25		Medium		
30	All	Patient Tracking		Must allow for input and editing by provider of client's personal health goal progress		High		
	GLOBAL - REFERRALS							
31	All Clinics	Referrals	Initiate (referral) consult	May be able to interface with the EHR system of the most used referral sources in order to send referrals		Low		
32	All Clinics	Referrals	Initiate (referral) consult	Must be able to generate a paper referral form from data entered		High		
33	All Clinics	Referrals	Initiate (referral) consult	Must indicate data fields to complete based on the sub-program and/or type of referral		High		
34	All Clinics	Referrals	Initiate (referral) consult	Should populate required data fields if information is available		Medium		
35	All Clinics	Referrals	Initiate (referral) consult	Should be able to send referral electronically (PHI must be protected)	May be to external or internal source	Medium		
36	All Clinics	Referrals	Initiate (referral) consult	Must be able to search for a provider in the area by provider name, practice name, and specialty	Display must include NPI.	High		
37	All Clinics	Referrals	Receive referral	May be able to interface with largest referral sources PM/EHR system to receive referrals		Low		
38	All Clinics	Referrals	Receive referral	Must be able to manually enter data of referrals received	ex. if referral is by fax or paper	High		
39	All Clinics	Referrals	Receive referral	Should be able to receive electronic referral from an external and internal source	via EHR, Website	Medium		
40	All Clinics	Referrals	Receive referral	Should be able to link and integrate electronic referral into client record	Based on specified identifiers	Medium		

Appendix A   EHR/Practice Management Requirements - Patient Chart Tracking

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
41	All Clinics	Referrals	Receive referral	Should check for potential duplication of referral within any program/service, indicate this duplication, and be able to link to possible duplicate client record(s)	Duplication of specified identifiers: name of mother, birth date with similar name, similar spellings, similar referral for same client	Medium		
42	All Clinics	Referrals	Receive referral	Should be able to manage which staff member receives alert of new referral		Medium		
43	All Clinics	Referrals	Receive referral	Should alert appropriate staff when a new referral is received		Medium		
44	All Clinics	Referrals	Receive referral	May generate an electronic or paper letter upon review of referral to advise the initiator of the referral, that referral has been reviewed and if referral was accepted		Low		
45	All Clinics	Referrals	Receive referral	Should allow staff to review referral and accept referral only if appropriate for that sub-program or staff member		Medium		
46	All Clinics	Referrals	Receive referral	Should allow staff to forward referral to another sub-program or staff member if referral received was not appropriate for that sub-program		Medium		
47	All Clinics	Referrals	Receive referral	When referral is assigned to a staff member or sub-program, a follow-up/due date may automatically be input into the tracking system to alert staff member to provide follow-up to referrer if needed		Low		
48	All Clinics	Referrals	(Referral) Consult follow-up	Must be able to manually enter the response (Diagnosis, Findings, and/or Recommendations) from the referral recipient	Referral recipient = who referral was sent to	High		
49	All Clinics	Referrals	(Referral) Consult follow-up	Must be able to manually enter the Plan of Care for referrals received	Receive = physically receive referral into "inbox"	High		
50	All Clinics	Referrals	(Referral) Consult follow-up	Should alert appropriate staff when response (Diagnosis, Findings, and/or Recommendations) is received from referral recipient	Review = staff "opens" referral to determine if want to accept	Medium		
51	All Clinics	Referrals	(Referral) Consult follow-up	Should allow the initiation of referral and the response of the referral recipient on same screen	Accept = staff acknowledges responsibility for referral	Medium		
52	All Clinics	Referrals	(Referral) Consult follow-up	Must have one list of referrals per client that is accessible and updated by appropriate services		High		
53	All Clinics	Referrals	(Referral) Consult follow-up	Should be able to indicate status of referral	List includes: Pending (active), Follow-up Completed, Lost to Follow-up	Medium		
54	All Clinics	Referrals	(Referral) Consult follow-up	Should be able to electronically receive the response (Diagnosis, Findings, and/or Recommendations) from the referral recipient		Medium		
55	All Clinics	Referrals	(Referral) Consult follow-up	May sort list of referrals based on criteria such as: status, sub-program, and date initiated		Low		
56	All Clinics	Referrals	Referral status	Must automatically mark referral as "pending" when input into EHR system		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
57	All Clinics	Referrals	Referral status	Must be able to change referral status of referral to "ineligible"		High		
58	All Clinics	Referrals	Referral status	Must be able to change referral status of referral to "referred"		High		
59	All Clinics	Referrals	Referral status	Must be able to assign referral to a sub-program or staff member and change referral status to "assigned"		High		
60	All Clinics	Referrals	Referral status	When referral is changed to "assigned" status and is a new client of the health department, the clients information should automatically be transferred into the registration fields		Medium		
61	All Clinics	Referrals	Referral status	When referral is changed to "assigned" status and is a new client of the health department, a CNDS number should be assigned to the client		Medium		
62	All Clinics	Referrals	Referral status	When referral is changed to "assigned" status and is an existing client of the health department, the clients information should be compared against the information in the registration fields and differences indicated		Medium		
63	All Clinics	Referrals	Referral status	If a referral is "referred" from one internal program to another internal program, the referral must be resubmitted to the appropriate program with a new status of "pending"		High		
64	All Clinics	Referrals	Referral status	Must allow for referral status to include: "pending", "ineligible", "assigned", "referred", "declined service", "unable to contact", "open", or "closed"		High		
	GLOBAL - MEDICAL RECORDS							
65	All	Medical Records	Add previous medical history records/information	Must have capability to scan and/or barcode medical records from other providers		High		
66	All	Medical Records	Add previous medical history records	May have capability to receive electronic medical records from other providers or HIEs	This could be also be viewing medical records, but would also like to receive them.	Low		
67	All	Medical Records	Give patient medical self-history form	Should provide electronic medical self-history form to be accessed and completed by client via the Internet prior to visit or when they arrive at visit		Medium		
68	All	Medical Records	Printing medical record	Must have ability to print any (or all) part of the medical record		High		
69	All	Medical Records	Release of information	Must have the ability to capture a Release of Information (ROI) request for records to be released to another provider, third party payer or other designated agency.		High		
70	All	Medical Records	Release of information	Must have the ability to electronically sign the ROI		High		
71	All	Medical Records	Release of information	May have the ability to generate a ROI and automatically populate the date and provider electronic signature.		Low		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
72	All	Medical Records	Release of information	Must allow for the ROI to be electronically completed by the user	User should be able to specify who the records are being release to, who is requesting the records, the purpose of the disclosure and the dates of service needed, expiration date, authority of person signing release.	High		
73	All	Medical Records	Release of information	Should have the ability to capture ROI in multiple languages including but not limited to English and Spanish.		Medium		
74	All	Medical Records	Release of information	Should be able to generate ROI fax to other providers including ROI request information and client signature		Medium		
75	All	Medical Records	Release of information	Should be able to receive a request for medical records electronically from other providers.		Medium		
76	All	Medical Records	Release of information	Should populate demographic data from patients demographic screen		Medium		
77	All	Medical Records	Release of information	Should allow a report to generate based on program, date range, others	Ex. When wanting to know how many pediatric patients have transfer in the past month, we should be able to run a report that will collect data from here and show how many patients have transfer	Medium		
78	All	Medical Records	Release of information	Must have capability to record and maintain log of patients who have transferred to another provider. (Per CHA policy.)	We must keep a log that shows were the patients transfer to, when the ROI was received, where those records were sent, the purpose, the person who release this records and if there were any charges for sending this records (required per CHA policy)	High		
79	All	Medical Records	Release of information	Should allow for log to maintain record of all ROI received but that could not be honored and the reasons why.	This could be either in the client's account on a separate electronic log	Medium		
80	All	Medical Records	Release of information	Must allow for individual activity of all places that the patients records have been sent. Per policy we must be able to provide the patient a list of all places we have sent their records at their request.		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
81	All	Medical Records	Records retention	Must allow for the adherence to schedules related to the retention and disposition of records that are created through the use of your Practice Management module. Please explain functionality in comments section.	Union County is responsible for following the NC Record Retention and Disposition Schedules for Counties (http://www.records.ncdcr.gov/local/County_Health/Health_Department_2007.pdf) .	High		
82	All	Medical Records	Records retention	Must be able to organize, assign retention periods and manage disposition.		High		
83	All	Medical Records	Records retention	Should be able to generate report of purged record listing.		Medium		
84	All	Medical Records	Record duplicate	Must be able to identify potential duplicate records based upon pre-defined criteria.		High		
85	All	Medical Records	Record duplicate	Must be able to interphase with Laserfiche		High		
86	All	Medical Records	Record duplicate	Must be able to merge two records in case of identified duplicate.		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
GLOBAL - FORMS & REPORTS								
1	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must have the ability to create and modify multiple series of consent statements		High		
2	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Should display consents in groups and sub-groups of those available and those signed - signed consents should also display date of signature	By combing consents on one screen(s), grouping and sub-grouping will help users find consents for a specific area.	Medium		
3	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to create and edit template letters		High		
4	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Should be able to create and edit an email message template		Medium		
5	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Should be able to generate letters, consents, forms and reports in clients preferred language	Primary languages include English and Spanish.	Medium		
6	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Should be able to automatically generate age-specific forms.		Medium		
7	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Should be able to scan copy of completed consents, letters, and forms in EHR/Practice Management system	If electronic signature can be done with a copy printed with client's signature, this requirement is not needed.	Medium		
8	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Should have completed consents, letters and forms stored in EHR/Practice Management system and sorted by category	Example: program consents, consents for service, privacy notice	Medium		
9	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Should be able to pull information from other areas to populate in consents	Example: Immunizations recommended need to populate on immunization consents	Medium		
10	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Should be able to add questions to letters, consents, and forms for the patient to answer or indicate their response and store information		Medium		
11	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to create and edit Bright Futures Pediatrics (questionnaire) forms.	For details regarding Bright Futures forms, visit. http://brightfutures.aap.org/tool_and_resource_kit.html.	High		
12	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to store Bright Futures questionnaire data.	For details regarding Bright Futures forms, visit. http://brightfutures.aap.org/tool_and_resource_kit.html.	High		
13	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate standard practice management reports by site.	Clinical performance reports by site.	High		
14	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate standard practice management reports by program.	Clinical performance reports by program.	High		
15	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate monthly Performance Summary Report .	Number of clients seen daily by appointment vs. walk-in and by provider.	High		
16	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate monthly provider report .	Report details the services/procedures rendered and patients served.	High		
17	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate monthly report detailing the number of visits by client.		High		
18	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to customize forms and reports in accordance with County standards.		High		
19	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to customize forms and reports in accordance with State standards.		High		
20	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate monthly report for positive HIV results by sex.		High		
21	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate monthly report on patients with specific medical issues.	I.e. asthma.	High		
22	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate monthly report on Family Planning high risk patients.		High		
23	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate monthly report on contraceptive complication and failure rates for Family Planning.		High		
24	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate monthly lab revenue report.		High		
25	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must have the ability to send all form letters and reports electronically to patients from within the PM system.		High		
26	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate Patient Assistance Program (PAP) form.		High		
27	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate a patient billing/services report that is easy to comprehend by client. Must clearly state the patients financial responsibility		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
			GLOBAL - FORMS & REPORTS					
28	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate cash drawer reports collectively, by individual staff member (user), and by program		High		
29	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate profit-loss statements.		High		
30	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate daily report for lab results by site.		High		
31	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate report for missing lab results.		High		
32	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must have ability to generate form letters for normal/abnormal, negative or positive test results.		High		
33	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate prescription forms and patient medication lists.		High		
34	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must generate reports for total services billed by service code and individual program	Report must separate each program and also be able to run reports that allow agency to insert date range	High		
35	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must be able to generate reports that gives totals of services paid by program (including all payors)	Report must separate each program and also be able to run reports that allow agency to insert date range	High		
36	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must generate reports that give totals of clients with services billed or unbilled	Must indicate the aging of clients balances by payor and program			
37	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must generate reports that gives totals of services paid by program (including all payors)	Must be able to indicate services billed, paid, denied or in pending status per program and payor	High		
38	All	Forms and Reports	Creating and storing consents, letters, reports and forms	Must generate a report for missing encounters		High		
39	All	Forms and Reports	Electronic signatures	Must have the ability to display appropriate consent statements for signature.		High		
40	All	Forms and Reports	Electronic signatures	Must have electronic signature capability for staff signatures.		High		
41	All	Forms and Reports	Electronic signatures	May be able to obtain an electronic signature of a consent, letter, or form and print copy with client's signature.		Low		
42	All	Forms and Reports	Sending consents, letters, reports and forms	May be able to send a secure email message (PHI must be protected).		Low		
43	All	Forms and Reports	Sending consents, letters, reports and forms	Should have the ability to record which consents were signed by client with date.		Medium		
44	All	Forms and Reports	Sending consents, letters, reports and forms	Must be able to download reports into MS Excel and pdf formats.		High		
45	All	Forms and Reports	Follow-up of consents, letters, reports and forms	Should be able to alert users when consents have expired and are due for renewal.		Medium		
46	All	Forms and Reports	Ad-Hoc Reports	Must be able to generate state required reports as determined by DHHS Division of Public Health for State and Federal reporting requirements	submission to HIS	High		
47	All	Forms and Reports	Ad-Hoc Reports	Must allow users to develop ad-hoc reports using any field stored.		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	BILLING							
1	Billing	Billing for Medicaid Program Services for Batch	Test/Live run	Must have the ability to define NCDPH specific provider disciplines	Discipline examples: Extended role nurse for STD Rostered nurse for Child Health	High		
2	Billing	Billing for Medicaid Program Services for Batch	Test/Live run	Must have the ability to assign multiple disciplines to providers	Example: Nurse 1 = Extended role nurse for STD and rostered nurse for Child Health	High		
3	Billing	Billing for Medicaid Program Services for Batch	Test/Live run	Must have the ability to restrict CPT codes based on provider discipline	CPT code T1016 can only be provided by a rostered nurse.	High		
4	Billing	Billing for Medicaid Program Services for Batch	Test/Live run	**Must have the ability to transmit discipline information to HIS per HIS batch county interface standard file**	Example: Nurse 1 just became rostered and during next batch billing cycle her disciple will be updated in HIS.	High		
5	Billing	**Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS**	Test /Live/Production run	Should be able to generate (view and print) a list including client name, payor, provider, sub-program, CPT code with modifier, amount for every service, date of service, unit(s), location of service, included in a batch		Medium		
6	Billing	**Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS**	Test /Live/Production run	Should indicate the revenue and expenditure totals for services including program and payor		High		
7	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Test /Live/Production run	Must be able to bill more than 1 payor source for different services on the same date of visit	Example: Family Planning Wavier for Medicaid does not cover all services given on a specific day; ability to keep some program services confidential while for other program services on the same date of service.	High		
8	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Test /Live/Production run	Should be able to manually put a client's service on hold for a specified time frame	Example: Some payors require that maternity invoices are submitted once after the delivery.	Medium		
9	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Test /Live/Production run	Must have the ability to manually put a service on hold for a specific client		High		
10	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Error review and correction	When error corrections are made in any billing related field, example: name or Medicaid number, any pending bills should automatically update with the correct information		Medium		
11	Billing	Billing for Medicaid Program Services for Batch	Creation of batch interface standard file	Must be able to create billing for batch county interface standard file to HIS	As of this date Union is utilizing HIS for Medicaid billing.	High		
12	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Creation of batch interface standard file Test/Production run	Must be able to print on demand a paper claim specific to patient and date of service		Medium		
13	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Creation of batch interface standard file Creation of 837 file Production run	Must mark services included in the batch with bill date		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	BILLING							
14	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Creation of batch interface standard file Creation of 837 file Production run	Should keep a history of services billed and rebilled		Medium		
15	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Transfer to HIS Transfer modified 837 file to HIS	Must be able to transfer batch county interface standard file to HIS		High		
16	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Unbill	Must be able to unbill a specifically created billing for batch		High		
17	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Unbill	Must be able to unbill specific service(s) for individual client(s)		High		
18	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	Should be able to allow notes on client ledger by each line item	When posting payments it is helpful to note that the payment was applied to the deductible, balance, or other explanation of payment destination	High		
19	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	Should display a flag in the client ledger if a note is attached to a line item		Medium		
20	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	Should have the option for the system to alert you before posting any amount to the ledger prior to finalizing entry	Example: Anytime a user or user role posts a payment the system alerts you that you are posting $300.00 to this account.	Medium		
21	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	Should have the option for the system to alert user if amount to post is over the amount due prior to finalizing entry	Example: A $300 payment is being posted to a $30 charge.	Medium		
22	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	Should not allow for payments to be posted to incorrect payor source		Medium		
23	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	Must post payments or denials to specific services in the ledger (i.e.. Not just a running balance)		High		
24	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	Should automatically unbill services when corrections are made		Medium		
25	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicare for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	Must be able to transfer balance for billing from primary to secondary to tertiary payor		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	BILLING							
26	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	Should be able to create an 835 reconciliation report listing all CPT codes by sub-program and amounts		Medium		
27	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	**Must be able to accept a modified 835 file from HIS per the HIS batch county standard interface file**		High		
28	Billing	Billing for Medicaid Program Services for Batch Billing for Medicaid Primary Care for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	May be able to accept HIS 157 report and automatically compare with the amounts from the 835 file		Low		
29	Billing	Billing for Medicaid Primary Care for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Live run of Medicaid billing - creation of 837 file Production run Transfer file to insurance company Transfer modified 837 file to HIS	Must be able to create 837 billing file for EDS		High		
30	Billing	Billing for Medicaid Primary Care for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Live run of Medicaid billing - creation of 837 file Production run Transfer file to insurance company Transfer modified 837 file to HIS	Must be able to transfer 837 file for EDS		High		
31	Billing	Billing for Medicaid Primary Care for Batch Billing for 3rd Party Insurance for Batch Billing for Medicaid, Medicare & 3rd Party for Batch using HIS	Post payments	Must be able to accept an 835 file from EDS		High		
32	Billing	Billing for Medicare for Batch	Live run of Medicare billing - creation of 837 file	Must be able to create billing for batch standard file to any approved Clearinghouse		High		
33	Billing	Billing for Medicare for Batch	Live run of Medicare billing - creation of 837 file	Should be able to create billing for batch standard file to other insurance carriers.		Medium		
34	Billing	Billing for Medicare for Batch	Transfer to Clearinghouse	Must be able to transfer 837 file to any approved Clearinghouse and other Medicare plans		High		
35	Billing	Billing for Medicare for Batch	Transfer to Clearinghouse	Must be able to support table driven changes for vendor transition - support should not be required; i.e. new County Collection Agency change.		High		
36	Billing	Billing for Medicare for Batch	Receive electronic remittance notification (ERN)	Must accept 835 aka Electronic Remittance Notification (ERN)		High		
37	Billing	Billing for Medicare for Batch	Create remittance advice from the ERN	May generate Remittance Advice (RA) from selected 835 ERN		Low		
38	Billing	Billing for 3rd Party Insurance for Batch	Test run Production run	Should have ability to automatically have client bills put on hold before test or production run if client's insurance company is one that wants all maternal health services submitted after delivery of baby	This is for the global billing for maternal health.	Medium		
39	Billing	Billing for 3rd Party Insurance for Batch	Production run (paper)	Would like the name and address of the insurance company to print at the top of the form (CMS 1500)		Low		
40	Billing	Billing for Medicare	Production run	Should have the ability to handle real-time billing.		Medium		
41	Billing	Self-Pay Debt Write-0ff for Batch	Run test bad debt write-off report Run production bad debt write-off report	Should be able to create client list using specific bad debt write-off criteria		Medium		
42	Billing	Self-Pay Debt Write-0ff for Batch	Run test bad debt write-off report Run production bad debt write-off report	Should be able to create rules to select appropriate clients for bad debt write-off		Medium		
43	Billing	Self-Pay Debt Write-0ff for Batch	Note debt write-off in individual accounts	Should mark patient service(s) bad debt write-off		Medium		
44	Billing	Self-Pay Debt Write-0ff for Batch	Note debt write-off in individual accounts	Should alert staff on specified screens that a write-off has taken place indicating the amount and date of write-off		Medium		
45	Billing	Self-Pay Debt Write-0ff for Batch	Note debt write-off in individual accounts	Should have the ability to manage screens for where bad debt write-off alert will appear		Medium		
46	Billing	Self-Pay Debt Write-0ff for Batch	Note debt write-off in individual accounts	Should have the ability to create specific bad debt write-off alert message(s)		Medium		
47	Billing	Self-Pay Debt Write-0ff for Batch	Note debt write-off in individual accounts	Must have the ability to reinstate the amount of the write-off back to the patient's ledger for payment		High		
48	Billing	Client ledger	Client ledger	Should note in client ledger if a client has been sent a collection letter, sent to a collection agency, sent to debt setoff and/or wrote a bad check	Example: Collection action and date.	Medium		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	BILLING							
49	Billing	Patient statement	Patient statement	Must have the ability to generate patient billing statements		High		
50	Billing	Patient statement	Patient statement	Must have the ability to specify specific billing date to automatically generate patient billing statements based on amount owed and billing schedule		High		
51	Billing	Patient statement	Patient statement	Must have ability to exclude confidential contacts, non-forwarding addresses		High		
52	Billing	Patient statement	Patient statement	Must have ability to create and modify patient statement layout		High		
53	Billing	Patient statement	Patient statement	Must have ability to generate patient statement files for printing vendors		High		
54	Billing	Patient statement	Patient statement	Should have the ability to accept Spanish language characters for statements and create statements/dunning messages/letters in Spanish		Medium		
55	Billing	Patient statement	Patient statement	Should have ability to create individual client dunning messages		Medium		
56	Billing	Patient statement	Patient statement	Should have ability to create template dunning messages based on specific aged accounts milestones		Medium		
57	Billing	Patient statement	Patient statement	If a payor denies payment, balance should be transferred to client and statement should be sent	This is regardless of how much time has past since initial billing to insurance.	Medium		
58	Billing	Patient statement	Patient statement	Must have the ability to generate a billing receipt for each patient encounter.		High		
59	Billing			Must have the ability to store patient insurance/billing information.		High		
60	Billing			Must have the ability to track payment type: cash, credit/debit card or check.		High		
61	Billing	Debt setoff	Debt setoff	Must be able to generate file for North Carolina Debt Setoff program	NC deducts balance from client's tax return.	High		
62	Billing	Corrections and Adjustments		Must be able to override a service fee.		High		
63	Billing	Corrections and Adjustments		Must be able to perform billing corrections and/or adjustments.		High		
64	Billing	Corrections and Adjustments		Must be able to correct/adjust a drug fee charge.		High		
65	Billing	Collections		Must have the ability to generate/export payment data report for collections process (vendor).		High		
66	Billing	Collections		Must have the ability to manage Collections payments.		High		
67	Billing	Billing		Must be able to demonstrate encounter billing and accounts receivable processing		High		
68	Billing	Billing		Must provide extract file for billing to contract mailing agencies		High		
69	Billing	Billing		Must be able to bill for subsequent lab tests.	Scenario: patient has lab work done. As a result of first lab result, a subsequent test is needed but patient has not been billed.	High		
70	Billing	Billing		Must be able to calculate sliding scale fees based upon income.		High		
71	Billing	Billing		Must be able to provide self pay billing percentages (sliding scale) based on patients level of poverty	Federal /State Provides poverty level information	High		
72	Billing	Billing		Must be able to itemize charge for drug fee.		High		
73	Billing	Billing	Business rule configuration	Should be able to allow, with supervisor approval, modification of self-pay status after 3 business days.	Overriding privileges recommended	High		
74	Billing	Billing	Business rule configuration	Should have ability to program which codes map to FPW Medicaid instead of regular Medicaid billing.		Medium		
75	Billing	Billing	Business rule configuration	Should have ability to configure labs and immunizations to be billed automatically after they are entered as done or ordered.		Medium		
76	Billing	Billing History		Must be able to run queries relating to HIS Business Rules.		High		

	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	GLOBAL - EDUCATION							
1	All	Education	Provide education	Should have the ability to manage a list of educational topics that are categorized by group and sub-group, and includes a description of education material (especially for video and written materials) and method of delivery	Example: Group = child health Sub-group = risk/safety - 6 months Topic = helmet use Description = How to size a helmet to fit a child's head Delivery method = printed material	Medium		
2	All	Education	Provide education	Should display educational topics in groups and sub-groups	By combing educational topics on one screen(s), grouping and sub-grouping will help users find topics for a specific area.	Medium		
3	All	Education	Provide education	Should have ability to create age-appropriate (only for child health) and/or condition-specific printed educational material	Condition specific information could include eligibility requirements by sub-program.	Medium		
4	All	Education	Provide education	Should have the ability to select and print age-appropriate (only for child health) and/or condition-specific printed educational material for client	Condition specific information could include eligibility requirements by sub-program.	Medium		
5	All	Education	Provide education	Should have the ability to select and record age-appropriate (only for child health) and/or condition-specific education given to client and delivery method of education	Examples: Printed material, video, verbal education, marketing glossy, Web site, referral to classes	Medium		
6	All	Education	Provide education	May have the ability to prompt clinician on educational needs based on medical history and/or assessment findings and eligibility requirements by sub-program	Example: If patient is a smoker (based on the information given in the medical history), the clinician will be prompted to provide smoking education. Provide specific maternity education at specific weeks gestation during prenatal care.	Low		
7	All	Education	Provide education	Must have the ability to indicate education was given for specific sub-programs if above education requirements are not met	List of required education given that must be documented would need to be created. List includes: neural tube screening consent	High		
8	All	Education	Provide education	Should have a previous education screen that can be easily accessed from education screen and shows all of the education ever given to client with date education was given and who gave education	Example: If you are doing a client visit today, the education screen would be blank but if you click on the previous education screen it will show all of the education ever given.	Medium		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	TECHNICAL							
1	All	Technical	Network	Must function in a multi-site Wide Area Network (WAN) environment with moderate bandwidth, i.e. T1 connection	We may have several locations operating clinics with Virtual Private Network (VPN) or direct WAN connection back to a central office.	High		
2	All	Technical	Test / Train Environment	Must provide a test and train environment that allows staging prior to production implementation of new versions, updates, featues etc.	The training environment should allow for training users on major changes in advance of production changes such as ICD 9 to ICD 10 conversion.	High		
3	All	Technical	Scalability	Should accommodate 130 users; may scale up to 150	Initial deployment estimated to be 75 users for PM deployment, remainder of users will be added as they go-live with EHR	Medium		
4	All	Technical	Internet	Should operate over the world wide web using an internet browser		Medium		
5	All	Technical	Internet	If using a web interface, must support Internet Explorer and Firefox		High		
6	All	Technical	Internet	If using a web interface, must stay within 6 months of current browser and software, i.e. Java, production software releases		High		
7	All	Technical	Internet	If using a web interface, should use SSL with Triple DES with a minimum of 128 bit encryption		Medium		
8	All	Technical	User access	Should validate user authentication with Microsoft Active Directory	Either passing Windows logon credentials to the application or presenting an application username/password box which authenticates with Active Directory.	Medium		
9	All	Technical	User access	May pass Windows credentials to the application seamlessly	Example: a user logs into their PC with Active Directory credentials, they launch the EHR/PM app which assigns windows (AD) credentials.	Low		
10	All	Technical	User access	Must have the ability to assign users access to data individually and in groups	That is, to assign data access permissions to user roles and then assign individual users to one or more roles; or to assign data access permissions directly to individual users.	High		
11	All	Technical	User access	Must have specific permission settings for viewing, entering, and modifying any and all data	Three levels of permission that can be assigned to users or user roles.	High		
12	All	Technical	Interfaces	Must include all data fields necessary to comply with Health Information System (HIS - NC Division of Public Health) reporting and billing requirements		High		
13	All	Technical	Interfaces	Must adhere to HIS batch interface standards		High		
14	All	Technical	Interfaces	Must adhere to state HIS program specifications for billing and edits	Edits are any required fields or invalid combinations of fields (such as age and CPT codes).	High		
15	All	Technical	Interfaces	Should have the ability to bill Medicaid directly.		Medium		
16	All	Technical	Interfaces	Should interface with Dental Practice Management system -sending scheduling and demographic data.		Medium		
17	All	Technical	Interfaces	Should interface with Dental Practice Management system - receiving billing data in order to bill Medicaid via Health Information System (HIS - NC Division of Public Health)		Medium		
18	All	Technical	Interfaces	Should support the latest Health Information Exchange transaction types in compliance with EHR standards.	• HL7 Lab 2.5.1, Lab Result Transaction Testing (HITSP C36 and C35) • HL7 CDAr2, Lab Report Document Transaction Testing (HITSP C37 and C35) • CCD, Patient Summary Document Transaction Testing (HITSP C32)	Medium		
19	All	Technical	Interfaces	Must interface with LabCorp - sending and receiving laboratory request and results data.		High		
20	All	Technical	Interfaces	May interface with State lab system - receiving lab results.		Low		
21	All	Technical	Interfaces	Should interface with Carolinas Healthcare hospital system (SQL) -sending and receiving hospital data.	The ability to interface this system with Carolinas Medical Center (CMC) is critical as we share patient care with them. Ideally, both would document on the same record for seamless care delivery. Delivery data for maternal health patients.	Medium		
22	All	Technical	Interfaces	Should interface with CareWARE-sending demographic, encounter and internal (County) lab results data.		Medium		
23	All	Technical	Interfaces	Should interface with a Document Management System.	This would be for documents that would be shared between programs such as Drivers License or Birth Certificate; Could also be used for storage of Consents or other documents	Medium		

Appendix A   EHR/Practice Management Requirements - Technical

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	TECHNICAL							
24	All	Technical	Interfaces	May interface with Microsoft HealthVault and/or Google Health.	Example: Sending or querying medical history information, allergy information, or receiving data from a home medical device.	Low		
25	All	Technical	Interfaces	May interface with the North Carolina Immunization Registry (NCIR) - sending immunization encounter data from EHR System.		Low		
26	All	Technical	Interfaces	May interface with North Carolina Immunization Registry (NCIR) - receiving immunization encounter data from NCIR.		Low		
27	All	Technical	Interfaces	Should allow transfer of clinical/EHR information to billing/Practice Management software or allow clinical staff to enter billing information without signing into a separate software system.		Medium		
28	All	Technical	Interfaces	Should facilitate the easy entry in the clinical setting of data necessary for billing, so that there is little or no data entry at checkout or afterward.		Medium		
29	All	Technical	Interfaces	Should interface with in-house lab instruments that are capable of downloading results directly into EHR		Medium		
30	All	Technical	Operating system	If agency hosted, the system should run on the most current release supported by Microsoft Windows Server.		Medium		
31	All	Technical	Operating system	If agency hosted, the system should be supported in a virtual environment	Example: VMware.	Medium		
32	All	Technical	Operating system	Must work with the latest three versions of Microsoft Windows	Current Windows versions: XP, Vista, Windows 7	High		
33	All	Technical	Database system	Must include a data repository housed in a relational database with industry recognition as an enterprise solution. Provide a database that supports standard relational database functionality including, but not limited to: data locking, referential integrity, security, built-in XML support, and report generation.		High		
34	All	Technical	Database system	Must allow for direct, i.e. ODBC, access to the data.		High		
35	All	Technical	Database system	Any image storage should be in a non-proprietary, medically appropriate format	Examples: TIFF, JPEG, DICOM	Medium		
36	All	Technical	Database system	Should provide the ability to archive and purge data according to state and other archival / purging criteria.	Moving data out of the production environment--may be saved off-line for future retrieval.	Medium		
37	All	Technical	Database system	Should have the ability to restore archived data to the production environment.	Specifically chosen data that has been archived needs to be available in the production environment, i.e. one particular set of patient records.	Medium		
38	All	Technical	Database system	May offer some functionality in an off-line database sync mode.	Example: Maternal Health functionality supported on a laptop that is taken into a home with no internet connection, records are updated, and database is synced with the system later in the day.	Low		
39	All	Technical	Database system	Should be able to define required fields or invalid combinations of field edits based on values and/or program specifications.		Medium		
40	All	Technical	System administration	Should facilitate global settings for specific types of images: their format, resolution, color, and other common settings	Examples: Consent forms are always 100 pixel per inch TIFF format files.	Medium		
41	All	Technical	System administration	User administration must be configurable to Union County policy.		Medium		
42	All	Technical	System Administration	Must have the ability to add user-defined fields without customization	The State requests that we track a new data element, must be able to add the element and modify relevant forms, memus, reports, etc to utilize the new field.	High		
43	All	Technical	System Administration	Must have the ability to develop ad-hoc reports using any field in the system		High		
44	All	Technical	System administration	Must have the ability to customize user interfaces, menus, workflows etc.		High		
45	All	Technical	Security	Security features must comply with all Federal (HIPAA), State and JCAHO health information security standards for data integrity, confidentiality, auditing and availability		High		
46	All	Technical	Security	All electronic transactions and interface specifications must be HIPAA compliant.		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	TECHNICAL							
47	All	Technical	System login and password control	Must provide system password controls to enforce minimum password length and complexity.		High		
48	All	Technical	System login and password control	Must provide system password controls to record passwords in non-display fields.		High		
49	All	Technical	System login and password control	Must encrypt passwords when routed over a network.		High		
50	All	Technical	System login and password control	Must store passwords in encrypted form.		High		
51	All	Technical	System login and password control	Must require users to change their passwords following the initial set-up and at administrator defined intervals, i.e. three months		High		
52	All	Technical	System login and password control	Must maintain a history of previously used user passwords and prevent their reuse within a specified timeframe, i.e., within 12 months		High		
53	All	Technical	System login and password control	Must provide users with the capability to change their passwords at their discretion		High		
54	All	Technical	System login and password control	Must disable user ID's after a specified number of invalid login attempts		High		
55	All	Technical	System login and password control	May support email notification for user disabled and other administratively specified security events		Low		
56	All	Technical	System login and password control	Must automatically log-off users after a specified number of invalid login attempts		High		
57	All	Technical	System login and password control	Must automatically log-off users after a specified period of inactivity		High		
58	All	Technical	System login and password control	Must provide security administration functionality including logging unauthorized access attempts by date, time, user ID, device and location		High		
59	All	Technical	System login and password control	Must maintain an audit trail of all security maintenance performed by date, time, user ID, device and location, including logon and log off. Provide designated users easy access to this information (i.e. by reports or system function)	Example: When client demographics, payor, eligibility, client notes and income information is being collected and updated.	High		
60	All	Technical	System login and password control	Must provide system security reports of users and access levels		High		
61	All	Technical	Data encryption	Should encrypt data over the local area network		Medium		
62	All	Technical	Data encryption	Must encrypt all data sent over a public network, i.e. the internet		High		
63	All	Technical	Audit trail	Must provide audit trail capabilities that are compliant with regulatory guidelines, including HIPAA, when creating all new client records by a user or system	Audit trail functionality includes the logging of the application user, date and time, type of activity i.e. create, read, edit, or delete, and a mechanism for unambiguously identifying the impacted record.	High		
64	All	Technical	Audit trail	Must provide an audit trail that is compliant with regulatory guidelines when any existing client records are read by a user		High		
65	All	Technical	Audit trail	Must provide an audit trail that is compliant with regulatory guidelines when any existing client records are modified by a user or the system		High		
66	All	Technical	Audit trail	Must provide an audit trail that is compliant with regulatory guidelines when any existing client records are deleted by a user or the system		High		
67	All	Technical	Audit trail	Must provide an audit trail that is compliant with regulatory guidelines when any existing data field is updated by a user or the system.		High		
68	All	Technical	Response time	System response time for transactions must be less than 3 seconds, ninety-eight percent (98%) of the time		High		
69	All	Technical	Reporting	Must have ability to create ad-hoc reports based on any data field in the system		High		
70	All	Technical	Reporting	Must have the ability to aggregate data in compliance with NC State reporting requirements.		High		
71	All	Technical	Reporting	Should automatically geocode client addresses		Medium		
72	All	Technical	Reporting	Should automatically calculate client census tract		Medium		
73	All	Technical	Reporting	Should include data views for writing reports that aggregate related data tables for easier report writing		Medium		
74	All	Technical	Languages	Must accept special characters used in foreign languages, specifically Spanish, in text fields such as Nuñez, Ja'nyah, Aidé, José, Andes-Martinez.		High		

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	TECHNICAL							
75	All	Technical	Ease of use	Drop-down list should also allow user to begin typing to narrow down the list and get to the item or section in the list		Medium		
76	All	Technical	Ease of use	Access to frequently used areas and global areas should be easily accessible from most screens (one click away) - specifically allergies; consents, letters, and forms; education; immunizations; medications; referrals; tracking system; plan of care		Medium		
77	All	Technical	Ease of use	Must display client name, DOB, age, Social Security number, financial eligibility and CNDS number on all screens		High		
78	All	Technical	Ease of use	Must be able to leverage touchscreen and/or stylus functionality.		High		
79	All	Technical	Data management	Must allow for management of data fields and those that are required data entry fields of client medical history	Ability to add/delete/modify data fields for client medical history and determine which fields are required.	High		
80	All	Technical	Compliance	Must have the ability to easily manage lists of ICD9 and ICD10 codes.		High		
81	All	Technical	Data management	Must have the ability to easily configure/add lab test codes into the system.		High		
82	All	Technical	Data management	Must have the ability to easily provide effective dates of usage for system codes.		High		
83	All	Technical	Search/Query	Must have the ability to query patients by primary demographic data.		High		
84	All	Technical	Search/Query	Must have the ability to query patients by medical issues and/or diagnosis codes.		High		
85	All	Technical	Essay Question	Does your PM/EHR solution have any known compatibility issues with plug-ins (i.e. Java, Flash) or browsers (IE, Mozilla Firefox)?		High	NA	
86	All	Technical	Essay Question	Does your company have plan to integrate your PM/EHR solution with MS Office 365?		High	NA	
87	All	Technical	Essay Question	Can your PM/EHR solution be implemented in a Cloud-Computing architecture?		High	NA	
88	All	Technical	Essay Question	Does your PM/EHR solution support virtualization?		High	NA	
89	All	Technical	Essay Question	Are data fields locked into the application and otherwise non-accessible by XML extraction?		High	NA	

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	Meaningful Use							
1	All	Meaningful Use	Criteria	Must be Stage 1 Meaningful Use Comliant		High		
2	All	Meaningful Use	Certification	Must be certified as a complete EHR	Provide number	High		
3	All	Meaningful Use	Core Measure	Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.		High		
4	All	Meaningful Use	Core Measure	Implement drug-drug and drug-allergy interaction checks.		High		
5	All	Meaningful Use	Core Measure	Maintain an up-to-date problem list of current and active diagnoses.		High		
6	All	Meaningful Use	Core Measure	Generate and transmit permissible prescriptions electronically (eRx).		High		
7	All	Meaningful Use	Core Measure	Maintain active medication list.		High		
8	All	Meaningful Use	Core Measure	Maintain active medication allergy list.		High		
9	All	Meaningful Use	Core Measure	Record all of the following demographics: (A) Preferred language. (B) Gender. (C) Race. (D) Ethnicity. (E) Date of birth.		High		
10	All	Meaningful Use	Core Measure	Record and chart changes in the following vital signs: (A) Height. (B) Weight. (C) Blood pressure. (D) Calculate and display body mass index (BMI). (E) Plot and display growth charts for children 2–20 years, including BMI.		High		
11	All	Meaningful Use	Core Measure	Record smoking status for patients 13 years old or older.	Three levels of permission that can be assigned to users or user roles.	High		
12	All	Meaningful Use	Core Measure	Report ambulatory clinical quality measures to CMS or, in the case of Medicaid EPs, the States.	Provide a comment as to how this is met	High		
13	All	Meaningful Use	Core Measure	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Provide a comment as to how this is met	High		
14	All	Meaningful Use	Core Measure	Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon request.	Must be available in print would prefer self access via patient portal.	High		
15	All	Meaningful Use	Core Measure	Provide clinical summaries for patients for each office visit.		High		
16	All	Meaningful Use	Core Measure	Capability to exchange key clinical information (for example, problem list, medication list, allergies, and diagnostic test results), among providers of care and patient authorized entities electronically. AVAILABLE		High		
17	All	Meaningful Use	Core Measure	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.		High		
18	All	Meaningful Use	Essay Question	Please describe how you meet the Menu set objectives, which of these does your product support.		High		
19	All	Meaningful Use	Essay Question	Describe your company's plans to maintain certification ?		High		
20	All	Meaningful Use	Essay Question	Describe efforts towards meeting Stages 2&3 requirements of Meaningful Use mandates.		High		

Appendix A   EHR/Practice Management Requirements - Technical

ID#	Workgroup	Task	Task Description	Requirement	Requirement Comments	Priority	Response	Response Comments
	Meaningful Use							
1	All	ICD9 / 10	Criteria	Must fully support 5010 HIPPA Transaction Standards		High		
2	All	ICD9 / 10	Criteria	Must fully support ICD 10 by October 1, 2014		High		
3	All	ICD9 / 10	Core Measure	Must be able to run ICD9 and ICD10 at the same time using effective use dates.		High		
4	All	ICD9 / 10	Core Measure	Must support ICD 10 in a test / train environment to support user training in advance of transition		High		

APPENDIX B - PROPOSAL SUBMISSION FORM

RFP # 2014-018

Public Health Automation Project

This Proposal is submitted by:

Provider Name: _____

Representative (printed): _____

Representative (**signed**): _____

Address: _____

_____

City/State/Zip: _____

E-Mail Address: _____

Telephone: _____
(Area Code) Telephone Number

Facsimile: _____
(Area Code) Fax Number

It is understood by the Proposer that Union County reserves the right to reject any and all Proposals, to make awards according to the best interest of the County, to waive formalities, technicalities, to recover and rebid this RFP. Proposal is valid for one hundred and eighty (180) calendar days from the Proposal due date.

_____   _____
Proposer   Date

_____   _____
Authorized Signature   Please type or print name

APPENDIX C – ADDENDA RECEIPT and ANTI-COLLUSION

RFP # 2014-018

Public Health Automation Project

Please acknowledge receipt of all addenda by including this form with your Proposal. Any questions or changes received will be posted as an addendum on www.co,union.nc.us and www.ips.state.nc.us. It is your responsibility to check these sites for this information.

ADDENDUM #:   **DATE ADDENDUM DOWNLOADED**

_____   _____

_____   _____

_____   _____

_____   _____

I certify that this proposal is made in good faith and without collusion with any other proposer or officer or employee of Union County.

_____   _____
(Please Print Name)   Date

_____
Authorized Signature

_____
Title

_____
E-Mail Address

_____
Company Name