



Community Health of Central Washington Electronic Health Record Vendor Selection

Request for Proposal (RFP) & Requirements Responses

CREATED BY:

COMMUNITY HEALTH OF CENTRAL WASHINGTON & BLUENOVO



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1 Overview

1.1 VERSION REVIEWS AND APPROVALS

This review and approval record shall be maintained throughout the life of the document. Any necessary updates to this document shall follow the formal Change Control process prior to publishing any version revisions after the original.

1.2 COMMUNITY HEALTH OF CENTRAL WASHINGTON BACKGROUND

Community Health of Central Washington (CHCW) was founded with one bold and clear vision: All people in our region should enjoy access to affordable and appropriate health care.

Education has always been an important part of our mission. Our family medicine residency has operated since 1993, and is responsible for graduating nearly 30 family doctors who practice in our area and have helped to ease the primary care shortage. We also participate in training many other health care professions.

Today, CHCW is the medical home for more than 30,000 people in Central Washington. We provide comprehensive care for all ages, regardless of the ability to pay. Our patients receive preventive services, care for acute and chronic illness, and care in our clinics, hospitals and other sites. We provide prenatal and obstetric services in Yakima and Kittitas Counties.

Current Services at CHCW are multi-specialty and include Primary Care, Residency, Primary Care Behavioral Health, Psychiatric Services, Opioid Addiction and Dependence Treatment, Pharmacy Services, Population Health, Dental, Senior Residential Care, Women, Infants, and Children Nutrition Program (WIC).

2 Scope

The highest level objective for this initiative is to identify an integrated Electronic Health Record solution (Practice Management & Electronic Medical Record system). Cloud-based hosting is preferred.

This document includes additional details on project scope and priorities as outlined by CHCW and will be used to solicit vendor information, requirements responses and proposals.

CHCW's EHR vendor selection project formally kicked off September 13th, 2021 with an overall 24 week timeline projected.

Following contracting with vendor of choice, CHCW would then move into an implementation project with requested timeline pending to be scoped.

CHCW reserves the right to make changes to the timeline or milestones in order to meet the needs of the project.

3 Vendor Selection Timeline & Process

The intended timeline for this vendor selection project is outlined in the table below. CHCW reserves the right to make changes to the timeline or milestones in order to meet the needs of the project.

Milestone	Timeline
Publish RFP	11/08/21
RFP Responses Due	11/26/21
CHCW Decision On Vendor Demo Day Invites	12/10/21
Demo Day Preparations	11/29/21 – 1/14/22
Vendor Onsite Demo Days	Projected week of 1/24/22
CHCW Vendor Evaluations and Finalists	Projected 1/31/22 – 2/11/22
Vendor Follow-ups as Needed	Projected 1/31/22 – 2/11/22
Anticipated Final Contracting	Projected February 2022

3.1 VENDOR INQUIRIES AND QUESTIONS

Please direct questions regarding this document to Cameron Joelson (Cameron.Joelson@bluenovo.com)

3.2 VENDOR SCORING

CHCW invites all vendors to respond to their RFP. CHCW Selection Committee for this project will be reviewing and scoring RFP responses. This group will determine a decision on three vendors to invite onsite for demonstrations.

For vendors invited to participate in onsite demonstrations, staff attending will complete evaluations, and data analysis will be made available to CHCW Selection and Executive Oversight Committees as part of the finalist vendor of choice decision making review. Should there be a need for follow-up discussions at any point, the Project Manager will be in touch to coordinate.

3.3 SUBMISSION INSTRUCTIONS

All responses to this RFP are due no later than November 26th, 2021 at 5:00 PM PST. Responses received after this date and time may not be considered for review.

Please note that your submission must include:

- Formal proposals
- Any supporting documentation related to CHCW requirements that is not covered or explained explicitly within the proposals

Please submit your response in PDF format to Cameron Joelson at Cameron.Joelson@bluenovo.com. All submissions must include “Response to RFP – CHCW EHR Vendor Selection” in the subject line.

4 Selection Priorities & Requirements

The following sections represent the requirements of the organization. Each area is prioritized high, medium, low based on the departmental feedback provided during the BlueNovo conducted assessment.

Please respond to each requirement listed.

4.1 PROVIDERS – RESIDENCY, PRIMARY CARE, PEDIATRICS, OSTEOPATHIC, PSYCHIATRY

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	Macros	Provider documentation efficiencies, ability to pull text into notes by command (e.g. my phrases, quick text, macros)
High	Prescribing	Efficiency with common prescriptions; Autofill prescriptions with common Sig(s) and current guidelines for provider review
High	Prescribing	Ability to search prescriptions by generic/brand name
High	Patient Education	Multi-lingual options for patient education (English, Spanish)
High	Medication List	Option to view patient medication list while simultaneously documenting in HPI or viewing reason for visit
High	Problem List	Problem List management; Clearly display patient chronic conditions; Efficiency and intuitive design for managing chronic vs. acute problems, active vs. resolved problems
High	Concurrent Chart Access	System allows multiple staff to access a single patient chart concurrently
High	Pediatric Body Measurements	Pediatric normal ranges for body measurements
High	Immunizations	Visibility between historical, administered and declined vaccines
High	Labs	Lab result trending functionality desired
High	Labs	Pediatric normal ranges for labs

High	Primary Care Provider	Easy visibility in the patient record of designated Primary Care Provider (PCP)
High	Referrals	Nurse able to send a referral on behalf of provider; Ability to send referrals directly through EHR
High	Communications	Centralized location for all patient related communications & correspondence; Review messages sortable by date
High	Communications	Inter-Health Center communications, care coordination functionality desired; Ability to send notes to staff who are part of a patient's care team via a chart
High	Voice-to-Text	Speech recognition compatibility with Nuance Dragon or other similar software or options native to EHR
High	Pre-visit Planning; Copy Forward	Ability to pre-visit plan; Begin documenting data/copy data forward prior to patient visit with mechanisms to reduce medical errors
High	Order Sets	Saving and structuring commonly used medications, labs, x-ray, DME, etc.
Medium	Multi-specialty Templates	System supports and has templates available across multiple specialties and chronic health conditions; Please list medical specialties supported by vendor (include information on Primary Care, Pediatrics, OMT, Psychiatry, Other)
Medium	Prescribing	Automatic pediatric dosage calculations for medications based on last weight entered
Medium	Refills	System calculates refill dates
Medium	Multiple Charts Access	One provider ability to open multiple patient charts at same time
Medium	Mother/Baby Chart Linking	Options for linking charts of mother and baby
Medium	Confidentiality	Confidentiality/safeguards functionality for pediatric/adolescent records including labs, diagnostic codes Confidential visits (e.g. for school-based health clinic in high school) Field(s) indicating level of patient confidentiality

Medium	LGBTQ+ & Sexual Orientation/Gender Identity	Standardized documentation for LGBTQ+ and Sexual Orientation/Gender Identity; Easily visible to provider; Pronouns, preferred name displays throughout the record
Medium	Electronic Forms	Electronic forms that can be printed and provided to patient after completed by provider or sent electronically
Medium	Electronic Screening Tools	ASRSV1.1, PSC17, Vanderbilt, GAD-7, PHQ-9, Changes in Sexual Functioning Questionnaire (CSFQ) noted as needs for Psych department *A full list of questionnaires and forms from the current EHR will be provided in appendix of RFP
Medium	Electronic Screening Tools – Trending	Screening tools results tracking and trending (e.g. PHQ-9, GAD7)
Medium	Residents	Preceptor workflow; Visibility & linkage between resident note and preceptor note
Medium	School-based Health Documentation	Customizable and/or configurable templates for school-based health documentation
Medium	Diagnoses Search	Predictive search features with selecting diagnoses in Assessment & Plan
Medium	Queries	Access to filterable registry or quick self-service reporting
Medium	Social History	Timestamp updates to social history (e.g. if a former smoker quits and begins again) Ability to add narrative notes to accompany discrete data elements entered for Social History
Medium	Prescribing	Auto calculation of fill date desired
Medium	Prescribing	Availability of information on drug being prescribed at point of prescription
Medium	Prescribing	Ability to see or easily toggle to patient’s current weight and change from last appointment at point of prescribing
Medium	Prescribing	Functionality to send prescriptions to multiple places (e.g. mail vs. local pharmacy)

Medium	Prescribing	Logs access available to providers to quickly check status of script
Medium	Refills	Bulk select and approve functionality desired for prescription refills
Medium	Medication List	Ability to add free text on barriers when provider discontinuing a medication
Medium	Growth Charts	Growth charts available for multiple diagnoses (e.g. Trisomy 21, premature); Ability to print growth charts
Medium	Vitals	Blood pressure percentiles by height/gender
Medium	Procedures	Templates available for procedure(s) documentation
Medium	Patient Histories	Ability to copy forward family history when seeing siblings and/or families
Medium	Health Maintenance	Care Guidelines or similar Health Maintenance dashboard views for quality initiatives from provider perspective (e.g. eCQMs, UDS, etc.) Alerts and reminders for Health Maintenance
Medium	Clinical Decision Support (CDS)	Clinical Decision Support (CDS) native to EHR or seamless integration with 3 rd party system
Medium	Face Sheet	Configurability & customization options with patient face sheet
Medium	Referrals/Document Management	Option to select which portions of the Psychiatric Evaluation are sent out and tracking for completed sends
Medium	Patient Advocacy	Literature/letter/resources pre-loaded to EHR that can be provided to patient
Medium	Other Tools	Modules and or features/functionality for chronic disease management & tracking; Risk management tool
Low	UpToDate	Access UpToDate from within EHR/integration desired
Low	Patient Literacy	Patient literacy level visible in EHR

4.2 NURSING, CLINICAL

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	Well Child Checks	Documentation templates available for Well Child check protocols
High	Well Child Checks	Bright Futures and patient education available to print from EHR
High	Labs	Ability for Nursing staff to send lab orders on behalf of providers
High	Labs	Functionality for ordering and identifying confidential labs (e.g. for Teen health clinic)
High	Refills	Ability for Nursing staff to complete electronic refills on behalf of providers
High	Refills	Ability for Nursing staff to be able to send a script electronically for an encounter prior to the encounter being closed by provider
High	Refills	Ability to refill a medication electronically via a telephone encounter
High	Refills	Visibility into patient being due for a visit with provider at the point of telephone call with a patient
High	Labs	System distinguishes abnormal lab results received via interface (e.g. red text or other mechanism or abnormal notification)
High	Diagnoses	Alerting, safeguarding against duplicate diagnoses entry
High	Point of Care (POC) Labs	Ordering and resulting functionality for in house labs – Urinalysis, Urine Drug Screen, Strep Test, Flu, COVID-19, Mono, Hemoglobin a1c, Glucose, INR, RSV POC results link to encounter automatically without manual intervention
High	Immunizations	Printable vaccine history that includes provider signature

High	Immunizations	Schedule, forecasting for patients regarding immunization due at current or in future
High	Forms	Electronic forms available in system (either importing existing forms to create electronic forms, or ability to create new electronic forms in the system)
High	Clinic Visit Summaries	Clinic Visit Summaries available to print in multiple languages (e.g. English, Spanish)
High	Encounter Notes & Letters – Printing	System has streamlined functionality for printing encounter note(s) and/or letters (e.g. work notes) as needed
Medium	Pre-visit Planning; Copy Forward	Ability to pre-visit plan; Begin documenting data/copy data forward prior to patient visit with mechanisms to reduce medical errors
Medium	Billable Nursing Visits Documentation	Documentation templates available for billable Nursing visits: Immunization, general Nurse visit
Medium	Non-Billable Nursing Visits Documentation	Documentation templates available for non-billable Nursing visits: Birth Control Education, Weight Checks, Asthma, Procedure Consents, Blood Pressure Checks
Medium	Intake/Triage Documentation	Review of Systems templates
Medium	Intake/Triage Documentation	Pediatric specific vitals and ranges capabilities
Medium	Growth Charts	Pediatric specific growth chart views based on vitals entry; Includes Down Syndrome, Premature and other outlier charts Option to change growth chart views between months and years
Medium	Growth Charts	Printable growth charts
Medium	Patient Photos	Attach patient photos to an encounter
Medium	Electronic Prescribing/Formulary	Cost information display in prescribing module (e.g. estimated cost for patient out-of-pocket for a given prescription)
Medium	Electronic Prescribing	Ability to cancel a script electronically

Medium	Electronic Prescribing	Please describe any functionalities available to communicate with Pharmacies via EHR
Medium	Electronic Prescribing	Functionality allowing to send multiple scripts electronically at the same time vs. one-by-one
Medium	Labs	Advance Beneficiary Notice (ABN) available electronically
Medium	Labs	View and delete options for labs not collected
Medium	Document Management	Safeguards via security to disable the ability of staff to be able to delete documents
Medium	Document Management	Ability to add a note or text associated to a document in a folder within the system
Medium	Immunizations	Relevant fields available and efficient workflow to document patient declinations for vaccines/immunizations
Medium	Health Maintenance	Care Guidelines or similar Health Maintenance dashboard views for quality initiatives visible to Nursing staff (e.g. visibility of patients being up to date on eQMs)
Medium	Flowsheets	INR flowsheet, Pain Management flowsheet
Medium	Orders	Module access, feature/functionality available to view a list of open orders (e.g. for end of day checks)
Medium	Orders	System clearly distinguishes between referral and procedure orders
Medium	Referrals	RN ability to order referrals on behalf of provider
Medium	Concurrent Chart Access	System allows multiple staff to access a single patient chart concurrently
Medium	Multiple Charts Access	One provider ability to open multiple patient charts at same time
Medium	Overdue Charts	Alerting on overdue charts
Medium	Team Communication (Native to EHR)	Inter-office communications from inside the system; Ability to set status (e.g. out of office)

Low	Orders	Durable Medical Equipment (DME) orders are distinguishable from other orders such as medications, etc.
Low	Chart Linkage	Linking sibling charts

4.3 OB

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	Prenatal/OB Module	Visibility and ease of locating documented information in the EHR between patient first and subsequent pregnancies
High	Prenatal/OB Module	Gs/Ps visibility central to record or listed on every page
High	Prenatal/OB Module	Ability to add more Gs to patient charts (current cutoff is 10)
High	Prenatal/OB Module	EDD displays in module with calculation method provided Ability to document when Ultrasound was completed to confirm EDD
High	OB Assessment & Plan – Alerts, Reminders, Tracking	Configurable Assessment & Plan section to include normal needs with checklist/prompts (e.g. discuss prenatal screening, Oral Glucose Tolerance, Vaccines – Tdap) Reminders, alerts, tracking
High	OB Results	Centralized location and visibility for OB lab results, Ultrasounds, etc.
High	Closing Pregnancy Record	Functionality to end a pregnancy record after patient delivers
High	OB Reporting	Panel of OB patients by diagnoses
High	OB Reporting	List of OB patients by provider
High	OB Alerting	Note in banner for high risk OB patients
High	OB Banner – Medical	Display EDD, GP's, blood type
High	OB Banner – Appointment	Patient next appointment displays on banner

Medium	Prenatal/OB Module	OB specific specialty documentation workflow for high risk patients
Medium	Prenatal/OB Module	Discrete field for documenting patient's OB provider
Medium	Prenatal/OB Module	Ability to print information from Prenatal visits
Medium	Prenatal/OB Module	Ability to print information on previous patient pregnancies after encounter has been closed
Medium	Problem List Management	Diagnosis resolves from first pregnancy to subsequent, does not carry over for new pregnancy Indicate if there is functionality for diagnoses linked to a specific pregnancy to auto-resolve after delivery
Medium	Problem List Management	Indicate if there is an OB specific problem list available that is relevant to current pregnancy only
Medium	OB Testing Documentation	Grid for NST or antenatal testing
Medium	OB Order Sets	OB specific order sets for labs, Ultrasounds, etc. Labs organized by weeks with prompts
Medium	OB Patient Education	OB specific patient education per diagnoses (e.g. Gestational Diabetes)
Medium	OB Reporting	Normal visit patterns (patients due for visits)
Medium	OB Reporting	Care Management module Quality Measures progress (e.g. Gestational Hypertension Management, Obese patients population) Ability to run inquiries and/or filter registry functionality

4.4 PHARMACY

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	340B	Provide detail around EHR capabilities for 340B reporting & auditing
High	Refills	From a clinical perspective, centralized functionality/standardized workflow for provider/nursing staff to receive and process refill requests
High	Duplicates Prompting	Prompting to providers & clinical staff of duplications on med lists (e.g. if there is both a generic and brand name on same med list)
Medium	Prescribing	Required fields in medication module; Prevents output to Pharmacy without required documentation
Medium	Note to Pharmacist	“Pharmacist Note” documentation from prescriber in EHR transfers to Pharmacy
Medium	Place Medication On Hold	Feature/Functionality to put a prescription on hold (as opposed to completely discontinuing a medication)
Medium	Discontinued & Cancelled Medications	Discontinued & cancelled medications notifications to Pharmacy
Medium	Dosage Increases/Decreases	Automatic notifications to Pharmacy if a patient medication dosage is increased or decreased
Low	Prescribing	Efficiency with common prescriptions; Autofill prescriptions with common Sig(s) and current guidelines for provider review
Low	Medication Favorites & Order Sets	Streamline consistency with common orders (e.g. Topical medications)

4.5 WOMEN, INFANTS, AND CHILDREN (WIC) – NUTRITION/DIETICIAN

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	Nutrition Module(s) & Content	EHR includes modules and/or content specific to Nutrition and the Nutrition Care Process standardized model
High	Referrals	Ability to place a referral order in the system to Women, Infants, and Children (WIC) program
Medium	Patient Education	Availability of patient education in multiple language & printable related to Nutrition
Medium	Communications	Communication functionality native to EHR for Nutritionist to communicate with other providers at the Health Center
Low	Electronic Form(s) – Nutrition	Transition current Medical documentation form to be electronic

4.6 BEHAVIORAL HEALTH PROVIDERS

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	Treatment Plan/Progress Notes	Patient-facing print version of Treatment Plan
High	Reporting Tools	'Ad Hoc'/self-service reporting tool for end-users
High	Face Sheet	Configurability & customization options with patient face sheet
High	Electronic Screening Tools	DUKE, PHQ, GAD-7, RBANS, MOCHA, RUDAS, Vanderbilt listed as priorities for Behavioral Health *A full list of questionnaires and forms from the current EHR will be provided in appendix of RFP
High	Electronic Screening Tools – Trending	Trending of results from screening tools over time

High	Multiple Charts Access	Ability to open multiple patient charts at same time
High	Treatment Plan/Progress Notes	Continuous thread/carry information forward from visit to visit
High	Confidentiality	Ability to make an entire note confidential or sections of notes confidential Parents unable to access/view notes without consent from patient
High	Locking Charts	“Lock” chart functionality
High	Macros	Ability to pull text into notes by command (e.g. my phrases, quick text, macros) Are there any options to configure macros based on section documenting in the chart vs. single dropdown available everywhere?
Medium	Group	Group visit functionality; General group note that can be copied down to individuals and edited
Medium	Sexual Orientation & Gender Identity (SOGI)	Preferred name and pronouns consistent throughout record; Also, documents print with preferred name and pronouns (not birth name) Legal name for billing only
Low	Supervisor Review	Ability to send notes to a Supervisor for review but still keep track/not lose visibility of note
Low	Confidentiality	Indicators within system and subsequent locks/“break glass” functionality if a patient is an employee or family member of an employee
Low	Care Team Coordination	Group messages/communications native to EHR that are not a part of the chart
Low	Notes	Informal reminder note not visible to patient and not a part of the legal chart

4.7 CONNECT – OPIOID ADDICTION AND DEPENDENCE TREATMENT

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	Confidentiality	CONNECT visits for Medication-Assisted Treatment (MAT) can be made confidential; Meet 42 CFR part 2 requirements
High	Labs	Complete Urine Drug Dip test in house; Send to interfaced lab partner for confirmations as needed
High	Reporting	Report customization for Medication-Assisted Treatment (MAT) documentation based on specified data elements. Example data elements for report: Last Name, First Name, DOB, Clinic/Provider, Induction, Phase/Increased care, Contract (date), HCA Due Date, follow up phone Calls, Last Appt., Last UDS, UDS Results, BHC Visit 2 weeks, Telehealth Consent, CDP ROI, CDP Compliance, Early refills/other Rx/BZO, Dose MG/day, Notes
Medium	Templates	Flexibility to configure, customize templates for capturing Medication-Assisted Treatment (MAT) documentation for associated reporting
Medium	Electronic Forms	Transition paper forms (e.g. intake forms, Release of Information, consents) to be electronic forms in EHR; Multi-language capabilities (English/Spanish)
Medium	Prescribing	Generic and trade name displays for a particular medication; Ability to search for a medication by either generic or trade name. Ability to have pharmacy preset by medication (so that Suboxone isn't accidentally sent to the pt's regular pharmacy)
Medium	Social History	Timestamp updates to social history (e.g. if a former smoker quits and begins again) Ability to update, edit social history once entered.
Low	Patient Literacy	Patient literacy level visible in EHR
Low	Patient Education	Patient education available in multi-language
Low	Therapeutic Injections	Ability to add therapeutic injections inventory to EHR for injections administered in office

4.8 CLINIC MANAGERS, SITE DIRECTORS

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	Out of Office	System has functionality to indicate staff or providers (EHR users) as being in or out of office
High	Reporting Tools	'Ad Hoc'/self-service reporting tool for end-users
High	Provider Metrics	Reporting on provider metrics (e.g. logins, open charts)
High	Cycle Time	Real time dashboard, visibility into patient cycle time; Patient tracking with times (e.g. waiting, in with provider, etc.)
High	Communications	Ability to send a patient message to multiple people at the same time (e.g. Referral staff, RN, PCP)
High	Face Sheet	Configurability & customization options with patient face sheet; Single view of most pertinent information
High	Concurrent Chart Access	System allows multiple staff to access a single patient chart concurrently
High	Multiple Charts Access	One person ability to open multiple patient charts at same time
High	Schedule Templates	Configuration/customization options for schedule templates; Limit access to modify schedule templates via security roles or other method
High	Appointments	Features/functionality to find open appointment times for scheduling
High	Appointments	Feature/functionality to transfer an appointment between providers (e.g. if a provider is running behind and you want to transfer the patient appointment to another provider)
High	Clinic Visit Summaries	Clinic Visit Summaries configurable/customizable and available to print in a patient-facing view
Medium	Peer Review/Audits	Module/functionality for peer chart reviews/audits and prompting on review items checklist

4.9 FRONT OFFICE

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	Eligibility Checking	System has options for real time eligibility checking embedded
High	Consents	Centralized location and ease of visibility to patient electronic consents (e.g. HIPAA)
High	Recalls	Feature/functionality for viewing patients due for visits; Automation with sending patient recalls desired
High	Appointments	Appointments history view
High	Appointments	Search feature/functionality for next available appointment; Ability to select more than one day for a provider when searching
High	Appointments	Ease of visibility for patient last seen date (e.g. managing refill request inquiries)
High	Chart Linkage	Linking family member charts
High	Registration	Options for patient to register online prior to appointment(s) (e.g. new patient registrations)
High	Registration	Functionality to bulk register siblings desired
High	Registration	Required fields for UDS data elements captured in Demographics
High	Demographics	Flexibility desired with configuring demographic fields Example: Currently we have Address 1, Address 2, Home tel#, Work tel # and cell#. I would like that to say physical address, mailing address, primary #, work # and secondary #

High	Sexual Orientation & Gender Identity (SOGI)	Centralized and appropriate fields available for data entry of Sexual Orientation and Gender Identity (SOGI) Preferred name and pronouns consistent throughout record Patient-facing materials list preferred name, legal name for billing only
High	Multiple Charts Access	One person ability to open multiple patient charts at same time
High	Printing	Ability to print patient-facing materials (e.g. demographics, lab orders, referrals)
High	Patient Messages	Inbox with date and timestamp; Ability to filter (e.g. by front office/reception only)
High	Demographics	Multiple options for documenting phone numbers; Update phone number per appointment type desired Primary phone number designation with Mom, Dad, or patient desired Discrete field for Adolescent phone number desired
High	Clinic Visit Summary	Ability to send electronic (e.g. to Patient Portal) vs. printing for patient
Medium	Appointments	Ability to schedule 6 months or more into the future
Medium	“Bump” List	Feature/functionality to toggle appointments off of a provider schedule to another (e.g. if a provider is out sick or a clinic needs rescheduled)
Medium	Refills	Ability for front office staff to view status of refills (if refill was received by Pharmacy)
Medium	Integrated PM/EHR	Practice Management integrated with EHR; Do not need to open two modules separately
Medium	Recalls	Printable recalls with age or birth year included desired
Medium	Recently Opened Charts	Feature to pull up/select from recently opened charts
Medium	Appointments	Self-service reporting on appointment statistics (e.g. no shows)

Medium	Appointments	Search feature/functionality for cancellations
Medium	Appointments	“Chief Complaint” documentation areas associated with appointment from front office perspective have sufficient space (character limit) for detail
Medium	Waitlist	Feature/functionality to add a patient to a waitlist for scheduling; Ability to designate “high priority” appointments desired
Medium	Duplicate Charts	Merge functionality for duplicate patient charts
Medium	Demographics	Ability to bulk update demographics for multiple family members vs. on an individual basis
Medium	Co-Payments	Ability to collect co-payment at point of patient check-in or checkout
Medium	Credit Card Payments	Auto-posting of credit card payments native to Practice Management portion of system or availability via 3 rd party
Medium	Reporting	Self-service reporting based on patient panels

4.10 BILLING, FINANCE, CODING, ELIGIBILITY

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	Coding Inbox	Charts received to Coding inbox display appointment date for ease of avoiding duplicates
High	Preceptor/Resident	Link resident encounter to preceptor note
High	Sliding Scale	System supports multiple sliding fee scales (e.g. 4 slides A-D, each scale has a Medical, Dental, Behavioral Health type) Currently looking at expanding it to 5-6 scales
High	Accounting/General Ledger	Export out of Practice Management system > import to Accounting system (MultiView)
High	Billing Reporting	Run report for secondary claims by specific insurance

High	Billing Reporting	Run report by insurance check number or dollar amount
High	Billing Reporting	Insurance payments by specific categories of codes, i.e. medical codes vs dental, etc.
High	Claim Scrubbing	Rules, filters, edits, scrubbing for clean claims Would like the ability to set up our own filters as well as the CCI filters
High	Credit Card Payments	Credit card payment processing and auto-posting of credit card payments native to Practice Management portion of system or availability via 3 rd party
High	Credit Card Payments	Clearinghouse (or other integrated vendor) can provide of file of patient payments made via online portal that can be auto-posted to Practice Management system in a batch This is not supported currently between the existing Clearinghouse and Practice Management system
High	Co-Pays/Payments	Patient co-pays and payments applied at time of service Would like over the counter payments posted directly to the DOS they are checking in for, not just the account
High	Claims Corrections	Efficient process with as few steps as possible for claims corrections; Please provide details on claims correction process.
High	Claims	Queues for assigning tasks to staff for claims follow-up; Tracking
High	Multiple Insurances	Ability to have multiple insurances as primary and secondary with different eligibility dates Termed dates to show; Need actual eligibility dates by insurance company Billing based on effective dates, not active and inactive
High	Remits/EOB's	Ability to see remits/EOB's on voucher when posted automatically
High	Consolidated Statements	Consolidation of statements sending to patients (e.g. patient confusion with receiving Medical and Behavioral Health bills separately)

High	Integrated PM/EHR	<p>Practice Management integrated with EHR; Do not need to open two modules separately</p> <p>Accessibility for Billing staff to chart notes, waivers, consents, miscellaneous notes not linked to an encounter</p> <p>One sign in for both the EMR and the PM system with a link from PM to go to the appropriate chart note for the claim/encounter</p>
High	Document Management	<p>Designated folder available for storage of “Billing” documents</p> <p>Signature pads at each front desk station for patients to electronically sign for HIPPA, Consent to Treat; Complete MSP attestation, complete other necessary forms</p> <p>All documents MUST be stored digitally in order to be accessed when needed for appeals, updates, etc.</p>
High	Insurances	<p>Feature/functionality limiting access to one staff member at a time for insurance policy edits</p>
High	Split Insurance Charges	<p>Efficient process to split insurance charges (e.g. Medicare A vs. Medicare B)</p>
High	Dental Billing – Tooth Number	<p>System supports Dental codes for tooth number(s) processing without the need for manual 837 file edits</p> <p>This is a bug in the existing system and causes the 877 files to not process</p>
High	Financial Reporting – Formats	<p>Reports available in Excel and PDF; Sortable by individual provider, site, date, service, etc.</p>
High	Financial Reporting	<p>Financial reports native to Practice Management system; Analytics staff able to write and/or customize financial reports and made available to users in the system</p> <p>“Burst reporting” reports deliver to a specific group of people</p>

High	Financial Reporting	<p>Self-service reporting capabilities for Accounting and other staff</p> <p>Daily, weekly appointments needing to be verified</p> <p>Daily & monthly balance</p> <p>QA reports for coding performance</p> <p>Financial Dashboard</p> <p>Missing Encounter report</p> <p>RVUs reporting *high priority – system to hold greater than one year; Last 5 years would be optimal</p> <p>Productivity reports (visits per hour) and access dashboards (appointments filled and unfilled, 3rd next available, no shows, cancellations)</p>
High	Eligibility	Visual indicators for eligibility status of patient (e.g. green, blue for pending, red for self-paid, etc.)
High	Eligibility Checking	<p>Describe any options for real time eligibility checking embedded with Practice Management system</p> <p>CHCW understands there are limitations with information insurances will provide, name of PCP required for some insurance plans to process in network, etc.</p>
High	Eligibility Checking	Eligibility reference number in discrete data field instead of free text in comments
High	Demographics	Embedded USPS address verification desired
High	Prior Authorizations	<p>System displays how many visits remaining</p> <p>System counts down number of visits or time the authorization is good for</p>
High	Coding Inbox	Provider able to send charts to coders for coding questions specifically
High	Coding Inbox	Auditing features for visibility with providers sending charts to inbox, tracking closed encounters

High	Coding Inbox	Coding inbox for pickup of provider charts; Sortable/filterable by date/time, provider who sent, categories, etc.
High	Chart Transfer from Coding	Ability to transfer chart to another user (Coder, back to Provider/Nurse, Supervisor)
High	E&M	Ability to bill for two E&M's
High	Alerts	Alert to all clinical staff if they are signing off on a chart without anything billable in the encounter
High	Alerts	Alert that a billing provider needs to be added (specific to residents and adding the preceptor as the billing provider)
High	Diagnoses Order	Order of diagnoses can be adjusted on charge entry side of system
High	Medicare Visits	Efficient workflow for adjusting off Medicare visits; Only qualified visits get G code and get billed (procedure held from electronic billing and adjusted off) PPS and Financial concerns on overstating or understating A/R.
High	Medicare Visits	Must be able to capture a same day service for Medicare; Alerts and/or pop-ups for multiple same day services All visits for a day must go on the same UB claim to comply with MCR PPS billing guidelines
High	Telehealth Visits	Ability to add multiple revenue codes for Telehealth visits for Medicare billing some CPT codes require two REV code; one for telehealth modality and one for actual E & M visit type or Behavioral Health Type.
Medium	Clearinghouse	Clearinghouse supports management of patient statements
Medium	Payment Posting	Ability to post an insurance payment and move it to the patient even if the claim is not completed adjudicated Line item posting so that statements to patients can reflect paid and services pending payment; With the amount currently due from the patients
Medium	Collection Agencies	Export file (e.g. .CSV) from Practice Management > import file to Collection Agency desired

Medium	Void/Reenter (VRE)	Efficient VRE process
Medium	Voucher & Claim Notes	Ability to put follow-up dates on all notes
Medium	Voucher	Open voucher and see notes automatically with regards to that DOS
Medium	Insurances	Feature/functionality for ease of insurance search when adding to system (e.g. search by prefix or address)
Medium	Charge Entry	Automation with charge entry; Please indicate if any file import options (e.g. from Hospital), import from GeriMed (SR Care); hospital visits (memorial); CCM should be charted and billed in the EMR not manually on paper.
Medium	Transfers	When a primary insurance processes and transfers to the secondary, must auto populate the remark codes/message codes to indicate why you're transferring
Medium	Dental Denial Codes	System supports Denial codes for Dental; CHCW has Dentrrix for EDR and interface to Practice Management system for Billing. Payment processing for dental is done solely in existing system and our PM system does not have the Dental Denial Codes loaded.
Medium	Applied Money/Unassigned Money	Ability to apply money regardless of encounter closed or not
Medium	Alerts/Requirements	Alerts for co-pays or money due; Please describe any hard stop options related that can be incorporated in workflow
Medium	Alerts/Reminders	Alert/reminder that insurance cards must be scanned; Please describe any hard stop options related that can be incorporated in workflow
Medium	Alerts/Reminders	Pop-up/alerting/checklist reminder desired for front office of confirmations requiring completion prior to scheduling (phone, insurance, outreach, sliding fee); Hard stop on incorrect addresses.
Medium	Coding	Efficient and intuitive provider search features for codes desired; Non-billable codes clearly marked in EMR

Medium	Coding	Setup linkages between CPT codes and orders; Codes automatically flow to Practice Management system when order(s) placed. When appropriate for billing.
Medium	Alerts	Alerts to Billing staff re: deceased patient when Medical Records marks the patient as deceased; Could be sent to a work que in the PM
Medium	HCC	Alerts and/or pop-ups for Hierarchical Condition Categories (HCC), which codes need to be addressed Please indicate if it's possible for the relevant HCC diagnoses to appear in red text
Medium	E&M	E&M calculator functionality; must be accurate and updated as soon as new guidelines go into effect
Medium	PM system in general	Have an ability to have macros (dot phrases) in the PM like the providers have in the EMR
Low	Eligibility Checking	Eligibility alerting (when adding new insurance info, newborns, expired notes, items due/hasn't been checked in XX days)
Low	Open Charts	Module/visibility into open and closed charts; Sortable/filterable by types of visit (e.g. Medical, Behavioral Health), date, etc.
Low	Concurrent Chart Access	System allows multiple staff to access a single patient chart concurrently
Low	Charge Entry	Bill Medical and Behavioral Health on the same claim for Medicare
Low	Insurances	Effective dates are current only, not future. Future dates not a necessary as range of eligibility of current insurance.
Low	Multiple Charts Access	One-person ability to open multiple patient charts at same time; applies to the EMR
Low	Recently Opened Accounts	Feature/functionality to go "back" to last account reviewed or ability to select from recently opened accounts
Low	Clearinghouse	Clearinghouse supports Workers Compensation claims; CHCW has very few Workers Compensation claims

4.11 MEDICAL RECORDS, REFERRALS

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	eFax	Cloud faxing supports select and fax of multiple items simultaneously (e.g. sending labs or images for records requests)
High	Referral Module	Referral list is sortable/filterable; Filter orders for processing by type for example (procedures, diagnostic imaging, etc.)
High	Order Sets	Order sets configurability for provider plan/order entry Efficiency and standardization with preferred referral orders/specialists by diagnosis, etc.
High	Alerts	Alerting for providers at point of potential duplicate order entry
High	Referrals – Provider Signature	Hard stop for referral orders to require provider signature before sending
High	Referrals Reporting	Referral queue management reporting (reporting on referrals by status)
High	Referrals Reporting	Referrals sent by specialty; Referral number totals
High	Referrals Reporting	Referral reporting based on insurance
High	Electronic Forms	Transition forms to electronic that are required to be sent with referrals (e.g. home health, hospice, lung and asthma, diabetes) Ability to be signed electronically as well.
High	Medical Records – Processing Requests, Printing	Ability to select multiple sections of a chart needed to send or print when processing a Medical Records release
High	Chart Search	Feature/functionality for embedded EHR chart search feature desired
High	Provider Reassignment	Ability to bulk reassign patients as a group to an associated provider

High	Other: Delete Feature	Do not have a delete option for notes, forms, messages etc. Instead be able to mark erroneous or detached.
High	Other: Referral Ordering	Need only one way of ordering referrals
Medium	Referral Urgency	System visibly distinguishes referral priority for urgent vs. normal referrals procedures & diagnostic imaging.
Medium	Closing the Loop	Ability to attach and/or link returned consult to the original referral
Medium	Direct Messaging	System supports Direct Secure Messaging as an option for data sharing with local and regional Hospitals
Medium	Referral Statuses	Configurable/customizable referrals statuses to meet the needs of the Health Center
Medium	Referrals Security	Security, role permissions allow for setting which staff can cancel referrals, undo final reviews
Low	Referral Queues	Configurable “buckets” for referrals
Low	Fax Coversheet	Fax coversheet template option(s)

4.12 REPORTING, QUALITY IMPROVEMENT, RISK

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High- Many measures in alignment with PCMH, APM4-focused HEDIS measures, MIPS	UDS	Uniform Data System (UDS) full feature, functionality & reporting set for FQHC Please indicate vendor cadence with UDS reporting updates and ability to generate monthly, quarterly reporting trends
High- Many measures in alignment with PCMH, APM4-focused HEDIS measures, MIPS	PCMH	Patient Centered Medical Home (PCMH) NCQA certified including full feature, functionality & reporting

High- Many measures in alignment with PCMH, APM4-focused HEDIS measures, MIPS	HEDIS	HEDIS – NCQA quality measures reporting
High- Many measures in alignment with PCMH, APM4-focused HEDIS measures, MIPS	MIPS/MACRA	Merit-Based Incentive Payment System (MIPS) reporting; Medicare Access and CHIP Reauthorization Act (MACRA) reporting
High- Many measures in alignment with PCMH, APM4-focused HEDIS measures, MIPS	Value-Based Purchasing/APM/MCO	Alternative Payment Model 4 (APM4) reporting for Washington State MCO data reporting
High- PCMH Requirement	Appointments	Next third appointment available reporting
High	340B	Provide detail around EHR capabilities for 340B reporting & auditing; Weekly file upload .CSV extract to Maxor
High	ACGME	Accreditation Council for Graduate Medical Education (ACGME) reporting on residency information based on resident requirements; Provider tables, defined fields for reporting, pull data based on user defined fields option
High	VFC	Vaccines for Children (VFC) program reporting
High	SUD/Opioid	Substance Use Disorder (SUD)/Opioid reporting – Physician Health Program (PHP)
High	Social Determinants of Health	Reporting on Social Determinants of Health (SDOH) data (e.g. NACHC PRAPARE tool or modified PRAPARE tool)
High	Appointments/Patient Satisfaction	Weekly appointments extract for file upload to Crossroads Group for patient satisfaction surveys
High	Appointments	Tracking % of same day/acute appointments available

High	Appointments	Reporting on appointment status
High	Appointments	Reporting on appointment cancels; Visibility into cancel reasons
High	School-Based Health	Referrals with school-based health reporting – Physician Health Program (PHP)
High	Data Warehousing	Access to a data feed/data warehouse/reports server
High	Single Sign-On	Notate single sign-on configuration capabilities for 3 rd party tools the Health Center currently accesses outside of the EHR (e.g. MD Ally, CareSnap, Arcadia, Collective Medical)
High	Panel Reporting	Patient panel reporting options and/or filterable registries functionality
High	“Missing” Encounters	Reporting on appointments made that are not kept/billed
High	Dashboards	Real-time dashboards for Practice Management and/or Electronic Health Record data
High	Billing/Financial Reporting	Reporting on zero amount billing codes (e.g. Z-codes) Claims data reporting
High	CPT/Diagnoses	Category and sub-categories reporting; As an example reporting by diagnosis (e.g. Diabetes) with drill down into sub-category for a CPT code(s)
High	Test/Result/Diagnoses Reporting	Reporting based on test type and results/date of service, disease type (e.g. STD/STI)
Medium-Many measures in alignment with PCMH, APM4-focused HEDIS measures, MIPS	ACH	Accountable Communities of Health (ACH) reporting, specifically quarterly grant reporting for Greater Columbia Accountable Community of Health

Medium- Can utilize Clinically focused reports	Peer Review/Chart Audits	Module feature/functionality for peer reviews, chart audits
Medium- for specific reporting, could utilize lab reports, but dashboard would be valuable	Infection Control Reporting	As examples, patients tested and results for TB testing, Influenza testing, COVID-19 testing
Medium	Practice Improvement	System includes reporting capabilities to support practice improvement initiatives
Medium	Reporting Tools	'Ad Hoc'/self-service reporting tool for end-users; Essential for end-users to be able to have access to pulling certain types of reports, such as access dashboards, operational dashboards, clinical quality and other clinically focused dashboards Ability to customize and write reports and queries (for Analytics Dept.)
Medium	Risk Assessment	Risk assessment reporting per patient and/or designated tool/module within the EHR for risk
Medium	PCPs	Multiple PCP assignments per patient designated by specialty (OB, Behavioral Health, Medical, Dental); Please indicate how multiple providers assignment is managed
Medium	User Defined Fields/Patient Tracking	Ability to configure user defined field for tracking non-Health Center patients as an example (COVID-19 vaccine only, Hospital only, transfers out, etc.)
Low	End-User Reporting	Reporting, audit trail for end-user activity Describe options/differentiate for administrative audit reporting on staff productivity vs. HIPAA audit trail, etc.

4.13 POPULATION HEALTH, CASE MANAGEMENT

Please see the below table of priorities as outlined by CHCW. Please respond to each requirement listed.

Priority	Area	Requirement
High	Risk Stratification	Patient risk stratification reporting embedded into EHR desired Case Management reporting for high risk patients
High	Social Determinants of Health	Streamlined electronic data capture and reporting on Social Determinants of Health (SDOH) data (e.g. NACHC PRAPARE tool)
High	Population Health Management	Integrated Population Health Management functionality; Registries, Chronic Care Management (CCM), Transition Care Management (TCM)
High	Chart Search	Feature/functionality for embedded EHR chart search feature desired
High	Notes Search	Within patient chart, ease of search/filtering to view notes by provider vs. social worker, etc.
High	Lab Results	Tracking/trending views for patient discrete lab results
High	Case Management	Module/and or specific templates embedded in EHR for Case Management
Medium	User Defined Fields	Ability to configure user defined field for patient tracking (e.g. if patient is in a nursing home, foster care, Health Home, other programs patients may be enrolled in, etc.)
Medium	Alerts	Alerting that a patient has transferred in/out of care or is deceased
Medium	Population Reports	Population comparison reporting (e.g. food insecurities reporting based on population)
Medium	Case Manager Assignment	Defined field, visibility into assigned Case Manager for patient
Low	COVID-19	Reporting on how many patients tested, results – monthly breakdown

Low	GCACH	Accountable Communities of Health (ACH) reporting, specifically quarterly grant reporting for Greater Columbia Accountable Community of Health Quarterly report – patients seen in ER, patients qualifying for an appointment/call, how many patients seen, associated documentation
Low	CCM	For embedded Chronic Care Management (CCM), functionality to calculate time and have it documented

4.14 INFORMATION TECHNOLOGY & HEALTH INFORMATION TECHNOLOGY

4.14.1 Hosting & Environment Strategy Requirements

Please respond to vendor ability and options to meet hosting and environment requirements from the Health Center.

Area	Description
Hosting	Cloud-hosting by vendor preferred; CHCW can support on premise hosting if Cloud is not an option, although the preference is Cloud
Test Environment	Vendor capable of provisioning Test environment

4.14.2 Required Interfaces/Integrations

Please respond to vendor ability to meet each interface or integration requirement listed in the table below.

Interfaces/Integrations	Description
Immunization	Bi-directional interface compatibility with Washington State Immunization Information System (WAIS)
Prescription Drug Monitoring Program	Integrated Prescription Drug Monitoring Program (PDMP) querying for Washington State; This is currently facilitated via vendor LogiCoy
Interpath Laboratory	Bi-directional lab orders and results interface
Dentrix	HL7 interface between EHR and Dentrix EDR for billing/charges

ChartScout	<p>Integration with 3rd party Chart Scout tool for “comprehensive search” from vendor Emerge</p> <p>If this isn’t possible, does the EHR have a built-in search function or similar product built in?</p>
PatientLink 360	Integration with 3 rd party patient check-in solution including patient online intake and forms
Health Information Exchange (HIE)	<p>Washington State Health Information Exchange (HIE) OneHealthPortal connectivity</p> <p>Health Information Exchange or interface connectivity options with local and/or regional hospitals in the area Kittitas Valley Hospital, Seattle Children’s, Yakima Valley Memorial, Astria Health Center, Virginia Mason</p>
Data Feed	<p>Access to a data feed/data warehouse/reports server;</p> <p>Please define details regarding incremental feed timing options, reports server hosting & file pickup/restore options</p>
Patient Education	<p>Integration with StayWell/Krames (or other vendor), or provide information on patient education offerings with your EHR solution</p> <p>Integration or content for Bright Futures materials & tools</p>
Electronic Prescribing	Integrated electronic prescribing capabilities (controlled & non-controlled substances)
Physician Sign Out	Practice Management integration for charge entry and billing via health center EHR
DARTNet	Integration with DARTNet
Voice Recognition	Nuance Dragon integration or other speech-to-text capabilities of the EHR
Cloud Fax	Integration with Concord for cloud-based EHR faxing or other cloud-based faxing offerings available via EHR
WELL Health	Integration compatibility with vendor WELL Health
3rd party HL7 Integrations	Integration of other 3rd party systems including but not limited to Maize, IDInc, etc.

4.14.3 Research Interfaces/Integrations

The interfaces/integrations listed in the below may not be requirements, but the Health Center requests that you please respond to vendor ability to meet each item listed.

Priority	Interfaces/Integrations	Description
High	LabCorp	Bi-directional lab orders and results interface
Medium	Picture Archiving and Communication System (PACS)	<p>CHCW has X-ray at one site; Please describe options for PACS integration (e.g. Single Sign-On to PACS system from EHR or other)</p> <p>Please also indicate interface/integration compatibility with Tricefy from Trice Imaging, Inc. (OB PACS)</p>
Medium	Relaymed	<p>Relaymed is currently utilized at 3 sites as a middleware for Point of Care (POC) devices interfacing</p> <p>Please note vendor compatibility for integration with Relaymed</p>
Low	Medical Devices	<p>Please provide information on medical device integration compatibility in general; Providing a separate EHR medical device integration compatibility document is sufficient</p> <p>Potential devices CHCW would possibly integrate include: Vision screen, Hearing screen, EKG, A1C, Vitals, Spirometry, Ultrasound (Philips Lumify), Urinalysis, Urine Drug screen, Strep test, Flu, COVID-19, Mono, A1C, Glucose, INR, RSV</p>
Low	GEHRIMED	<p>GEHRIMED is an external EHR utilized for Senior Care; Please notate any interface/integration possibilities as far as demographics (ADT), charges (DFT), scheduling (SIU)</p>

4.14.4 Patient Engagement & Other Features, Functionality

Please respond to vendor ability to meet each item listed below related to patient engagement or other feature, functionality.

Priority	Area	Description
High	Patient Communications	<p>Provide information on any integrated communication channels including voice, text, e-mail, etc. (e.g. appointment reminders, campaign functionality, etc.); CHCW prefers WELL Health HL7 noted in table above</p> <p>Integration with 3rd party patient check-in solution including patient online intake and forms; CHCW prefers Patient Link 360 as noted above</p>
High	Telehealth	<p>Notate vendor options for integrated telehealth audio, video visits; CHCW prefers Doximity</p>
High	Portal	<p>Provide information on integrated Patient Portal offerings</p> <p>patient self-schedule, lab results publishing, post clinic visit summaries, care reminders, appointment reminders, remote check-in, import PDFs, patient refill requests, electronic payments</p> <p>Patient Portal management structure options (e.g. delegate access to provider inboxes, etc.)</p>
Medium	Mobile Apps	<p>Provide information on any additional clinic and/or patient facing applications available such as phone, tablet</p>
Low	Kiosk	<p>Front Office Kiosk software for patient check-in, registration</p>
Low	Remote Patient Monitoring (RPM)	<p>Provide information on any module(s) embedded to the EHR for Remote Patient Monitoring (RPM), device(s) compatibility, 3rd party partners, etc.</p>
Low	P2P	<p>Provide information on any peer-to-peer data exchange options</p>

5 Vendor Background & References

5.1 TECHNICAL CAPABILITIES & REQUIREMENTS

Please provide details of the hardware and software requirements to implement your proposed solution. Please note that CHCW **prefers** a vendor hosted Cloud solution.

Please supply information on hardware and software requirements and/or recommendations to implement your proposed solution, such as:

- Workstations, tablets, laptops (processor, memory, hard drive, display, operating system, network)
- Peripherals (printers, scanners, signature pads, access points, card scanners, Local Network – LAN)
- Fax server (digital, vendor hosted)
- Connectivity (minimum network performance recommendations, methods, redundant internet access, alternate connectivity methods)
- Bandwidth requirements
- Software requirements
- Virtual Desktop Infrastructure (VDI) options for on premise hosting
- Describe HIPAA compliance, provide information on any additional certifications
- Describe location and method of data storage
- Describe physical safeguards and company policies regarding staff access to client data
- Describe your information on data ownership approach
- Define client's ability to retain administrative access (read/write) to the EHR Production environment for changes

5.2 DATA CONVERSION PLANS

CHCW is in process of reviewing year ranges and specified data elements requested for migration. Data migration would be scoped in detail with the final vendor of choice as part of contracting. Please provide narrative and any associated addendums or attachments describing your proposed data migration process and options. Please indicate whether data conversion services are resourced directly by your company or a third party vendor.

5.3 IMPLEMENTATION & TRAINING

Vendor should include information on the intended implementation and training methodology and associated timeline, with its assumptions of the most effective manner of implementations. For training, please indicate additional information on onsite vs. virtual plans and offerings.

Please also provide an outline of the resources who would be responsible for the implementation and training, together with their background, and experience with your company.

CHCW would expect that the individuals outlined in this section would represent the vast majority of the individuals potentially involved in the implementation and training phase.

5.4 SERVICE DELIVERY APPROACH & METHODOLOGY

Please provide a response that includes the following:

- Describe approach to issue triage, resolution, and escalations
- Indicate off-hours support options
- Indicate up-time availability and hosting reliability
- Service level standards; CHCW **requires** 99.99% SLA
- Average time to connect to phone based support
- Average issue resolution time
- Percentage of helpline issues resolved within one call
- Describe processes related to Change Management
- Define process for system update/upgrades
- Describe Disaster Recovery approach; Please provide a copy of your company's Disaster Recovery plan
- Indicate any Key Performance Indicator (KPI) information you use to measure your service delivery quality
- Describe your online user community
- Describe user group engagements
- Describe recurring conference structure

5.5 VENDOR BACKGROUND & PRODUCT INFORMATION

Please provide a response that includes the following. (Maximum 3 pages)

- # of years in business
- # of years in Practice Management (PM) sector for the product demonstrated
- # of new PM users over last three years for the product demonstrated
- # of total PM installations for the product demonstrated
- # of years in Electronic Medical Record (EMR) sector for the product demonstrated
- # of new EMR installations over last three years for the product demonstrated
- # of new EMR users over last three years for the product demonstrated
- # of total EMR installations for the product demonstrated
- Certifications: ONC-HIT, CCHIT, include additional as relevant
- Client turnover statistics for previous 3 years
- Please indicate statistics on any Cybersecurity incidents reported for previous 3 years
- Average client relationship term
- Average number of locations per client
- # of Community Health Centers/Federally Qualified Health Centers (CHC/FQHC) currently using integrated PM and EMR system demonstrated
- # of years providing PM and EMR services to CHC/FQHC market
- Business Contact (phone and email):
- Technical Contact (phone and email):
- Total Revenues for the integrated product demonstrated (past 3 fiscal years)
- Revenues for EMR product demonstrated (past 3 fiscal years)
- Net Profits (past 3 fiscal years)
- R&D Budget for the integrated product demonstrated
- Support Budget for the integrated product demonstrated
- Number of major releases for the integrated product demonstrated in the past 3 fiscal years
- Major releases for the integrated product demonstrated planned in next 2 fiscal years

- All Modules developed in-house for the integrated product demonstrated?
- Modules acquired and integrated for the product demonstrated?
- Total number of primary care practices
- Total number of FQHC clients
- Number of primary care practices and/or FQHCs that have integrated Behavioral Health
- User Groups

5.6 CLIENT REFERENCES

Please supply a **minimum** of 3 current client references (including contact information) with similar qualities to CHCW, such as:

- Multi-specialty FQHC including Residency program, similar FQHCs to CHCW
- Cloud hosted by vendor

Please note that CHCW prefers to physically visit references onsite. Please consider the geographical location of CHCW in Washington State as you communicate and coordinate with potential references.

6 Proposal Instructions

In addition to vendor responses to CHCW requirements, your company is also requested to submit formal proposal(s) in the final format(s) that could be redlined in the event of selection as final vendor of choice.

The requirements outlined in this document should be included in your proposed offering. All of the EHR & PM features and functionality necessary to support an FQHC are expected.

- Provide pricing & fee estimates based on requirements outlined in this document
- Provide information on pricing models
 - Vendor cloud hosted **preferred**
 - Provide pricing in both subscription and up front models
- Indicate one-time & recurring/maintenance costs
- Provide options for terms of commitment
- Provide pricing for any environment changes
- Provide pricing for professional services
- Proposed Master Agreement, Terms Sheet, BAA, & Other Legal/Compliance Documents
- Any additional information or documentation relevant to the goals and requirements identified in this document

Appendix

6.1 PHYSICAL LOCATIONS

#	Site Name	Address	Description	Tax-ID
1	Admin 401 (COVID Clinic)	401 Tieton Drive Yakima WA, 98901	Community Health of Central WA	57-1140982
2	Admin 501	501 S. 5 th Avenue Yakima, WA 98902	Community Health of Central WA	57-1140982
3	Central Washington Family Medicine	1806 W Lincoln Ave Yakima WA, 98902	Central Washington Family Medicine	57-1140982
4	Community Health Central WA Ellensburg	521 E Mountain View Ave Ellensburg WA, 98926	Community Health Central WA Ellensburg	57-1140982
5	Davis Health Clinic	212 S. 6 th Avenue Yakima WA, 98902	Davis Health Clinic	57-1140982
6	Highland Clinic	915 Wisconsin Ave Tieton WA, 98947	Highland Clinic	57-1140982
7	Naches Medical Clinic	102 E 2nd St Naches WA, 98937	Naches Medical Clinic	57-1140982
8	Yakima Pediatrics	402 S 12th Avenue Yakima WA, 98902	Yakima Pediatrics	57-1140982
Future Forward: Mobile Unit				

6.2 CURRENT PROVIDER LISTING

Current CHCW Provider listing as of October 2021

#	Provider Name	Degree	Specialty	Resident Lvl.	FTE	Prescriber
1	Achey, Louise	PharmD	Pharmacy (INR)		1	Y
2	Asante, Peter Gyimah	MD	Pediatrics		1	Y
3	Aubrey, Julie Marie Jean	LH	BHC		1	N
4	Austin, Michelle Lorena	MS	BHC		1	N
5	Ayala, Sarah Wu	DO	Resident	R2	1	Y
6	Azhar, Nadia	DO	Resident	R1	1	Y
7	Barker, Eve Kelly	MD	Family Medicine		1	Y
8	Bartlett, Jeffrey Donald	MD	Pediatrics		1	Y
9	Bauer, Mark J	MD	Family Medicine		1	Y
10	Bauman, David E	PsyD	BHC		1	N
11	Beachy, Bridget R	PsyD	BHC		1	N
12	Behne, Kelly J	PA	APC		1	Y
13	Blume, Gary	MD	Locum		<i>Locum</i>	Y
14	Boggio, Elizabeth V	MD	Resident	R2	1	Y
15	Boules, Mark Ashraf	MD	Resident	R3	1	Y
16	Bowen, Kristina	DO	Family Medicine		1	Y
17	Bredin, June Gweneth	MD	Family Medicine		1	Y
18	Bremer, Chelsea	MA	BHC Intern		1	N

19	Brown, Dustin Joseph	DO	Family Medicine		1	Y
20	Carlson, David W	DO	Pediatrics		1	Y
21	Cate, Sara	MD	Family Medicine		0.75	Y
22	Celerian, Casey	DO	Resident	R2	1	Y
23	Choi, Catherine	DO	Resident	R1	1	Y
24	Claussen, Amy L	PA	APC		1	Y
25	Coleman, Jessica Lauren	MD	Resident	R2	1	Y
26	Colleran, Meghan Eileen	ARNP	APC		1	Y
27	Cook, Sarah Rose	DO	Resident	R3	1	Y
28	Correia, Danielle Coimbra Sales	MD	Pediatrics		1	Y
29	Covington, Michael Jacob	DO	Resident	R2	1	Y
30	Crook, Michael E	MD	Pediatrics		0.55	Y
31	Curtis, Taylor Steven	PA	APC		1	Y
32	Douglas, Robert M	MD	Locum		<i>Locum</i>	Y
33	Edrissi, Afshin	DO	Resident	R1	1	Y
34	Eglin, Christina	MD	Resident	R1	1	Y
35	Faust, Emily Rose	PhD	BHC		1	N
36	Fitzgerald, Kevin	PA	Locum		<i>Locum</i>	Y
37	Garcia, Stephanie	MA	BHC Intern		1	N
38	Gindt, Jennifer Lyn	ARNP	APC		1	Y
39	Gorham, Laurel A	ARNP	Pediatrics		0.66	Y
40	Greenwood, Thomas R	DO	Resident	R3	1	Y
41	Harris, Heather	PsyD	BHC		1	N
42	Helgeson, Melissa	ARNP	Psych		1	y
43	Hill, Caitlin Claire Darley	MD	Family Medicine		1	Y
44	Hoover, Kari G	PA	APC		1	Y
45	Hu, Lawrence	DO	Resident	R1	1	Y
46	Isaacs, Brandon	DO	Family Medicine		1	Y
47	Jamora, John Louie Yap	DO	Resident	R2	1	Y
48	Jenkins, Daniel Harris	DO	Resident	R3	1	Y
49	Jones, Portia D	MD	Family Medicine		0.55	Y
50	Kredit, Sheila Rose	MD	Family Medicine		1	Y
51	Lancaster, Ragina Jo	DO	Family Medicine		1	Y
52	Lindquist, Kimberly M	PA	APC		1	Y
53	Maier, Russell G	MD	Family Medicine		0.5	Y
54	Marshall, Lynette V	ARNP	APC		1	Y
55	Martinez, Onel Ismael	DO	Resident	R3	1	Y
56	Matsumiya, Brandon	MS	BHC Intern		1	N
57	Maxwell, Mary Virginia	MHC	BHC		0.5	N
58	McClelland, Amelia Lou	M.Ed	BHC		1	N
59	Miller, Carlin Ray	DO	Family Medicine		1	Y
60	Mistry, Rishi	ARNP	APC		1	Y
61	Moultray, William Ryan	DO	Family Medicine		1	Y
62	Murray, Michael J	LMFT	BHC		1	N
63	Nott, Aaron	DO	Resident	R1	1	Y
64	Olmer, Ruth M	PsyD	BHC		1	N

65	Olmer, Steven	PsyD	BHC		1	N
66	Ortiz, Graciela	MSW	BHC Intern		1	N
67	Ortner, Sarah Renee	MHC	BHC		1	N
68	Ostrem, Chanel Florence	DO	Resident	R2	1	Y
69	Parmenter, Joshua	DO	Resident	R1	1	Y
70	Patel, Jai Jitendrakumar	MD	Resident	R2	1	Y
71	Pearson, Joel R	MD	Family Medicine		0.75	Y
72	Pearson, Stephen J	MD	Pediatrics		0.63	Y
73	Richardson, Hilary Lynn	PhD	BHC		1	N
74	Robertson, Julia Karol	MD	Family Medicine		1	Y
75	Schafer Medina, Georgia	MD	Resident	R1	1	Y
76	Schaffrinna, Michael G	MD	Family Medicine		1	Y
77	Shelton, Ginny Lee	MD	Pediatrics		1	Y
78	Sherfield, Emily	DO	Resident	R1	1	Y
79	Shockley, Courtney Rachael	MD	Pediatrics		1	Y
80	Simms, Roy James	MD	Pediatrics		0.65	Y
81	Snyder, Anna Leigh	MD	Pediatrics		1	Y
82	Stanfield, Joshua	DO	Resident	R1	1	Y
83	Steadman, Brooke Elizabeth	DO	Resident	R3	1	Y
84	Summers, William Luke	PsyD	BHC		1	N
85	Swain, Naomi	DO	Resident	R1	1	Y
86	Varghese, Irene	MD	Locum		<i>Locum</i>	Y
87	Verduzco, Maria	MD	Family Medicine		1	Y
88	Verrall, Madison	PA	APC		1	Y
89	Virnelli, Nicole Michler	ARNP	APC		1	Y
90	Wageneck, Robert Allan	DO	Family Medicine		1	Y
91	Wang, Jerry	DO	Resident	R1	1	Y
92	Webb, Emily Newton	DO	Resident	R2	1	Y
93	Wells, Julie C	ARNP	APC		1	Y
94	Wilkinson, Brent Maxwell	DO	Resident	R2	1	Y
95	Zuckerman, Gillian J	MD	Family Medicine		1	Y

6.3 CURRENT QUESTIONNAIRES AND FORMS

#	Allscripts: Questionnaires and Forms	PatientLink: Web Form	Patient Link: Scantron
1	ABOUT ME QUESTIONNAIRE	N	N
2	ACTIVITY PRESCRIPTION FORM	N	N
3	ADULT ADHD SELF REPORT SCALE (ASRSV1.1)	N	N
4	AGES AND STAGES QUESTIONNAIRE 3RD EDITION	N	N
5	AIMS EXAM	N	N
6	BACK PAIN ASSESSMENT	N	Y
7	BUPRENORPHINE CONSENT FOR TREATMENT	Y	N
8	BUPRENORPHINE FOLLOW UP QUESTIONNAIRE	Y	N
9	BUPRENORPHINE TREATMENT CONTRACT	Y	N
10	COMPREHENSIVE HEALTHCARE-AUTHORIZATION TO RELEASE INFORMATION	N	N
11	CONNECT-PHONE TRIAGE	N	N
12	CONSENT TO TREATING PROVIDER ENTITY RECIPIENT (42CFR PART 2 AND HIPAA)	N	N
13	DIRE SCORE	N	N
14	DUKE	N	N
15	EIDENBURGH POSTNATAL DEPRESSION SCALE (EPDS)	N	N
16	EPWORTH SLEEPINESS SCALE	N	N
17	GENERAL HEALTH QUESTIONNAIRE (GHQ-7)	Y	Y
18	INTAKE QUESTIONNAIRE (SUBOXONE) ESTABLISHED	N	N
19	INTAKE QUESTIONNAIRE (SUBOXONE) NEW PATIENT	N	N
20	MAT FOCUSED PEER REVIEW	N	N
21	M-CHAT	N	Y
22	M-CHAT-R	N	Y
23	MEDICAL POWER OF ATTORNEY/HEALTH CARE PROXY OR LIVING WILL DOCUMENTED	N	N
24	MEDICARE HEALTH RISK ASSESSMENT	N	Y
25	MINI MENTAL EXAM	N	N
26	MOCA	N	N
27	OPIOID RISK TOOL	N	N
28	PAIN ASSESSMENT TOOL 2.0	N	N
29	PAIN MANAGEMENT NURSING CHECKLIST/OPIOID THERAPY RECORD	N	N
30	PATIENT CONSENT AND RELEASE FORM FOR BUPRENORPHINE TREATMENT DURING PREGNANCY	Y	N
31	PATIENT HEALTH QUESTIONNAIRE (PHQ-2)	N	N
32	PATIENT HEALTH QUESTIONNAIRE (PHQ-9)	Y	Y
33	PEDIATRIC HISTORY FORM	Y	Y
34	PEDIATRIC RESPIRATORY SCORE	N	N
35	PEDIATRIC ROS	Y	Y
36	PEDIATRIC SYMPTOMS CHECKLIST (PSC-17)	Y	Y
37	PERSONAL-FAMILY HISTORY FORM	Y	Y

38	PSC17	N	N
39	PSYCHIATRIC INTAKE QUESTIONNAIRE	N	N
40	ROS	Y	Y
41	ROS Short	N	Y
42	SDOH (MODIFIED PRAPARE)	Y	Y
43	SEXUAL ASSULT EVALUATION	N	N
44	SURGERIES	Y	Y
45	VANDERBILT SCORE	N	N
46	WA HCA-MAT PATIENT STATUS AND PROGRESS	N	N