

**Collaborative
Electronic Health Record
(Integrated EMR, EDR, PMS and RCM)**

Request for Proposal



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1. About the OKPCA

Oklahoma Primary Care Association (OKPCA) is a nonprofit 501c3 trade and membership association representing community health centers. Since 1983, OKPCA has brought together community health centers, community organizations, partners, state agencies, and patients to strengthen access to affordable, community-based health care. Today, over 340,000 Oklahomans are served by a community health center at over 190 sites in rural and urban Oklahoma.

OKPCA's vision is for community health centers to be the employers, providers, and partners of choice. Leveraging funding from the Health Resources and Services Administration to provide training and technical assistance to community health centers, OKPCA works with health center leaders, providers, and care team members to advance health outcomes, broaden access to care, and drive down the total cost of care.

Essential to the continued success of community health centers and the improved health of their patients is the advancement of health information technology (HIT) and data capabilities. OKPCA seeks to review and evaluate vendor proposals in alignment with this Request for Proposal (RFP) for an Electronic Health Record, with the intention to implement it across the OKPCA network over time.

1.1 SoonerVerse (SVI) - Oklahoma's Health Center Controlled Network (HCCN)

SoonerVerse (SVI) is a Health Center Controlled Network (HCCN) as defined by Section 330(e)(1)(c) of the Public Health Service Act. HCCNs are collaborative networks of health centers that work together to improve health IT capabilities, data sharing, and the overall quality of care across participating health centers. Established in 2011, the SVI HCCN is currently comprised of twenty-one (21) Oklahoma community health centers and is supported by the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). HCCN initiatives are typically focused in functional areas requiring high-cost and/or specialized personnel, procurement of large infrastructure systems, or in functional areas where operational mass drives economies of scale.

1.2 Patient Care Network of Oklahoma (PCNOK)

The Patient Care Network of Oklahoma (PCNOK) is a clinically integrated network formed by Oklahoma community health centers in 2014 with the goal of advancing the health of Oklahomans through increased access to quality care. In 2017, PCNOK officially became an Accountable Care Organization. PCNOK negotiates value-based agreements on behalf of its members for the purpose of improving the overall outcomes of the patients it serves and sharing in the subsequent cost savings. PCNOK seeks to support health centers' financial sustainability by increasing access to care, improving clinical quality measures, and decreasing utilization and total cost of care. It supports these efforts through the creation of actionable data reporting, supporting technological solutions to improve outreach and engagement, and supporting best practice workflows and process improvement activities.

2. Introduction

The purpose of this RFP is to evaluate integrated EHR, PMS, EDR, and RCM systems, as well as support services, which will enable OKPCA to support the current and future needs of our member community health centers. It is OKPCA's belief that leveraging the efficiency of an integrated EHR/RCM infrastructure is key to future performance, including the continued transformation to value-based care. To those ends, OKPCA is soliciting information from qualified vendors. This RFP has been developed to facilitate OKPCA's assessment, evaluation, selection, acquisition, and implementation of a suitable network-wide EHR vendor solution.

3. General Information

The following pages provide instructions for the preparation of a proposal that will enable vendors to address the technical, financial, and legal requirements of this proposal. This document is not an offer to contract. Only the execution of a separate written contract will obligate OKPCA and its members to be in accordance with the terms and conditions contained in such a contract.

Vendors should acknowledge receipt of the RFP and submit, via email, a Letter of Intent (LOI) to proposals@okpca.org. The LOI should indicate that the Vendor will either respond to the RFP or withdraw from consideration. Please include the name and contact information in LOI that will be responsible for all communications with OKPCA through the RFP process. The LOI filing is not required though it assures the Vendor of any published updates on the process and application requirements from OKPCA.

All questions, comments, or concerns about this RFP and subsequent process may be directed to Cade Culver, Chief Innovation Officer at proposals@okpca.org.

Questions deemed relevant to other vendors will be answered and forwarded to all RFP recipients. Such transparency is compulsory to ensure respondents are afforded the same information and an equitable opportunity to modify proposals and/or demonstrations accordingly.

4. Project Scope

As mentioned above, OKPCA membership consists of 22 FQHC members spanning rural and urban locations across the state of Oklahoma. OKPCA and its members seek to identify and implement a single product or suite of products from a single vendor to perform as the collaborative Electronic Health Record. This product is intended to serve the OKPCA member Community Health Centers to drive the optimization of EHR use to achieve clinical, operational, and financial efficiencies and increase success in value-based care initiatives. Potential network-wide representation is included in the key metrics table below (4.1) with UDS 2023 summary data and detailed UDS data from 2023 is included as Appendix H for reference.

4.1 Key OKPCA Metrics

Total number of annual visits in 2023	1,384,441
Total number of patients seen in 2023	341,317
Total number of combined main health center sites (does not include small satellites at CMHCs, soup kitchens, mobile units, public housing, nursing home visits or school-based care)	154
Number of physicians (MD, DO and OD)	32 FTE
Number of PA/NP/ARNP/CNM	233 FTE
Number of behavioral health providers	126 FTE
Number of dentists	31 FTE

4.2 IT Eco-System

4.2.1 IT System Priorities and Capabilities

The following section provides a high-level summary of the priorities and capabilities required by OKPCA's health centers.

System Characteristics

- Integrated solution (Medical, Dental, Behavioral Health, AODA, Optometry Chiropractic, and more!)
- Ease of use
- Customization / user defaults
- Efficiency
- Summary / dashboard / status bars
- Search function
- Speech to text capability that includes medical terminology
- Text size to accommodate vision
- Per user templating / Diagnosis based templates for acute visits
- Spell check / grammar check that includes medical terminology (multiple language)
- Ability to zoom-in on the screens
- Compliance with Federal and State regulations
- Ensure data integrity across the continuum of care (e.g., patients that are seen for multiple service lines within the clinics have integrated data for a comprehensive patient record) with the ability to distinguish between the different service lines for reporting, etc.
- Ability to document in an encounter before the patient checks-in for their visit(s)
- Ability to bill and document for a group service(s)

System Functions

- Clinical Care Management (CCM)
- Integrated telehealth
- Annual Wellness Visit (AWV)

- Social Determinants of Health (SDOH) screening
- Access population health from within EHR
- Gaps in Care data
- Referral Tracking (preference for integrated referral systems)
- Clinical Decision Support
- Privacy of records for substance use disorder (SUD) / Behavioral Health (“break the glass” functionality)
- Secure Instant Message (IM) / Secure Text capability
- Well Child Visits (what is it built on; what if we want to use a different screening)
- Full range of screening tool options and/or the ability to add our own screening tools
- Ability to print patient letters from patient registration or the schedule (work/school excuse, etc.)
- Ability to upload documents to the EHR
- Data Dashboard building capabilities

Patient Engagement Capabilities

- Patient Portal (multiple languages)
- Appointment reminders (with error checking)
- Clinical reminders
- Forms Building, Submission and Completion
- Registration Completion (+ FQHC data)
- Remote Patient Monitoring (RPM) / Patient/Wireless reported data capture
 - Wearables: Blood pressure, Glucose, Weight, EKG
- Closed Loop Referrals
- Data on usage of the patient portal
- Online bill-pay
- Online scheduling

Business Office/Front Desk Capabilities

- Registration (plus FQHC data points)
- Scheduling (including self-scheduling; group scheduling; multiple visit scheduling)
- Medical Records
- Scanning
- Document Management and automation
- Remote/Kiosk Check-in
- Set-up recurring appointments
- Quick access to see scheduled appointments when scheduling
- Quick access to see services due at the next appointment when scheduling
- Prompts, alerts, or required fields for reception to ensure critical data is collected
- Ability to alphabetize patient contacts in patient registration and other areas in PM with list-based data
- Patient photos
- Release of Information solution(s)

Billing Capabilities

- Standard RCM industry capabilities
- Insurance eligibility verification
- Automation for insurance eligibility/coverage
- In-house billing
- Sliding fee scale capabilities
- Patient statements (paper and electronic)
- Electronic claims
- Payer Enrollment:
 - Electronic Remittance Advice (“ERA”)
 - Electronic Data Interchange (“EDI”)
- Posting automation
- Denials management
- Ease of uploading billing documentation to payers
- Fee schedule management
- Coding Support
- Toggle between multiple patients
- Integrated ability to accept credit card payments

Personalization Capabilities

- Customization of clinical user interface – global and personal
 - Able to create user preferences/defaults
 - Ability to create content to react to new opportunities / new data entry screens or forms.
- Customization of PM interface
- Ability of PM and Electronic Medical Record (EMR) to communicate, create custom fields/forms with autofill capabilities

Remote Access Capabilities

- Secure Access
- Remote Access
- Mobile Access - Smart Phone App

Disaster Preparedness & Recovery

- Prepared downtime procedures

Reporting

- Comprehensive Financial – e.g., no-shows, schedules, productivity, state-based wrap settlement reporting,
- Comprehensive Clinical – e.g., encounter time, behavioral health patient list for recall
- Comprehensive Operational – e.g., cycle times, worklists
- Provider Report (quality outcomes, predictive analytics, patient complexity, patient panels)
- Ad Hoc Reporting that includes the training required to utilize the tools – create,

save, and share new reports across [OKPCA] Members (for financial, clinical, and operational reports)

- Easily access dental measures
- Uniform Data System (UDS) reporting and planning for UDS+ requirements
- HEDIS reporting
- Inventory management
- Inventory control
- Network Analytics
- Ability to customize reports at clinic and enterprise level
- Leverages Artificial Intelligence (AI) and machine learning (e.g., large language models, medication tools, etc.)
- Ability to identify/pull data based on program/grant participation

Interoperability

- External Interfaces
 - Communication with external providers
 - Hospital Interfaces
 - Other EMR / PM systems
 - Commercial and hospital pharmacies (including 340B reporting, to and from based on state requirements)
 - Commercial and hospital lab
 - Internal and external pharmacies
 - Integrate data/information for value-based care programs and efforts
 - State registry reporting: Immunizations, Incident Response Improvement, Prescription Drug Monitoring Programs
 - System (IRIS), Cancer, etc.
 - State/regional Health Information Exchange (“HIE”)
 - Closed loop Community e-referral systems
 - Wearables/Remote Patient Monitoring (“RPM”)
 - UDS+ and Federal Programs
 - EAS
- Internal Interfaces
 - Pharmacy
 - Dental
 - Behavioral Health
 - Vision
 - Chiropractic
 - Medical devices such as EKGs, spirometry, colposcopes - images and video
 - Finance / General Ledger software
 - Remote patient monitoring tools/products
 - Care coordination
 - AODA (that meets Federal and State regulations)
 - Operations reports

Vendor Characteristics

- Support:
 - Timeliness / Service Level Agreement (SLA)
 - Thorough, complete responses
- History of response to market Changes
- Experience and expertise of FQHC market (not just small practices) and the unique challenges facing FQHCs (must demonstrate strong market share of FQHC customers)
- Leverages AI
- Benchmarking
- Comprehensive and ongoing user training (both live and recordings)
- Up-to-date training with different lengths of training
- Track user training completion
- Role-based training including provider-to-provider
- Recommended workflows
- Application Programming Interface (API)
- Total cost of ownership (TCO)
- Content strategy (third-party versus company-provided)
- Ability or plan to support 24-hour operations \ after-hours clinics
- Clear and regular communication of vendor strategic plans, roadmaps, and timelines
- Company commitment to justice, equity, diversity, and inclusion
- Clear process for seeking changes to the technology (e.g., provider review committees, etc.)

SLA – Guaranteed Rates of Service (performance)

- Uptime
- Responsiveness
- Outage / Emergency Capabilities
- Timeline of bug fixes (transparency)
- Outage credits

Additional FQHC Ecosystem Requirements

- Integrated FQHC data collection inside existing modules
- Telehealth – virtual visits plus RPM/wearables
- FQHC Billing
- Uniform Data System (UDS) Reports (demonstrate value of product to FQHCs for UDS reporting)
- HIV/Ryan White
- Mental Health / Substance Use Disorder (SUD) notes confidentiality
- Migrant/seasonal farmworker reports
- Prenatal
- Title X – Family Planning
- In-house specialty content (ophthalmology etc.)
- 340B reporting
- Patient-Centered Medical Home (PCMH)

- Value-based Care
- Ease of onboarding new users/providers (including special requirements for prescribing controlled substances)

5. Evaluation and Selection Procedures

OKPCA and its members have established an EHR selection steering committee to review the proposals. Screening and selection will occur in stages as described in the schedule below. The screening of proposals will identify the vendors meeting minimum standards and those most capable of meeting the unique needs of the members as demonstrated in the proposal. Selection of the top vendors will be made based on:

- Ability of the solution to meet the requirements
- Vendor's stability, experience, capabilities and references
- Reasonableness of implementation process/resources required
- Overall estimates of cost

Selected vendors will be afforded an opportunity to demonstrate the capabilities of their solution as necessary. Subsequent questions and demonstrations will be scheduled as needed.

OKPCA reserves the right to reject any and all proposals; waive formalities, technical requirements, and/or deficiencies and irregularities; or solicit new proposals, if such actions are deemed reasonable and in the best interest of OKPCA.

5.1 Schedule of Events

- Release RFP – 03/04/2025
- **Proposals due – 5:00 pm CT on 04/01/2025**
- Vendor Finalist Notification – 04/07/2025 – End of Business Day
- Vendor Finalist In-Person Demos – 05/13/2025 – 05/15/2025
- Vendor Notifications – Tentatively July 2025
- Contract Negotiations – TBD

OKPCA seeks to select no more than 3 vendors from written proposals as finalists. Vendor finalist demonstrations will be in-person in Oklahoma City, OK. There is no plan to allow vendors to provide virtual (Zoom, Teams, etc.) demos. The selected vendors will be invited for the in-person demos between May 13 – 15, 2025. All members of the EHR selection steering committee are expected to be in attendance in person in Oklahoma City, OK for the demonstrations. Additionally, interested Health Center staff members not on the steering committee will be invited to attend the in-person vendor demonstrations. All the attendees will have an opportunity to respond to the presentations and ask questions as appropriate strictly following the agenda.

Following the conclusion of all vendor demonstrations, the steering committee will meet to evaluate and rank each of the presentations. Based on the committee discussions and aggregation of votes, a single vendor will be selected as the top-ranked and recommended for approval by the appropriate committees and finally the OKPCA board.

6. Provisions

6.1 Disclaimer

To guarantee receipt of the best and most complete RFP response possible, OKPCA and its members reserve the right to change the schedule of events at any time, without prior notice. However, adequate time will be provided to make any necessary changes. All response materials must be received by the date specified in the schedule of events.

OKPCA and its members reserve the right to amend the RFP at any time using an addendum. If OKPCA and its members issue an addendum after the due date for receipt of a proposal, OKPCA and its members will allow vendors to amend their proposals in response to the addendum with a new due date specified.

Responses to this RFP will be reviewed completely. A demonstration of the proposed solution and/or service may be requested of respondents in addition to the RFP response, as part of the qualifying process.

6.2 Communication, Questions, and Request for Clarification

From the issue date of this RFP until a notice of intent to award the contract is issued, all communication (e.g.: questions, requests for clarification, etc.) must be submitted via the email address specified in section 3. Oral questions will not be accepted. If the questions or requests for clarifications pertain to a specific section of the RFP, please reference the page and section number(s). The written responses by OKPCA will be in the form of a Frequently Asked Questions (FAQs) document. OKPCA and its members assume no responsibility for, and vendors may not rely on, oral representations made by officers, employees, or agents of OKPCA, unless such representations are confirmed in writing and incorporated into the RFP through an addendum.

6.3 Proposal Review and Evaluation

Information contained in the proposal will only be shared with the Collaborative EHR Selection Steering Committee and appropriate OKPCA staff, designees, and members. OKPCA and its members reserve the right to contact any vendor after the submission of proposals for the purpose of clarifying a proposal.

Proposals that are submitted in a timely manner and are not rejected will be viewed in accordance with the guidance stated in this RFP. OKPCA and its members intend to award the contract to the responsible vendor whose responsive proposal provides the best merit, functionality, and value.

6.4 No Commitment to Contract

OKPCA and its members reserve the right, without limit, to accept or reject any or all response(s) to the RFP, even if all of the stated requirements are met. OKPCA and its members further reserve the right to award the project, or components of the project, to vendors based only on their discretionary decision.

6.5 Confidentiality

No portion of a potential proposal will be divulged to any other potential consultant or

vendor, except as required by law.

6.6 Release of Claims

By submitting a proposal, the vendor agrees that it will not bring any claim or cause of action against OKPCA and its members, agents, employees, or officers based on any information or misunderstanding concerning the information provided in the RFP, or concerning any failure, negligent or otherwise, to provide the vendor with any pertinent information in this RFP, in any addendum to this RFP, or in any written response by OKPCA. By submitting a proposal, the vendor thereby releases OKPCA and its members, agents, employees, or officers from any liability arising from any such claim or cause of action.

6.7 Presentations

At the sole discretion of OKPCA and its members, vendors will be required to make a presentation of the proposal and product demonstration. The presentation will occur in Oklahoma City, OK at an OKPCA-specified location. OKPCA staff, Steering Committee members, PCNOK, SVI, and their respective members may participate in the demonstration review process.

The determination as to the need for presentations, and the location, order, and schedule of the presentation is at the sole discretion of OKPCA. The presentation may include any materials that illustrate the functionality of the product and the content of the vendor's proposal. The presentation may not materially change the information contained in the proposal.

6.8 Negotiations

OKPCA and its members may enter into negotiations with more than one vendor simultaneously and award the contract, or part of the contract, to any vendor in negotiations without prior notification to any other vendor negotiating with OKPCA. Vendors unwilling to consider a good-faith joint negotiation should not respond to this RFP.

6.9 No Contract Rights Until Execution

No vendor shall acquire any legal or equitable rights regarding the contract unless and until a written contract has been fully executed by the successful vendor and OKPCA and its members.

6.10 No Minimum Guaranteed

OKPCA and its members do not guarantee any minimum level of purchase under the contract.

6.11 Cost of Preparing the Proposals

OKPCA and its members are not responsible for any costs incurred by a vendor that are related to the preparation or delivery of the response, or any other activities of a respondent related to this RFP.

6.12 Reference Checks / Federal Exclusion Prohibition

OKPCA and its members reserve the right to contact any reference of a vendor to assist in the evaluation of the vendor's proposal, to verify the information contained in the vendor's proposal, and to discuss the vendor's qualifications and the qualifications of any subcontractor identified in the proposal.

Portions of this project are paid with Federal Grant funds and as such the selected vendor and key vendor staff must not be excluded from receiving any federal government contracts. The selected vendor will be vetted via the SAM (System for Award Management) website and OIG to confirm eligibility.

6.13 Information from Other Sources

OKPCA and its members reserve the right to obtain and consider information from other sources concerning a vendor, such as the vendor's capability and performance under other contracts, the qualifications of any subcontractor identified in the proposal, financial stability, past or pending litigation, and any other information (including any information available to the public).

6.14 Copyright Permission

By submitting a proposal, the vendor agrees that OKPCA and its members may copy the proposal for purposes of facilitating the evaluation. By submitting a proposal, the vendor consents to such copying and warrants that such copying will not violate the rights of any third party. OKPCA and its members shall have the right to use ideas and adaptations of ideas that are presented in the proposals.

6.15 Employees and Officers not to Benefit

No OKPCA member, agent, employee, or officer shall have any significant ownership interest, monetary interest, share, or be a party to any contract with a vendor. OKPCA and its members, agents, employees, or officers shall not personally benefit monetarily or otherwise as a result of the execution of any contract related to this RFP.

6.16 Cone of Silence

This project is under a "Cone of Silence" starting with the issue date of this RFP through RFP award. Any RFP-related discussions with OKPCA and its member representatives other than the contact specifically listed in section 3.0 are prohibited. Any violation of this provision may result in the associated vendor being removed from consideration at OKPCA and its members' sole discretion.

6.17 Gratuities

OKPCA and its members may, by written notice to the vendor, terminate the right of the vendor to proceed under this agreement if it is found after notice and hearing that gratuities in the form of entertainment, gifts, monies, or ownership were offered or given by the vendor, or any agent or representative of the vendor, either directly or indirectly, to any officer or employee of OKPCA and its members, to secure a contract or secure favorable treatment with respect to the awarding, or amending, or the making of any determination with respect to the performance of such contract.

7. Proposal Content Requirements

For OKPCA and its members to evaluate proposals fairly and completely, it is suggested that vendors reply utilizing the below framework to ensure the key information is easily identified during the review. Clear and concise responses to questions are valued over formatting. The proposal must be submitted electronically to proposals@okpca.org.

7.1 Submission of RFP Response

Vendors must submit one (1) electronic copy of their response in Microsoft Word via email no later than 5:00pm CT on 04/01/2025 to proposals@okpca.org.

Vendors are solely responsible for submitting a proposal on time. Late proposals will not be considered.

Timeliness of submission is determined by the timestamp applied by the RFP Contact's email server. Additionally, the order of vendor product demonstrations and vendor demo dates will be determined by the same timestamp; the first to submit will choose the presentation date they desire, and then the second vendor to submit will choose their preferred presentation date based on the remaining spots, etc.

7.2 Proposal Formatting

- Each question that you are answering should be communicated in a clear and unambiguous message.
- Any unclear answers could negatively affect your qualification.
- Vendors should be prepared to answer follow-up questions with written responses and/or demonstrate functionality as part of a presentation.
- No part of this RFP will become part of any final agreement between OKPCA and Vendor unless specifically incorporated into a final written agreement. Any or all contents of your proposal may become part of a final agreement as determined by OKPCA.

7.3 Required Completed Attachments

A complete vendor submission will include the following items:

- Detailed responses entered in **Appendix A: Vendor Info**
- Detailed responses entered in **Appendix B: Vendor Capabilities**
- Detailed responses entered in **Appendix C: Functionality**
- Detailed responses entered in **Appendix D: Implementation – Training**
- Detailed responses entered in **Appendix E: Support**
- Detailed responses entered in **Appendix F: Security**
- Vendor has completed **Appendix G: Pricing – 2 parts:**
 - **Pricing Proposal**
 - **Five (5) Year Cost of Ownership**

Note: Responses to this RFP will be appended to any contract OKPCA may enter into with a Vendor.

Appendix A: Vendor Info

Vendor / Product Q & A	Comment
Company Name	Click here to enter text.
Address (City, State, Zip)	Click here to enter text.
Contact Name(s)	Click here to enter text.
Contact Phone Numbers	Click here to enter text.
Contact Email Address	Click here to enter text.
Company Web Site	Click here to enter text.
Annual Revenue	Click here to enter text.
Number of years as EMR vendor	Click here to enter text.
Electronic Medical Record (EMR) Product Name(s)	Click here to enter text.
Number of live sites	Click here to enter text.
Number of new EMR installations over the last 3 years?	Click here to enter text.
Largest Installed System (in terms of number of users and sites)	Click here to enter text.
Breakdown of sites by specialty	Click here to enter text.
Size of existing user base	Click here to enter text.
Number of FQHC Clients	Click here to enter text.
Frequency of Upgrades / release cycle	Click here to enter text.
Product Licensing Terms	Click here to enter text.
Does the product have a MI presence? If so, # of install sites by specialty and size.	Click here to enter text.
What is the current implementation timeframe when using only vendor-supplied resources?	Click here to enter text.
Number and percentage of practices in 2022 and 2023 that did not get installed four (4) months after signing contract?	Click here to enter text.
How many organizations have de-installed any vendor systems over the past two (2) years? Please specify which systems and why?	Click here to enter text.
What is your customer retention strategy?	Click here to enter text.
Total FTEs Last Year	Click here to enter text.
Explain how your company is planning to meet the increase in demand for your EHR product (including implementation, training, and support) over the next five (5) years.	Click here to enter text.
Please comment on your organization's approach to research and development ("R&D") investment.	Click here to enter text.
Does the solution provide a single database for scheduling, billing, and EHR?	Click here to enter text.

Please describe business continuity / disaster recovery standards.	Click here to enter text.
Please describe the source of clinical content and options for customization.	Click here to enter text.
<p>Was the product (or any of its significant functionality) acquired from another company? If yes, please answer the following:</p> <ul style="list-style-type: none"> • What was the original company's name that developed the product or functionality? • What was the original product's name? • What version did you purchase? 	Click here to enter text.
Please describe integration capabilities for third products (e.g., Google Health, Microsoft HealthVault, iHealth, etc.)?	Click here to enter text.
Is the product comprehensive or modular?	Click here to enter text.
List all modules available, their current version, and dependencies for each module to operate fully with the "core" product.	Click here to enter text.
Has your company acquired, been acquired, merged with other organizations, or had any "Change in control" events within the last five (5) years? (If yes, please provide details.)	Click here to enter text.
Is your company planning to acquire, be acquired, merge with other organizations, or have any "Change in control" events within the next five (5) years? (If yes, please provide details.)	Click here to enter text.
Please provide information on any outstanding lawsuits or judgments within the last five (5) years. Please indicate any cases that you cannot respond to as they were settled with a non-disclosure clause.	Click here to enter text.
Please comment on your organization's ability to understand the FQHC market and the unique challenges of the community health center operating environment.	Click here to enter text.
Are you willing to align with Oklahoma Primary Care Association's goals and objectives?	Click here to enter text.
Are you willing to commit to outcomes?	Click here to enter text.

Appendix B: Vendor Capabilities

Instructions for Completing the Vendor Capabilities:		
Functionality considered of primary importance has been listed in the first Column, "Criterion." Please evaluate each criterion against the proposed vendor system and assign the value that best describes the system's <u>current state based on the Vendor Capability Scale</u> , below.		
A complete Vendor Capabilities Checklist would have each criterion assigned a value from the Vendor Capability Scale and entered in the "Vendor Capability" column. Comments should be entered as the vendor deems appropriate. Any criterion for receiving a "1 or 2" must also include a comment, details below.		
<u>Vendor Capability Scale (VCS):</u>		
4 = Yes, Standard Functionality (YSF)		
When the vendor solution <u>can support</u> the criteria with <u>standard functionality</u> , the vendor should place a "4" in the Vendor Capability column along with any comments.		
3 = Yes, Requires Customization (YRC)		
When the vendor solution <u>can support</u> the criteria but it is <u>non-standard and requires programming</u> , the vendor should place a "3" in the Vendor Capability column and any comments.		
2 = Third-Party Integration (TPI)		
When the vendor solution <u>cannot support</u> the criteria and <u>requires a third-party</u> solution to be integrated, the vendor should place a "2" in the Vendor Capability column and <u>include a comment</u> with the name of the Third-Party Vendor.		
1 = On Product Roadmap (OPR) – Must include a comment with a release date		
When the vendor solution <u>cannot support</u> the criteria but has allocated development time and has the solution on a Product Roadmap, the vendor should place a "1" in the Vendor Capability column and <u>include a comment</u> with estimated date of release.		
0 = No, Not Available (NA)		
When the vendor solution <u>cannot support</u> the criteria with programming or a third-party solution and has <u>no plans for the development</u> of that functionality, the vendor should place a "0" in the Vendor Capability column along with any comments.		
Note that the vendor submitting the proposal shall be responsible for all third-party products included in the proposal if or when requested.		
Criterion	Vendor Capability (# only)	Comment
Vendor Capability Scale: 4 = YSF 3 = YRC 2 = TPI 1 = OPR 0 = NA		
Practice Management System / Revenue Cycle Management		
The system has the ability to create automation of recurring Revenue Cycle Management (RCM) tasks.		

Secondary Claim processes are designed to minimize clicks and can be automated.		
Remit processors require minimal maintenance and can be automated.		
The system allows for the assignment of permissions based on role and is flexible enough to offer a menu of granular permissions for individuals requiring additional access i.e., role-based permissions can be customized.		
The system includes flexibility to create and modify data entry forms (customization).		
The system has the capability to attach additional billing code requirements (ie. G codes) to claims as required by payers in an automated fashion.		
The system maintains a single unified ledger for transactions created from integrated products (to include Medical, Dental, and Behavioral Health).		
The system supports splitting global fees into user-defined components.		
The system can reprint a day bill on demand and the balance and aging of an account are updated at the time and are not delayed until the end of the accounting period.		
The system has the capability to receive, automatically process, and post (after manual review) a remittance advice.		
The system maintains a history of statements mailed to patients and records the date and type of statement sent.		
The system can generate consolidated patient statements for Parents/Guardians that include dependent charges (Family Billing).		
The system can merge charges for medical and behavioral health visits that occur on the same day with different providers onto a single UB04 claim form.		
The system includes the ability to create custom adjustment codes by health center.		
The system has a rules feature that prevents users from entering procedures under incorrect locations of care, departments or providers.		

The system supports the development of budget payment plans and bills guarantors according to the budget plan agreement.		
The system can provide the credentialing status of each billable provider with each payor.		
The system has the ability to create "dummy codes" for internal tracking purposes as required.		
The system has "Claims Hold" abilities and features to manage the created hold queue.		
The system has a Coordination of Benefits review process.		
The system has the capability to track claims with payment errors for correction / resubmission.		
Special group accounts are available to handle situations in which services provided to a large group of patients are billed to a single third-party payor and should not or cannot be billed to the patient's guarantor.		
The system allows for the upload of billing documentation to payers.		
The system has fee schedule management features, such as a wizard		
RCM/Electronic Data Interchange (EDI) provides the ability to follow a claim through the entire claim lifecycle.		
The system can assign visits to resources or "buckets" to be worked down by billing teams.		
The system includes integrated denial management tools.		
The system offers the ability to hard close/lock financials down to prevent further edits.		
The system offers the option to choose EDI and clearinghouse of our choice.		
The system interfaces with external electronic statement vendors.		
Patient Registration and Scheduling		
The system can support a unique patient identifier-Medical Record Number (MRN) to identify the patient throughout the payer platforms / modules.		

<p>The system supports automated creation of Good Faith Estimate letters that can be printed and mailed, securely emailed, or pushed to the patient portal within a designated timeframe (Support of the No Surprises Act).</p>		
<p>The system can capture patient demographics (name, address or place or type of residence including housing status/homelessness, migrant status, homeless status, family size, family income, food security/insecurity, veteran status, public housing, primary language, race, ethnicity, date of birth, gender assigned at birth, gender identity, sexual orientation, and other social determinants of health, etc.).</p>		
<p>The system offers Identity Verification.</p>		
<p>The system automatically validates an address upon entry, including census tract and county updates.</p>		
<p>The system captures the names and custody status of parents/guardians, their individual contact information, and populates all portions of the EHR, including progress notes, in the charts of patients 0-17 years of age.</p>		
<p>The solution provides multiple language fields enabling distinction of primary, secondary or preferred languages for multi-lingual patients that is not limited by service area, languages available for selection, and including sign language.</p>		
<p>The system offers the ability to register individuals and associate them to a Family/Parent/Guardian.</p>		
<p>The system offers the ability to update Family/Parent/Guardian demographics and have those changes automatically update dependent demographics (example; address, phone, email).</p>		
<p>The system offers the ability to add and maintain scheduling appointment sets enabling multiple resources for patient visits, for example: scheduling an appt that requires a Provider, Imaging, Interpreter. and Transportation.</p>		

The system has Health Center and Facility level scheduling capabilities including appointment scheduling, conflict-checking, scheduling rules, next available, patient preferences, provider preferences, auditing and reporting, and viewing multiple schedules.		
Patients associated with a family or guarantor can have surnames and addresses that differ from the head of household or guarantor.		
The system allows for patient registration for care provided at different locations (clinic patient, home visit patient, nursing home, hospital, or street medicine).		
The system offers Health Center and Facility level scheduling support of appointment requirements: check for medical necessity, authorizations, referrals, and pre-certifications.		
The system offers provider schedule management; provider schedule templates, overbooking, and other provider scheduling preferences.		
The system offers the ability to view a schedule for more than 1 month prior.		
The system offers automated alerts and warnings related to patient scheduling and payments.		
The system is able to differentiate between patients and guarantors (patients or non-patients who agree to pay the patient's bill if no one else does).		
The system supports online patient scheduling (self-scheduling) within defined algorithms. For example, if a patient asks to book a PE, the system checks protocols to see if PE is due at that time.		
Patient balances are visible to staff in both registration and scheduling modules.		
The system supports recording a physical address, mailing address and a temporary address for the patient.		
The system maintains records of patient past (historical) addresses (i.e., a Change log).		
The systems captures, maintains, and provides access to patient advance		

directives.		
The system allows for patients to be marked as sensitive, confidential and/or gives the ability to block named users from accessing their medical record.		
At registration, the user is able to identify programs in which the patient is enrolled and supports federal reporting or special patient statuses for the purpose of advanced reporting, for example: enrolling patient for Nutrition or MAT and reporting on those programs.		
The system records Health Resources and Service Administration (HRSA) Uniform Data System (UDS) required fields such as: housing status, SOGI, race, ethnicity, agricultural work status, veteran, family size, and income using values in a standard or user-defined table. The system can be modified as different patient information related to SDOH is desired.		
The system is able to document that a patient refused to answer a required question.		
The system has the ability to generate reminder notices to staff when sliding fee schedules have expired.		
The system has the ability to create user-defined fields defined by the health center and they are available to be used/pulled into reports.		
The system has the ability to “lock” charts for patients with confidential care needs (family planning, SUD and STI treatment for minors) that then inhibits what can be printed and shared with releases of information to parents, etc.		
The registration module records geographical information associated with the patient's and guarantor's residence (e.g., homeless, neighborhood, and census track).		
The system provides a free text comment/notes field associated with the patient's registration record. These fields are accessible via a reporting tool.		

The system can display special instructions on screen based upon appointment type, clinic, etc. For example, "bring immunization records with you" or "minimum payment due today."		
The system provides multiple text fields that can be used to categorize the patient for reporting. These fields are accessible via the report-writing tool.		
A patient can be identified located by his or her prior name (e.g., birth name) or alternate name (e.g., alias) previously entered into the system.		
A patient can be checked-In via self-service kiosk/tablet.		
The system shall have the ability to split family members and reassign them to appropriate accounts (mandatory with family billing).		
Each family can have an unlimited number of insurance policies covering members of the family.		
The user is able to specify which members in the family are covered by each insurance policy.		
The system provides the ability to automatically replicate data for family members during the registration function that is the same (e.g., home telephone number address, payor source, etc.).		
The system has the ability to compute a sliding fee scale and percentage of poverty based on family size plus income data.		
The system sends alerts after every set period/year to ask the patient for proof for continuation of a previously established sliding fee.		
The system can be configured to ignore sliding fee scale on patients with certain insurances.		
The system tracks the status of each outstanding guarantor and third-party insurer balance by the age of the balance (in intervals of 30 days up to 365 days) and by whether a minimum payment (percentage basis), a full payment, or no payment has been made against the outstanding balance.		

The system supports the development of payment plans and bills guarantors according to the payment plan agreement.		
The system auto-prompts a user when patients are due for new Registration and Consent for treatment. (Based on date of previous document entered)		
The system offer the ability for the preferred name and pronouns of the patient to be used/highlighted for patient interaction purposes including correspondence (e.g., patient letters, interaction with clinic staff, etc.) (Not to be used for insurance, legal documents, etc.)		
The system can capture diverse family structures such as same-sex parents of pediatric patients.		
The system offers the ability to schedule recurring appointments.		
The system offers patient-information (including if the patient is scheduled to see another provider in the same clinic on the same day) “at a glance” with most pertinent information displayed for optimal care.		
The system allows for the scanning of insurance cards and government-issued IDs.		
Charge Entry		
The system has coding tools to help clinicians document conditions and diagnosis in the most complete and accurate way in support of current regulatory requirements.		
The system has the ability to create and send Dental and Vision claims.		
The system has the ability to identify all procedures which are covered by FQHC Prospective Payment System (PPS) rates including those that are date sensitive.		
The system supports the ability to complete patient credits while posting charges.		
The system prevents users from entering procedures to incorrect locations of care, departments, or providers (e.g., dental codes cannot be entered in Pediatrics).		
The system provides the ability to establish and have bills adjust to a center-specific sliding fee scale policy including:		

- Net Charges		
- Minimum Fee by Procedure Code / Range of Codes		
- Use Alternate payer / split charges		
- Minimum Fee by Visit		
- Minimum Fee by Department		
- Percentage of Full Charge		
- Combination of above		
The system supports multiple sliding fee scales and allows for a single patient to have multiple sliding fee plans simultaneously (for instance, one for behavioral health and one for medical).		
The system has the ability to identify procedures ineligible for sliding fees.		
The user can assign the patient to a sliding fee scale and record an associated date for recertifying the patient's sliding fee scale eligibility.		
The system retains past fee guidelines and schedules for sliding scales.		
The system automatically determines the sliding fee category based on the family size and income.		
The system uses EDI/clearinghouses to submit electronic claims to Commercial payers, State Blue Cross, Medicaid, Medicare, work comp, and motor vehicle.		
Payment Posting		
The solution contains Electronic Remittance Advice (ERA) / 835 file processors that allow for automation		
The system has the ability to slide a patient balance after insurance payment is received.		
The system has a denial management workflow that allows ease of managing payor denials.		
The system has the ability to bulk post into a single batch from a remit.		
The system has the ability to electronically submit claims to secondary payors with attachments.		
Account Management and Accounts Receivable		
If the patient has been identified as eligible for a certain discount percentage, the bills will automatically include the credit		

adjustment for the discount and the reversing debit adjustment for the discount.		
The system maintains a history of all statements generated for patients (required to file for Medicaid bad debts). The history records the date and type of statement sent and enables printing copies.		
Patient statements or billing communication allows for adding messages entered by billing staff.		
If a fixed (minimum) co-payment is specified for the system as a whole or for particular accounts, the bill will reflect the associated adjustments.		
The balance and aging of an account are updated at the time the demand bill is generated and is not delayed until the end of the accounting period.		
The system offers the ability to automate collections.		
User Interface		
The system allows for enterprise preferences, facility preferences, group preferences and user preferences		
The system allows for such personalization to include dynamic elements such that a response to one question and show/hide or disable/enable other elements.		
The system offers the ability for a user to personalize the interface without superuser/IT support		
The system offers an integrated Electronic Medical Record and Practice Management system - Shared relational database		
The solution allows for users to create their own custom lists and defaults for data entry items, common problems to add, and common medications (including dosing/quantity/duration information)		
Within problem list management the system has the option to show chronic or all diagnosis		
The system can link diagnosis to, and update, the problem list		
The system has the ability to auto-populate the correct location of care where the note is generated		

CLINICAL USABILITY		
Patient Portal and Patient Engagement		
The solution includes an integrated patient portal (and offers multiple languages).		
The solution has support for multi-part age of emancipation and advanced options for permitting parents/spouses access to charts.		
The solution includes a smart phone app for patient portal access.		
A patient can check in/register via the patient portal or app, as well as make a co-pay or balance due payment.		
Labs, medical history, clinically relevant documents can be shared through the patient portal and can be made available immediately to comply with Information Blocking regulations		
The patient portal allows secure communication to and from the patient and clinical staff / provider (i.e., Prescription refills, messages)		
The solution allows for online form completion through the patient portal including PM (i.e., Registration, HIPAA, AOB), clinical information (health history, pre-visit questionnaires, screenings, SBINS, Bright Futures), and legal consent.		
The solution allows for confidential visits/diagnoses to be marked as such and blocked from patient portal/other data-sharing utilities.		
The solution has the ability for a clinical form's data fields, filled out by a patient, to flow to structured data fields within the EHR.		
The solution has the ability to distinguish/filter between clinical versus PM tasking and patient communications.		
The solution allows for patient care plans and Clinical Visit Summaries to be shared with the patient through the patient portal.		
The system has the ability to create and manage appointment reminders including confirmation of appointments and rescheduling.		
The system has the ability to create and manage clinical reminders in an electronic		

manner.		
The Patient Engagement solution has Remote Patient Monitoring integration capability and demonstrated use.		
Patient-reported data and RPM data can be accessed by care teams and providers and they able to identify that this data is patient-reported, or remotely gathered.		
The Patient Engagement solution includes the ability to send Patient Satisfaction Surveys (CAHPS standard preferred).		
Clinical Tools and Modules		
The solution includes integrated document management functionality allowing document indexing, categorization, history, integration of fax lines, and audit history.		
The system offers an integrated scanning solution to manage incoming paper documents		
Scanned documents can be attached to intra-office communications and tracked.		
Scanned documents can be attached to visit notes.		
Images and audio files can be saved and stored in the document management system		
The system can generate reports on document management activities and usage.		
The system offer the ability to share treatment plans for patients with common encounter reasons.		
The system supports Optical Character Recognition (OCR) to convert scanned documents into searchable text.		
The solution includes the ability to identify and label/tag patients as care managed		
The solution includes lab test results tracking		
The system has a mobile application available for use by physicians, clinical support and practice managers		
The solution provides robust, responsive, and customizable phone note templates.		
The clinical solution includes imaging tracking		
The system tracks consultations and referrals and has the ability to report on the		

status of open referrals by provider and site.		
The system links consult notes received to the referral order, completing the referral for tracking purposes, so that everyone is aware the referral was completed.		
The system supports easy viewing of the most recent activity on an open referral, to facilitate consistent communications with the patient.		
The system generates follow-up letters to physicians, consultants, external sources, and patients based on a variety of parameters such as date, time since last event, etc. for the purpose of collecting health data and functional status for the purpose of updating the patient's record.		
The solution includes ability to review and manage gaps in care data		
The solution includes intuitive clinical decision support and the ability to customize decision support based on diagnoses, medications, and data entered.		
The solution includes the ability to review and manage HCC coding including indicating codes not billed within the current year.		
Clinical decision support can be based on standard USPSTF or eCQM/UDS definitions OR user-defined criteria.		
The clinical solution includes evidence-based guidelines support for managing care.		
The solution connects to leading social service referral platforms (i.e., UniteUs, NowPow, Aunt Bertha/findhelp, 211)		
The solution includes Social Determinants of Health ("SDOH") screening (PRAPARE) and the results are recorded as structured data elements for reporting.		
Codes are automatically generated / recommended based upon results of patient SDOH screening		
The system includes the ability to incorporate SDOH data and clinical data into a risk score and patient stratification		
The system has the ability to search within patient charts for results, key words, or specific documents.		

The solution includes Welcome to Medicare and Medicare Annual Wellness Visit (AWV) features and screenings.		
The solution includes tools required by HRSA or state funders, for example: PHQ2, PHQ9, NIDA, ASQ screens, SWYC, Edinburgh screens, SBIRT, and others.		
The solution includes Well Child Check visit (“WCC”) features and screenings (SWYC, MCHAT)		
The solution includes annual Comprehensive Physical Examination (“CPE”) features and screenings.		
The solution allows direct access to population health tools from within a patient chart.		
The product applies artificial intelligence to progress notes to generate a list of diagnostic and billing codes.		
The solution includes native telehealth functionality that integrates with the patient portal.		
Providers are able to message patients one-on-one within the telehealth program.		
Patients can upload pictures within the telehealth visit		
Providers can switch from a televisit to a video visit once the visit has started.		
Telehealth visits can be initiated via Internet and cellular network connections.		
The solution can integrate with the state's Prescription Drug Monitoring Program (PDMP) including providing process/notification to update narcotic consents (signed annually) when they are expiring.		
The solution includes access to UpToDate.		
The solution includes HIPAA-compliant, Internal Text / Instant Message accessible to all staff members including clinical, billing and front desk teams.		
The system has the ability to manage immunization protocols including CATCH up schedules.		
The system allows for the creation, assignment, delegation, and diversion of tasks.		

The system offers a Provider Approval Queue to approve documentation done on behalf of the provider.		
The system offers the ability to create and use Electronic Forms with signature pad functionality (Consent Forms, etc.).		
The system has the capability for a patient to sign consent electronically or remotely in the case of a child receiving services in a school-based health center.		
Clinical Data Entry		
The system can document, update, and access a patient's comprehensive patient history, including previous illnesses, surgeries, hospitalizations, family health history, known allergies, and past and current medications.		
The system has the capability to import patient health history data, including obstetrical history data, from an existing system.		
The system presents a chronological, filterable, and comprehensive review of a patient's chart, which may be summarized and printed, subject to privacy and confidentiality requirements.		
The system can easily break the history down to specific body systems such as neurologic, cardiac, pulmonary, gastroenterology, etc. for ease of use and review.		
The system supports voice recognition for documentation and maneuvering throughout the application (C Speak, Dragon).		
The system includes scanning and indexing workflows to support provider-signed and provider-unsigned documents.		
The system offers advanced auto-indexing (InDxLogic) capabilities to use phrases or logical triggers for import and document identification.		
The system supports the use of bar coding for ordering and data entry including in-house testing, medications, and vaccines.		
The system has the capability to import patient health history data, including obstetrical history data, from a tablet.		

The system has the ability to scan external imaging pictures into the patient's chart.		
The system captures point-of-care lead testing and is able to send collected lab results to a state registry		
The system captures history of received immunizations and is able to import/reconcile immunization history from the state's registry		
The system captures administered immunizations and is able to send administered immunization information to a state registry.		
Clinical Visit Documentation		
The product offers personalization of documentation preferences to include the order and format of elements in the progress or clinical note.		
The system supports a customizable clinical visit summary.		
The system supports "Quick Text" or "Expanders" which allow for more efficient clinical documentation.		
The system supports a problem and assessment workflow for clinicians that allows for prior assessment import and automatic addition of problems to assess when adding problems during a visit.		
The system supports multiple growth charts based on ethnicity or conditions (Down's Syndrome, premature, etc.).		
The product offers the flexibility for the client to develop clinic-specific questionnaires, checklists, and flow sheets.		
The system has a coded problem list that maps directly to the International Classification of Diseases – 10 (ICD-10) and Standardized Nomenclature of Medicine ("SNOMED") terminology.		
The system offers the ability to sort, re-arrange, or group problem lists at the provider's discretion.		
The system can recommend a treatment plan based on clinical practice guidelines derived from the problem list or reason for visit.		
Templates and system elements have the ability to calculate based on known formulas		

(BMI, ASCVD Risk, etc.)		
The system supports the ability to capture or import photos of clinical significance. Examples include wound documentation or rash image capture.		
The system captures social, medical, and surgical history in a structured format to allow for use in the calculation of alerts and reminders.		
Results coming into the EHR automatically complete the order, reducing manual tracking burden on the clinical team.		
Results are identified visually if they are out of range, with a flag, customizable color, etc.		
Results can be easily viewed in a flow sheet as well as graph format.		
The system has the capability to import and reconcile information about the patient's condition obtained from laboratory, radiology/imaging, or other equipment or technology-related tests and/or procedures.		
The system supports the graphic display of growth charts, vital signs, as well as other forms requiring graphic representation.		
The system has the capability of reproducing and displaying a variety of end-user patient and treatment forms.		
The system incorporates one or more accepted measure of functional level.		
The system has the capability to import/create, review, update, and amend health data (objective and subjective) regarding the patient's current health status, including (as applicable):		
• Chief complaint		
• Onset of symptoms		
• Injury Mechanism		
• Physical examination findings		
• Psychological and social assessment findings		
SOAP/PSO formatting is available through user customization		
The system provides a flexible mechanism for retrieval of encounter information that can be organized in a variety of 'views' or 'flowsheets.' For example:		

<ul style="list-style-type: none"> • By name (last, first; first, last; etc.) 		
<ul style="list-style-type: none"> • By date of birth 		
<ul style="list-style-type: none"> • Chronological by encounter date 		
<ul style="list-style-type: none"> • By diagnosis, problem, problem type 		
<ul style="list-style-type: none"> • By chart number 		
<ul style="list-style-type: none"> • By family group / linkage 		
The system provides a mechanism to capture, review, or amend the history of present illness (HPI).		
The system offers advanced templates in support of Medicare Wellness Visits.		
The system offers advanced templates in support of well-child visits, including bright futures and related questions/interventions.		
The system offers opioid management templates with MME, dosing calculation, and other advanced capabilities.		
The system ensures dynamic documentation during the encounter complying with all standard coding rules		
The system has the capability of electronically sending and receiving CCDs (consultations / referrals forms) etc.		
The system prioritizes how alerts are shown (e.g., order of severity or order of efficacy of intervention).		
The system can incorporate a prompt to remove the alert after a specified amount of time.		
Reports can be generated on specific alerts. (i.e. generate a report for those patients with a specific alert)		
Alerts/reminders connected to clinical needs or gaps automatically resolve when criteria are met.		
Reminders/alerts are visible in both PM and EHR and across any subspecialty products including Behavioral Health and Dental.		
The system has the capability of forwarding the alert to a specific provider(s) or other authorized users via secure messaging or by other means of secure electronic communications.		
The system records progress notes utilizing a combination of system default, provider customizable, and provider-defined		

templates.		
The system includes a progress note template that is problem-oriented and can, at the user's option, be linked to either a diagnosis or problem.		
The system can be configured to require that the progress note be electronically signed at the end of the encounter prior to being allowed to continue.		
The system has the capability to automatically update sections of the patient record with data entered in the progress note		
The system has the ability to capture Care Coordination team, specialty, provider, and services in a structured data format, for example: Interdisciplinary care team participants medical, dental, vision, DCYF, GAL's, public guardians, etc.		
The system offers nurse and resource encounter documentation including MAT coordinators, care coordinators and nursing providing visit services.		
The encounter-progress note template includes space for entering performed and planned procedures. It also includes (as applicable):		
- Performed/planned Laboratory procedures		
- Diagnosis		
- Goals (provider's and patient's) and follow-up plans		
- Medications prescribed		
- Patient education materials		
- Consultation/referrals		
- Patient condition or status		
Alerts and warnings have customizable thresholds. (Drug-Drug, Drug-Problem)		
The system has the capability to pull medication history from Sure Scripts.		
The system includes a progress note template that is problem-oriented and can, at the user's discretion, be linked to either a diagnosis or problem number.		
The system has the capability of retrieving encounters by a variety of user-defined parameters.		

The system enables standard phrases to be defined/contained in tables and used as pull-down menus and by typing short abbreviations/phrases to reduce the key entry effort.		
The system automatically captures the electronic signature and title of the person entering data and date/time stamps each transaction.		
The system has a mechanism for active case management plans that can be updated or modified (adding items, removing items, modifying items) as needs dictate and can be made visible in various forms.		
The system enables progress notes to be sorted for viewing in chronological or reverse chronological order by encounter date in relation to the active care plan and assessment of specific problems.		
The system allows the health center to determine which fields are MANDATORY and displays appropriate pop-ups or warning signs about those fields.		
The system applies security controls to progress notes, ensures that data cannot be deleted or altered, and provides audit history for amended progress notes (who, when and what).		
The system includes a medical terminology dictionary and a spell checker within the progress notes data entry module.		
(*Spell checker is included for medical, dental, behavioral health, AODA, pharmacy, and other clinic service lines.)		
The system supports the capability to automatically collect the data elements defined by the associated clinical practice guideline or order. (E.g., UDS measures)		
Fields included in generated chart notes can be configured (added, subtracted, reordered) on a practice level.		
Clinical Decision Support and Patient Education		
The system includes certified clinical decision support tools.		
The system supports the calculation, display, and printing of patient reminders for health maintenance activities and publishes them to		

the patient portal.		
The system has the capability to capture and monitor patient risk factors in a standard format.		
An interaction alert override history is available for providers to review.		
The system has the capability of allowing initial authoring and revising of clinical practice guidelines		
The system allows linkages from the Clinical Practice Guidelines (“CPG”) to other system modules.		
The CPG module imports/creates the facility for rapid documentation of the patient’s progress along the CPG’s phases.		
The CPG module utilizes pull-down menus and checkboxes to speed up data entry.		
Optionally, the CPG module can be populated by data entered elsewhere in the system.		
The system allows reporting and analysis of any / all components included in the CPG.		
Included in each CPG, the system has the capability to create, review, and update information about:		
– The performance measures that will be used to monitor the attainment of objectives		
– The quantitative and qualitative data to be collected		
– Performance metrics		
– Collection means and origin of data to be evaluated		
The system allows the provider or other authorized user to easily revise or override any or all parts of a guideline.		
The system is able to collect exceptions for NOT following the CPG.		
The system calculates and displays patient-specific health risk factors as selected by the patients PCP (for example, risk of breast cancer, osteoporotic bone fracture, ten-year ASCVD risk).		
The system provides a problem status for each problem shown.		

The system allows for providers to assess problems over time, demonstrating changes.		
The system enables the practice to participate in collaboratives for chronic disease management and prevention.		
Tools related to care plans and protocols are updated regularly by the vendor according to evolving care standards.		
The system can suggest interventions at the point of care such as eye exams for diabetics.		
The provider can print a patient summary sheet at the conclusion of each visit, providing all recommendations to patients. This summary can intuitively allow for providers to customize or personalize for the patient.		
End-of-visit follow-up information created by the provider (next appointment, scheduling needs) flows to the front desk team.		
The system provides reference tools for patient education that are evidence-based.		
The system allows for the customization of patient education materials and maintains a record of exactly what education the patient received.		
The system has the capability of sending patient education materials to the patient portal for patients to access.		
The system has the ability to build recommended patient education sets.		
The system allows reference tools to be modified to meet organizational needs.		
The system allows for customizable and editable patient letters to be printed directly from the patient's chart		
The system allows for bulk mailing capability of patient letters or handouts		
The patient plan clearly displays an updated medication list, medication changes, and instructions.		
Reference tools include patient education materials that are available in multiple languages, at lower literacy levels, and in enlarged fonts.		

The system can assess current immunizations a patient has documented, and appropriately present which immunizations are needed/recommended for children based on standard and catch-up guidelines.		
The system can assess current immunizations a patient has documented, and appropriately present which immunizations are recommended for adults based on age, medical conditions, and intervals from previous immunizations.		
The system can generate provider caseload reports (E.g., all patients active on a provider caseload)		
Computerized Physician/Provider Order Entry (CPOE)		
The system has the capability of both electronically sending (via Direct Secure Messaging) and printing consultation / referral forms		
The system has the ability to create and modify standard order protocols, for example, patient protocols or future-dated preventive orders.		
The system displays order summaries on demand to allow the clinician to review/correct all orders prior to transmitting/printing the orders for processing by the receiving entity.		
Within the system, CPOE is customizable by the provider.		
The system supports free text orders.		
The system allows for the development of customized questions for each order set and questions have the ability to be required.		
The system supports recurring orders.		
The system will notify the provider if a patient fails to have a test performed at a pre-defined interval and can send a notification to the patient.		
The system has reporting tools available to monitor all CPOE steps. (e.g., unsigned orders, overdue orders, etc.)		
The system automatically links problems with corresponding orders and results.		

The system allows multiple resultable items to be mapped to a single orderable item.		
The system captures the following referral information:		
- Type of referral – Distinguishing Internal versus External		
- Date		
- Reason		
- Provider		
- Authorization number		
The system has integrated appropriate use criteria for diagnostic imaging orders.		
Within the system, users can easily assign one or multiple diagnoses to orders/referrals and labs.		
Within the system, the ability to enter orders is not limited to only clinical staff.		
The system contains a chart snapshot/home page that allows clinical staff to quickly have an overview of problems, allergies, health maintenance, medications, upcoming appointments, and alerts on ONE PAGE (without additional clicks).		
The system has the ability to automatically complete outstanding orders (referrals, labs, imaging, consults, etc.) once the document is received from the referred entity.		
The system has the capability of allowing the display of past interventions, hospitalizations, diagnostic procedures, and therapies for review at the option of the provider.		
The system has the ability to create recalls based on custom criteria and to generate both electronic and paper options.		
The system automatically updates the problem summary lists upon detecting changes made to multi-disciplinary guidelines.		
Prescribing		
The system identifies drug interaction warnings (prescription and OTC) at the point of medication ordering. Interactions include: drug to drug, drug to allergy, drug to disease, and drug to pregnancy.		

The system can capture and display a complete medication history, including current prescriptions, discontinued medications, and over-the-counter medications.		
The system alerts providers to potential administration errors for both adults and children, such as wrong patient, wrong drug, wrong dose, wrong route, and wrong time in support of medication administration or pharmacy dispense/supply management and workflow.		
The system supports multiple drug formularies and prescribing guidelines.		
The system allows providers to delegate prescribing to support staff and documents appropriately.		
The system is integrated with and reminds providers to review MAPS/PDMP from the Electronic Medical Record.		
The system allows for electronic prescribing of controlled substances (EPCS)		
The system sends electronic cancelations to pharmacies when medications are discontinued.		
The system keeps a running history of prescription renewal changes.		
The system allows for differentiation between medications administered in the office and medications sent to the pharmacy.		
The system can maintain a clinic pharmaceutical inventory and dispensing system.		
The system has the capability to inventory drug samples, on-site medications, and print dispensing labels.		
Care Plan and Care Management		
The system has the capability to import/create, review, and amend information about the proposed set of single or multi-disciplinary care plan options that are based upon expected outcomes. (Including care plans for each line of service uniquely.)		
The system has the capability to import/create, review, and amend information about:		

<ul style="list-style-type: none"> - The provider's explanation and the patient's or patient representative's understanding of the recommended and/or alternative care plan options. 		
<ul style="list-style-type: none"> - The medical orders, which authorize the execution of the selected care plan. 		
<ul style="list-style-type: none"> - The collection of specimens (body fluids, urinary analysis, tissue, etc.) from the patient to be used for diagnostic or treatment purposes. 		
<ul style="list-style-type: none"> - The actions taken to safeguard the patient to avert the occurrence of morbidity, trauma, infection, or condition deterioration. 		
The system includes Chronic Care Management (CCM) functionality		
The system can track multiple caregivers doing Care Management and length of service to allow for easy billing of services.		
Within the system, documentation templates for Community Health Workers make capturing the number of patient assists for UDS reporting easy.		
Prevention and Screening Features		
The system has the capability to display prevention/screening prompts on the summary display in a completed and not completed format or due and due soon with date format.		
Measure definitions or explanations of CDS calculation formulas are clear and shown within the system.		
The system allows interactive prevention/screening status documentation. At minimum:		
<ul style="list-style-type: none"> - Date addressed 		
<ul style="list-style-type: none"> - Result 		
<ul style="list-style-type: none"> - Reasons for not performed 		
<ul style="list-style-type: none"> - Where performed 		
<ul style="list-style-type: none"> - Comment of Results 		
The system offers a comprehensive pre-visit planner based on age, sex, and condition-specific factors and displays applicable preventive care measures or screenings due, last status, and the ability to streamline		

ordering during upcoming visits.		
The system includes user-modifiable health maintenance templates.		
The system includes patient tracking and reminder capability (patient follow-up).		
The system allows the graphing of pertinent data into flow sheets for presentation/display.		
Reporting and Analytics		
The system includes the ability to audit user activity by date, time, and action and includes deletion of documents and flags. (i.e., What fields they touched or did not touch).		
The system tracks patient time spent in different stages of the appointment workflow (Cycle time tracking).		
The system provides up-to-date Bureau of Primary Health Care's Uniform Data System (UDS) reports.		
The system is capable of submitting all required elements of UDS+ reporting.		
The solution contains comprehensive financial and operations reports (i.e., FQHC-focused, and includes provider and biller productivity).		
The system includes the ability to record, show, and report on Medicaid and Marketplace Assists by patient; including the date of assist, description of assist, and staff member who assisted the patient; allowing unlimited entries.		
The solution contains comprehensive operational, RCM & clinical reports including:		
- A/R, payer, provider, provider panel, location, denials, service, and trending		
- Utilization, Cycle time, productivity		
- Appt No shows, reschedules, cancellations, patient referral, Portal Adoption, Appointment History > 6 months		
- Rx, Phone notes, Order etc.		
- Clinical Decision Support Immunizations (CDSi)		
- Clinical Performance Reporting, documentation time, open encounter notes, overall performance		

The solution allows for the creation of custom and ad hoc reports (i.e., native report builder tool) such as:		
- UDS (i.e., adding additional demographic filters to standard UDS dental measures)		
- Medicaid Value Based Care Contract Performance Reports		
- Ability to customize existing reports for center tasks		
- Ability to link appointments to Service Programs (example; PC, MAT, Ped's) and report that does NOT depend on charge or provider		
- Ability to track UDS measures throughout the year (i.e., on a quarterly basis)		
The system supports real-time or retrospective trending, analysis, and reporting of clinical, operational, demographic, billing, or other user-specified data.		
The system includes the ability to report on UDS demographics to support CIP funding from HUD, for example: Census Tract.		
The solution has the ability to generate user-specific optimization tips and recommendations based on user interaction with the application interface.		
The solution can perform automatic electronic insurance eligibility checks at defined intervals or on demand.		
The solution can notify staff when upcoming appointments do not have eligible insurance or when eligibility has lapsed.		
Data can be exported, manipulated, and downloaded to standard reporting tools for entire charts or in 'batch' mode.		
Reports can be set up to run automatically and can be routed to a specific person within the office.		
All reports can be exported to Excel and PDF.		
The system can report on lab requisitions where specimens were sent but no result was received.		

The system is able to provide early intervention program billing and reporting capability.		
The system provides Ryan White Services Reports (“RWSR”) reports for HIV patients.		
Ability to merge EHR data with claims-based information provided by State or Federal Agencies for APM program(s).		
The system provides dynamic reports that allow the user to view summary information and drill down into detailed information from the report (provider, claim, patient, insurance carrier and date of service fields etc.).		
The system includes a complete set of tools for the development of reports including a library of standard reports used in similar organizations. These tools allow for the creation of panels based on complex multiple-factor criteria including clinical, insurance, demographic, visit, social, and other data points.		
The system can use diagnoses, medications, lab results, and problem list entries in any combination to identify a population (e.g., two random glucose tests greater than 200 or two fasting glucose tests greater than 126 or any combination within 12 months).		
Population Health		
The system can produce work lists of patients out of compliance with recommended lab values, lab test intervals, or medication management.		
The system has the capability to allow documentation templates to be set up to require the documentation of certain aspects of care in a format that allows the data to be queried or searched for population management purposes.		
Once the population has been identified, staff can access or create a work queue of the patients in the population who are delinquent for a test (or meet some other criterion for intervention).		
The system allows staff to navigate from the work queue or list to a particular patient’s demographics, to the letter module, or to a patient’s chart for documentation.		

The system alerts a user when care management is inconsistent with the indicated disease management protocols.		
The system supports disease management tracking keyed to patient registries to allow automatic tracking of care-specific performance measures.		
The system provides tools for defining and developing disease-specific patient registries for tracking disease management information (e.g., clinical outcomes, complications, healthcare utilization, patient satisfaction, patient self-management, adherence to guidelines, percentage of patients using self-monitoring, and other data elements specific to the disease being managed). Additionally, it includes the ability to report data based on medication(s) in use.		
The system supports time-sensitive, system-produced mailers, letters, and/or text messages to alert patients of their need for follow-up care.		
The system includes enterprise-level population health tools.		
The system includes the ability to see prevention-focused due dates across service lines (e.g., medical, behavioral health, and dental screenings/exams, vaccines, etc.)		
The system has enterprise-level business intelligence features that support value-based care contract reporting and management.		
Interoperability		
The system obtains test results from laboratory, radiology / imaging, or other equipment or technology-related procedures via a standard Health Level 7 (HL7) or Fast Health Interoperability Resources (FHIR) interface for retrieval of data.		
The system is able to support the interoperability requirements set forth in the 21st Century Cures Act.		
The system includes native electronic faxing available through all elements of the solution.		
The system integrates with nationwide health data exchanges such as CareQuality and CommonWell.		

The system includes the ability to interface with an existing data warehouse for billing and clinical data reports, visualization, and metrics.		
The system offers HL7/FHIR Diagnostic Lab interfaces to national and local reference labs (and includes Electronic Lab Reporting (ELR)).		
The solution is able to bidirectionally interface with an in-house Picture Archiving and Communications System (PACS).		
System provides fully integrated ePrescribing (eRX) / EPCS / Electronic Medication Prior Authorization (EMPA) to Pharmacy Benefits Management (PBM) and retail pharmacies.		
The system is able to establish bidirectional connections to state and national registries (e.g. OSIS, cancer, etc.).		
The system is able to establish bidirectional connections to patient engagement vendors, for example, Luma Health		
The system is able to establish bidirectional connections to Local/State Hospitals and State/Regional Health Information Exchanges (HIE's) as well as directly to MyHealth Access Network.		
The system is able to establish connections to social service partners (SDOH) through connectivity with national social service solutions (i.e., Aunt Betha, NowPow, UniteUs, etc.).		
The system includes the ability to electronically communicate directly with specialists in our community/network.		
The system can interface bi-directionally with EDRs such as Dentrix Enterprise (To include both demographic and charges).		
The system can interface with CAREWare for HRSA's Ryan White HIV/AIDS program recipients and providers.		
The system is capable of interfacing with external general ledger software.		
The system supports integration with single sign-on solutions and/or supports "badge swipe" login workflows.		
The system is capable of interfacing with external pathology systems.		

The system offers TWAIN device support including card scanners and cameras.		
The system can interface with biomedical devices such as EKGs.		
The system can interface with standard In-House Pharmacy software.		
Operations / Additional FQHC Related Features		
The system includes integrated FQHC data collection inside existing modules.		
The system includes functionality for 340B reporting and inventory management.		
The system offers the ability for migrant/seasonal farmworker documentation, reporting, etc.		
Integrated Dental		
The solution has a native, integrated periodontal charting solution (Odontogram) allowing documentation; primary and permanent teeth in the same space, existing restorations, dental conditions, soft tissue findings, "Watches," Supernumerary Teeth, and treatment plan (proposed and completed) from the chart.		
The system includes the ability to change the patient's dentition.		
The system offers voice-activated periodontal charting to document pocket depths, gingival margins, bleeding points, furcation, mobility, etc.		
The system can chart specific areas of a tooth (E.g., Class 5 decay)		
The system offers the ability to compare previous periodontal chartings.		
The system can transfer odontograms to outside providers.		
The system can create treatment plans with financial estimates based on the patient's insurance coverage (integrated with PM).		
Using the system, a user can schedule appointments from the treatment plan (integration with PM) and conversely view the treatment plan from the schedule.		
The system offers a dental-specific scheduling module.		
The solution uses a common problem list, medication list, allergy list, and alerts		

between medical and other specialties (dental, behavioral health, and counseling).		
The system can integrate with 3rd party dental radiograph software / hardware solutions.		
The integrated dental solution has a dental imaging module with the capability to view all patient dental images in one location.		
The system offers the ability to use the same survey forms for medical and dental patients.		
The system includes the ability to sort the problem list by specialty.		
The system includes the ability for medical and dental providers to communicate via the EHR.		
Within the system, a complete immunization history is accessible from the dental module (Including HIE / State Registry Imms.)		
The solution includes the ability to make documentation fields within chart notes required fields.		
The system includes CPG's for oral health and they are available across all service lines.		
The dental solution is integrated with the PM system, enabling:		
– Ability to create dental-specific appointment types.		
– Ability to use Local Codes		
– Ability to create and monitor Dental Recall Plans		
– Ability to create patient letters		
– Ability to schedule appointments from the treatment plan.		
– Ability to determine estimated daily production from the schedule.		
– Ability to create and maintain multiple Sliding Fee Scales.		
The integrated dental solution includes a configurable Caries Risk Assessment Tool		
The dental solution is integrated with Billing/Revenue Cycle Management (RCM), enabling:		
– Ability to bill ADA procedure codes.		
– Ability to bill Tooth Numbers and		

Letters. (1-32, A-T).		
- Ability to bill for services provided on Supernumerary Teeth (51-82, AS-TS).		
- Ability to bill Tooth Surfaces (M, O, D, B, L, F, I).		
- Ability to bill by Area of the Mouth (Upper, lower).		
- Ability to bill by Quadrants (UR, UL, LR and LL).		
- Ability to track Maximum benefits.		
- Option to use Diagnosis Codes when billing dental procedures.		
- Ability to handle multiple Sliding Fee Scales.		
- Ability to handle multiple insurances for the same Encounter.		
The integrated dental solution offers reporting capabilities such as:		
- UDS Reporting (including the Dental Sealant Measure)		
- Production Reporting		
- Quality Reporting		
The system can integrate with dental-specific telehealth and intraoral photographic software.		
The system tracks dental consultations and referrals.		
The integrated dental solution includes wait list functionality and an integrated patient outreach module for filling canceled visits.		
The system includes the ability to request prior authorizations electronically when needed.		
The system includes a native periodontal and systemic risk assessment tool		
Integrated Vision Services		
The system includes predetermined optometry workflows and functionality.		
The system includes predetermined ophthalmology workflows and functionality		
The system has an integrated vision charting solution.		
The system has the ability to import results from vision screening equipment.		
The system has the ability to show visual field results.		

The system has an inventory module that can track stock frames and lenses for retail / patient sale		
The system has functionality for electronic review / overread of Retinavue Exams		
Integrated Behavioral Health, MAT and AODA		
The solution has a native, integrated behavioral health solution supporting the work of behavioral health specialists, psychiatric nurse practitioners, and substance use disorder treatment documentation.		
The solution uses common problem, medication, and allergy lists between medical, dental, and other specialties (Counseling, Behavioral Health, PT, MAT).		
The solution allows for Diagnostic and Statistical Manual Five (DSM-V) documentation for billing and reporting.		
The solution includes the ability to track the assigned behavioral health provider in addition to the PCP and Care Manager.		
The solution includes industry-standard screening tools for behavioral health (PHQ, GAD-7, WHO-DAS, CAGE-AID, SLUMS, etc.) that are up-to-date and are updated as new versions of these tools are released.		
The solution allows for Addiction Severity Index (ASI) documentation as well as American Society of Addiction Medicine (ASAM) criteria.		
The solution allows for the isolation of sensitive documentation in compliance with 42 CFR Part 2 – Confidentiality of Substance Use Disorder for Patient Records.		
The solution allows for user-defined masking of sensitive information on outbound documents such as the CCD.		
Behavioral health and Substance Abuse (AODA) are considered separate programs, allowing for multiple treatment plans for a patient.		
The system offers the ability to view all information in one document rather than clicking into various sections (e.g., diagnostic assessment or AODA assessment).		

The solution includes all DHS-required elements in assessments, treatment plans, and progress notes for behavioral health and AODA.		
ASAM criteria are available in AODA for assessments and ongoing reviews.		
Within the solution, TEA Assessments are available—initial and reviews for AODA.		
The solution includes the ability to trend behavioral health screening results.		
Sub Specialty / Specialty Programs		
The system offers Predetermined Physical Therapy workflows and functionality.		
The system offers Predetermined Podiatry workflows and functionality.		
The system offers Predetermined Ryan White Program / HIV Treatment workflows and functionality.		
The system offers Predetermined Title X workflows and functionality.		
The system offers Predetermined Pain Management workflows and functionality.		

Appendix C: Functionality

<p><i>Please share information that explains products functionality based upon the below questions</i></p>		
<p><i>There is no character limit; we just ask that you enter your response in the column next to the question.</i></p>		
1	<p>Please describe how you foresee working with the Oklahoma network in the areas of governance, technical support, operational support, development, troubleshooting, implementation, education, and customization.</p>	<p>Click here to enter response.</p>
2	<p>Describe the overall efficiencies built into your system to create optimized workflows across all staff and providers across all aspects of the encounter.</p>	<p>Click here to enter response.</p>
3	<p>Please confirm your product would allow the Oklahoma network to address the unique needs of its members such as the creation of a documentation template to meet the requirements of Oklahoma School Based Health Centers that includes Oklahoma-specific data points that do not currently exist within your product. Additionally, it requires the ability to suppress a claim on a population or program. The product must also be able to report on these unique data points.</p>	<p>Click here to enter response.</p>
4	<p>Describe how your product allows for all staff to appropriately access information from all aspects of care to promote the integration of services. Additionally, share how your product meets the functionality of 42 CFR or other privacy rules. Please provide insight into record release to patients or other medical professionals related to Behavioral Health Information.</p>	<p>Click here to enter response.</p>

5	Describe your integrated behavioral health solution and the features that address the needs of Federally Qualified Health Centers. Include information on native screening tools, tracking the completion and closure of referrals, ability to document goals, interventions, progress toward goals, and discharge from BH program. Additionally, comment on any native features for the documentation of group treatment sessions.	Click here to enter response.
6	Describe how your dental product allows for the import or export of dental imaging and results. Additionally, share how your product integrates any imaging across all service lines into your product (example – Dermatology, wound care, etc.).	Click here to enter response.
7	Describe how your schedule can be visualized in a single view for the integration of services across multiple service lines during a single day.	Click here to enter response.
8	Describe how your demographics and billing information is standardized across multiple service lines (Medical, Dental, Behavioral Health, and Other Specialties)	Click here to enter response.
9	Describe how you support the documentation and reporting of enabling services (Community Health Workers, Enrollment Assistants, etc.) and billing of services within your product. Additionally describe how this information is available to all members of the team (providers, Care Managers, etc.)	Click here to enter response.
10	Please describe your development and resources committed to UDS+ reporting.	Click here to enter response.
11	Please describe your approach / limitations to bidirectional interfacing with vendors for information such as lab results, diagnostic imaging, POC Testing, and Vaccinations for discrete data.	Click here to enter response.

12	Please describe how your product allows for visualization of outside organization hospital or specialist information when on the same or different platform. Please describe in detail the workflow required to view or import this information and the discrete fields that are visible.	Click here to enter response.
13	Describe your process and limitations for two-way communication related to internal and external referrals. Please include information on tracking and reporting of this information.	Click here to enter response.
14	Describe your process and limitations for two-way communication related to external orders and diagnostic imaging. Please include information on tracking and reporting of this information.	Click here to enter response.
15	Describe your ability to import SMBP and other remote patient monitoring data into your product as discrete data and the associated workflow for optimal use of this information.	Click here to enter response.
16	Describe the ability for each organization to be able to individually select functionality related to scheduling, self-scheduling, portal functionality, billing, fee schedules, payer contracts, and patient communication. Please describe what must be the same across all health centers, what can be standardized at the OK network level, and what can be customized to the health center or provider level.	Click here to enter response.
17	Describe your organization's philosophy related to customization vs. personalization and the limits of each.	Click here to enter response.
18	Describe your product's functionality related to generative AI solutions for clinical documentation and any requirements for the use of proprietary products.	Click here to enter response.

19	Describe any requirements that would require the use of exclusive vendors or the prohibition of specific vendor use. Will your organization commit to an agnostic approach to vendor utilization. Please include comments related to Text Messaging, Clearinghouse, Revenue Cycle Management, AI Services, and other similar vendors.	Click here to enter response.
20	Please describe how your “alerts” support efficiency across the care team and prevent alert fatigue allow for prioritization.	Click here to enter response.
21	Please describe your reporting capabilities for ad hoc reporting and the software supported if required. Do you have any restrictions to access to data by 3rd party vendors for reporting?	Click here to enter response.
22	Please describe how your product supports “Value Based Care” (Closing Gaps in Care, Total Cost of Care, Utilization, Care Management, Care Coordination) at an enterprise level. Include features that report on standard of care expectations.	Click here to enter response.
23	Describe the efficiencies to support provider / staff work activities related to documenting care provided necessary for effective VBC performance and the assessment / reporting of risk / acuity.	Click here to enter response.
24	Please describe how you integrate SDOH (collection to barriers to care) into your product workflow, use this information for stratification and allow for customized reporting of results to drive action.	Click here to enter response.
25	Please describe your ability to bring in the information from screening tools into your product as discrete data. Include an overview of the ability to use this data for reporting / stratification.	Click here to enter response.
26	Please describe your ability to track times related to patient flow through an encounter and the ability to report on this information.	Click here to enter response.

27	<p>What types of user interfaces are supported (ex: web-based, remote desktop/citrix, mobile apps, etc.)?</p> <p>Is there a consistent user experience across any/all available user interfaces?</p> <p>What limitations are there, if any, on the platforms/operating systems for any available user interfaces (PC vs Mac, Android vs iOS, etc.)</p>	<p>Click here to enter response.</p>
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Appendix D: Implementation - Training

Expanded Response Questions		
<i>Please share information that explains product Implementation & Training based upon the below questions</i>		
<i>There is no character limit; we just ask that you enter your response in the column next to the question.</i>		
1	Please provide an overview of your methodology for implementation and support at the network and health center level including any special considerations for multiple locations and/or specialties.	Click here to enter response.
2	Describe the anticipated timeline from start (pre-implementation) to Go Live and how many implementations you can complete/support in a year. Include the level and type of support your organization will commit to this effort.	Click here to enter response.
3	From previous experience, please describe any anticipated issues, potential down time, or pre-work health centers or the network may be required prior to implementation.	Click here to enter response.
4	Please provide your Go Live process and resources/support available, including type and duration, onsite/remote, support resource to end user ratios, trouble shooting and issue resolution that can occur real-time at Go Live. Include how much the system can be "built" or personalized prior to go live and what if anything would not be available on day one at Go Live.	Click here to enter response.
5	Describe your approach to data migration including what data you migrate and how it is migrated (discrete data, documents, diagnostic images etc.) and data reconciliation/validation between legacy systems and your product. Describe the role of the various parties involved in migration (center role, vendor role, any 3rd party involvement), how much data will be migrated (demographics, problems, medications, documents, etc.) amount of historical data migrated, and your process for data validation following import. Describe your approach to archiving data that is not migrated. Please include if you are able to analyze legacy systems prior to data migration and provide a report to centers on data clean-up that would improve migration.	Click here to enter response.
6	Please describe the health center and network (OKPCA) staff resources required to support the data migration, development, training, and Go Live process. Include staff type and time	Click here to enter response.

	commitment.	
7	Can you incorporate existing workflows that may differ from your suggested workflow, provide an analysis, and support training?	Click here to enter response.
8	Describe your training process prior to Go Live (admin/super users and end users) for all user types, components/modules, and products. Include how training will occur, time commitment, training types, access to a live training environment, videos, documents, and personnel. Please include how training needs are addressed for different staff types, learning styles, and levels of comprehension. Include if the training is module, workflow, or task-based and the credentials of your trainers.	Click here to enter response.
9	For those items that have personalized settings in your system, do you include how to set these up and make changes as part of your training? Please describe how this setup occurs for different end-user types and when in the implementation process this occurs.	Click here to enter response.
10	Please describe your process for system management training and report generation training. Include any additional training you provide for functionality that is beyond that of end users who document in the system. Include training provided for canned reports and building custom reports and any recommended system maintenance schedules and related training for any items maintained by the health center or network.	Click here to enter response.
11	Please share any additional training you offer that are not explicitly identified in this document.	Click here to enter response.

Appendix E: Support

<u>Expanded Response Questions</u>		
<i>Please share information that explains product support based upon the below questions</i>		
<i>There is no character limit; we just ask that you enter your response in the column next to the question.</i>		
1	Please describe your process for ongoing and new user support/training, include training types, modalities, and availability.	Click here to enter response.
2	Please describe your change-control process. Include any approval process needed and testing process before a change is moved to production.	Click here to enter response.
3	Please describe access to a training environment, when and how it can be accessed in relation to implementation, upgrades/development, workflow changes, and for ongoing or new user training.	Click here to enter response.
4	Please describe any testing environment you may have and who can access this prior to changes moving to the production environment. Explain where development occurs and access to test/train prior to moving to production	Click here to enter response.
5	Describe your process for reporting issues, data validation concerns, system enhancements or changes. Include anticipated response times and mitigation for unresolved issues and any live systems you may have (direct phone, live chat), hours of availability, where support is based (inside U.S, outside U.S, time zone), and any ticketing systems used as well as how ticket communication occurs	Click here to enter response.
6	Please describe your support structure, i.e. an assigned resource for all aspects of the product (customer-based) or resource based on product component (product-based) such as medical, dental, women's health	Click here to enter response.
7	Are support portals/training materials available to all users and what controls will health center or network (OKPCA) admin/super users have to manage/organize training materials for their users?	Click here to enter response.

8	Please describe your ability to provide network access to support tickets across all centers in the network and any network-wide reporting available	Click here to enter response.
9	Does your education/training portal allow for health center-specific training materials (documents/videos) to be uploaded? If yes, please describe the process	Click here to enter response.
10	Please describe your process for auditing efficiencies related to product utilization, how those results are shared, and any support provided to improve optimization.	Click here to enter response.
11	Please describe your process and frequency for implementing upgrades, patches, and fixes. Include how these are communicated, who completes them, and how training is provided when needed.	Click here to enter response.

Appendix F: Security

Expanded Response Questions		
<i>Please share information that explains product security based upon the below questions</i>		
<i>There is no character limit; we just ask that you enter your response in the column next to the question.</i>		
1	What security-related certifications does your hosting facility maintain (HITRUST, SOC 2, etc.)? Please share the current dates of any relevant certifications.	Click here to enter response.
2	Is multi-factor authentication (MFA) required for client access to the system across all organizations/all users? What MFA options are available? For internal vendor staff, particularly system administration, is MFA required for their access to systems? Once logged in is MFA further required to perform administrator-level tasks?	Click here to enter response.
3	How do you ensure least-privilege access across your system for both internal staff and users at client organizations?	Click here to enter response.
4	Are your data centers owned or cloud-based? Where are your data centers based? Are geographically redundant data centers available for disaster recovery purposes? If so, is this built into all offerings or available for additional cost?	Click here to enter response.
5	How do you monitor for potential security threats and breaches? In the event of a security incident or breach, what is your incident response process? How is information communicated to clients, and what is your notification timeline?	Click here to enter response.
6	How are your different clients segregated from each other? Is there any change in credentials/process for support/engineering staff to access different clients?	Click here to enter response.
7	Within the EHR, does the system maintain comprehensive audit logs that track access to patient records, changes made, and other system activities? Is there any level of additional or advanced logging available at added cost, or are all features built into the main offering?	Click here to enter response.

8	<p>How frequently are data backups performed, and how are they secured? Are all clients backed up in the same manner or are optional services available?</p>	<p>Click here to enter response.</p>
9	<p>What are your recovery time objectives (RTO) and recovery point objectives (RPO) for critical components?</p>	<p>Click here to enter response.</p>
10	<p>Please share any/all relevant insurance coverage, including types and amounts.</p> <p>What types of data breaches or cyberattacks are covered under your cyber liability policy (ex: ransomware, data theft, unauthorized access)?</p> <p>How does your Technology Errors and Omissions policy cover failures in the EHR software or services that might lead to patient safety risks, HIPAA violations, or system outages?</p>	<p>Click here to enter response.</p>
11	<p>Please share other features that are not mentioned above adding to the assurance of your product security for all end users i.e. providers/patients</p>	<p>Click here to enter response.</p>

Appendix G: Pricing

Estimated Implementation Costs						
Provide a detailed pricing proposal for all components of the PM/EHR system as follows:						
Submit a detailed spreadsheet that lists proposed one-time and ongoing costs showing each cost component, list price, discount percent, discount amount, net price, estimated quantity, and totals. Please, also indicate how ongoing costs will be calculated.						
It should be <u>clearly</u> stated during the vendor demonstration(s) what functionalities are included in the "base price," and what functionalities would come at an additional cost. Please outline any additional costs below.						
OKPCA is working to transition all interested Health Centers to the selected product, but all have different service lines, patient volumes, provider types, staff FTE's, and revenues. Additionally, please comment on the length of time listed costs will be fixed.						
Please break out all cost components (e.g., hardware – file servers, desktops, scanners, etc.), double-check all calculations and clearly identify all assumptions you are making. Volume discount tiers to be discussed after final selection. See example below.						
Component	List Price	Discount %	Discount \$	Net Price	Quantity	Total
ONE-TIME COSTS						
Hardware						
Software Module						
Interfaces						
Implementation						
E-Prescribing						
Training						
Support						
Data Migration						
Other:						
Third-Party Solutions						
Est. One-time Costs						
ONGOING COSTS						
Hardware						
Clearinghouse						
Patient Statements						
Software Module						
Interfaces						
Implementation						
E-Prescribing						
Training						
Support						
Other:						

Est. On-going Costs						
Third-Party Solutions						
Data Warehouse						
Data Visualization						
Training						
Est. Third-Party Costs						
Five -Year Cost of Ownership						
Submit a detailed spreadsheet that shows all costs for a five (5) year period. Include any special costs for hardware or software upgrades/releases, etc., in each year that you project those events would occur. Please use the discounted amounts from the previous spreadsheet above, double-check all calculations and clearly identify all assumptions you are making. See example below.						
Component	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Hardware						
Software Module						
Interfaces						
Implementation/Upgrades						
Training						
Support						
Other:						
Other:						
Est. Cost of Ownership						
Will there ever be a charge to copy, move, or retrieve patient data from the product should a customer decide to change vendors or a provider leave the customer?	Click here to enter response.					

Appendix H: 2023 UDS Summary Information

Health Center	Patients 18 & Under	Patients 19-64	Patients Over 65	Total Visits	Total Patients	Total Physician FTE	Total Physician Clinic Visits	Total Physician Virtual Visits	Total NPs, PAs, and CNMs FTEs	Total NPs, PAs, and CNMs Clinic Visits	Total NPs, Pas, and CNMs Virtual Visits	Dentist FTEs	Dental Hygienist FTEs	Total Dental Services Clinic Visits	Total Dental Services Virtual Visits	Total Dental Services Patients	Total Mental Health Services FTEs	Total Mental Health Services Clinic Visits	Total Mental Health Services Virtual Visits	Total Mental Health Services Patients	Total Vision Services FTEs	Total Vision Services Clinic Visits	Total Vision Services Patients
COMMUNITY HEALTH CENTERS, INC.	1,862	8,058	13,080	47,366	11,500																		
KIAMICHI FAMILY MEDICAL CENTER, INC.	1,134	4,195	10,471	24,043	7,900																		
NORTHEASTERN OKLAHOMA COMMUNITY HEALTH CENTER	8,744	13,624	29,682	99,660	26,025																		
FAMILY HEALTH CENTER OF SOUTHERN OKLAHOMA	2,232	5,475	11,761	52,998	9,734																		
STIGLER HEALTH AND WELLNESS CENTER	9,274	18,263	35,617	133,938	31,577																		
COMMUNITY HEALTH CONNECTION, INC.	5,021	10,097	16,632	47,356	15,875																		
PUSHMATAHA FAMILY MEDICAL CENTER, INC.	968	2,539	6,013	15,470	4,760																		
FAIRFAX MEDICAL FACILITIES, INC.	1,024	3,509	7,225	24,320	5,879																		
GREAT SALT PLAINS HEALTH CENTER, INC.	3,098	7,191	14,219	45,277	12,254																		
COMANCHE COUNTY HOSPITAL AUTHORITY VARIETY CARE, INC.	13,158	20,851	52,753	141,825	43,381																		
MORTON COMPREHENSIVE HEALTH SERVICES	3,577	11,420	18,493	78,357	16,745																		
CENTRAL OKLAHOMA FAMILY MEDICAL CENTER, INC.	4,973	14,106	31,919	210,453	25,499																		
SOUTH CENTRAL MEDICAL AND RESOURCE CENTER, INC.	1,832	3,075	6,451	19,554	5,679																		
ARKANSAS VERDIGRIS VALLEY HEALTH CENTERS, INC.	1,003	4,780	8,053	31,409	6,918																		
CARING HANDS HEALTHCARE CENTERS, INC.	2,391	5,747	11,722	31,293	9,930																		
EAST CENTRAL OKLAHOMA FAMILY HEALTH CENTER INC.	1,210	2,855	5,885	20,530	4,975																		
SHORTGRASS COMMUNITY HEALTH CENTERS, INC	1,352	1,643	3,771	13,068	3,383																		
COMMUNITY HEALTH CENTER OF NORTHEAST OKLAHOMA, INC.	501	1,395	3,244	9,422	2,570																		
PANHANDLE COUNSELING AND HEALTH CENTER, INC.	1,943	1,859	4,328	13,982	4,065																		
GOOD SHEPHERD COMMUNITY CLINIC, INC.	2,114	5,621	11,923	29,352	9,829																		
Total	104,123	188,358	390,153	1,367,341	341,317	32	347,685	9,331	233	603,390	21,784	31	27	77,522	102	48,428	126	116,949	50,393	34,440	6	5,074	1,009