Request for Proposals
EHR Platform

Addendum II

EHR Requirements

Issued: November 07th, 2016

Proposals Due: November 29th, 2016

Gulf Bend Center EHR Replacement Requirements

Req ID	General Business
BUS-001	System MUST be certified to support electronic prescribing of controlled substances including the use of two-factor user authentication
BUS-002	System SHOULD support use of remote tele-health service delivery for on-site clients, including appropriate billing modifications.
BUS-003	System MUST support routing of emergency/crisis intervention services to teams who conduct remote assessments.
BUS-004	System MUST support maintenance of medication inventory maintained by the facility.
BUS-005	The proposer's solution MUST facilitate in a flexible manner its roles, services and billing items associated with specific services lines. The proposed solution must facilitate the creation of new services lines, including templates, billing, units/subunits and internal codes.
Administrative Requirements	
ADMIN-001	System MUST support a method to extract patient insurance and billing data for loading into the GBC financial system.
ADMIN-002	System SHOULD support a robust interface with the GBC HR (DATIS) system for purposes of credentialing, and custom credential types, for clinicians, and, where appropriate, other care providers with appropriate levels of access within the EHR solution with specifications on data exchange to be determined based on capabilities.
Security Requirements	
SEC-001	For a hosted solution, the proposer MUST provide solutions for network security, including perimeter defense (firewall, intrusion detection and vulnerability scanning services), auditing, etc.
SEC-002	For a hosted solution, the proposer MUST provide "endpoint" security solutions for desktop, laptop and workstation security that allow enforcement of security policies. Examples of expected endpoint security solutions include: firewall, network access control (NAC), program control, antivirus, anti-spyware, data security, password audit capability, encryption, and remote access.
SEC-003	The proposer MUST describe and provide evidence of industry accepted application privacy and security features, including those related to multi-factor authentication, authorization, non-repudiation, encryption in transit, encryption at rest and secure coding practices that prevent common application level attacks such as SQL-Injection and/or buffer override.
SEC-004	For hosted solutions the system MUST NOT store live or redundant data outside the United States to allow GBC to comply with the State of Texas Data Use Agreement.
Functional Requirements	
FUNC-001	The solution MUST provide a method and tool (or allow the use of a third party tool or tools) for the development of custom templates that facilitate the design and development of the front-end user interface, the backend database or persistence repository within the general UI framework of the proposer's system.
FUNC -002	The solution MUST provide a stable, secure and well-tested method or application programming interface (API) or web service for inclusion of third-party web pages, content or bounded functionality, within the context of a patient, user or practice.
FUNC -003	The solution MUST support the creation and management of stored phrases (my phrases) that can be managed at the enterprise, practice or user level.
FUNC-004	The solution MUST be deployable via the Internet and/or 'Web', including, but not limited to: Natively web-based, deliverable via Citrix, Microsoft RDS and Terminal Services, or a common industry virtual server and desktop internet delivery solution.
FUNC -005	The solution MUST support fully UI context integrated IMO.
FUNC -006	The solution MUST support ICD-10 and SNOMED

FUNC -007	The solution MUST be Meaningful Use 2 certified and must become Meaningful Use 3 certified within 12 months of publication of the final MU3 specification.
FUNC -008	The solution MUST include a separate Report Server that has no more than 6 hours lag time regarding data in the production transaction database.
FUNC -009	The solution SHOULD facilitate the ability of the system to recognize when a note does not have specific terms or phrases. Create an alert when note does not meet requirements.
FUNC -010	The solution MUST be able to easily import text from Microsoft Word (cut/paste features).
FUNC -011	The solution MUST make templates available offline with ability to store the information and forward to the server when connected.
FUNC -012	The solution MUST support multiple (record, store, date) types of consents, including Authorization to Disclose (Release of Information), Medication Consent, Consent to Treatment, CFR42 Part 2 Disclosure.
FUNC-013	The solution MUST effectively support care team coordination, including the ability to share patient data, create and assign tasks, facilitate communication between care team members, and enable rule-based clinical decision support
FUNC-014	The solution SHOULD facilitate the contribution of a patient/family to their medical record (e.g. via a patient portal or health vault), including: • Contribution of documentation in the medical record • Homework • Self-assessments • Commentary to treatment team • pay bills • schedule or request an appointment • remote monitoring with devices and recording of results The solution SHOULD communicate contributions to care team with ability for provider to upload/decline upload to medical record.
FUNC-015	The solution SHOULD facilitate the ability to receive and incorporate information from external sources.
FUNC-016	The system MUST support the assignment of Medical Power of Attorney & Guardianship & present this information on templates used by CSRs and providers.
FUNC-017	The system MUST support integration with popular email and calendaring applications, such as Microsoft Outlook.
FUNC-018	The system SHOULD integrate with popular intranet solutions such as SharePoint.
FUNC-019	The solution MUST include a patient portal and the patient portal must support view/download/transmit of patient summary and SHOULD support VDT of financial account summary.
FUNC-020	The system MUST facilitate rules-based alerting set locally by the organization.
FUNC-021	The system MUST support a robust scanning solution with quality readability, using well-known hardware that includes intelligent routing of scanned documents of various sizes, as well as bulk-scanning.
FUNC-022	The system SHOULD facilitate the uploading, storage and display of images or photographs, including patient photographs, injury photographs, Sand Tray documentation, etc.
FUNC-023	The system SHOULD facilitate automatic referrals within the organization and participating external treatment sources. (I.E. FQHC)
FUNC-024	System MUST connect to and support standards-based exchange using implementation specifications as defined by GBC' local or regional HIE
FUNC-025	System MUST be capable of supporting standards-based computable consent consistent with implementation specifications as defined by the Texas Health Services Authority, including the categorization of data elements as accompanied meta-data.
FUNC-026	Solution MUST have the capability to provide ICD-9 and DSM IV down conversion as currently required by certain State of Texas Systems
FUNC-027	System SHOULD have the present or upcoming capability to function in an "off line" mode to allow for usage by staff with no access to internet connectivity (rural or remote areas). Synchronization for such capability MUST be automatic when user connectivity becomes available

Technical Requirements	
TECH-001	If locally hosted; The solution MUST support hosting by GBC, including: • Support for Citrix (if client-server system) • Runs on an operating system supported by VMWare or Hyper-V • Runs on a system that is run on, or can be integrated with, Microsoft Desktop Operating systems • If not a browser-based system, can be run on an iPAD or Android tablet device. • If browser-based system, can be run on an iPAD or Android tablet device compatible browser. • If server-based (and hosted by GBC), system must be Windows 2012 Server or newer and must use or be compatible with MS SQL Server 2008 or newer.
TECH-002	The solution MUST support a proposer-based or a proposer partner third party vendor hosting solution that facilitates/allows near real-time access to all GBC data for any purposes that GBC sees fit.
TECH-003	The solution MUST include a separate Report Server that has no more than 6 hours lag time regarding data in the production transaction database.
TECH-004	The solution MUST support mobile access for provider/staff/contractors (and vetted third partners) and patients.
TECH-005	System MUST support tablet-based collection and storage of patient signatures.
TECH-006	System MUST have uptime minimum requirements that are consistent with industry standards for a healthcare delivery organization.
TECH-007	The system SHOULD meet the following response times: • .1 second limit for users feeling like they are directly manipulating objects in the UI; • 1 second limit for users to feel they are freely navigating the command space without having to unduly wait for the computer; • 10 second limit for users keeping their attention on the task.
TECH-008	The proposer SHOULD support the SMART on FHIR platform, a vendor agnostic API that allows third-party developers to build external apps and services that integrate with the vended product, or provide GBC with a description of an equivalent on-going effort or commitment to support open integration among health information systems products.
TECH-009	For vendor or partner hosted solutions: • Hosting facility MUST meet acceptable internet latency standards. MUST provide pingable IP • Client experience MUST support Internet Explorer, Edge, and Chrome. Safari support desirable. • Users SHOULD be able to use Android 4.4 (aka KitKat) or iOS 8.0 or later devices for essential functions.
TECH-010	System MUST be readily configurable to support data interchange with major General Ledger packages (e.g. Blackbaud Financial Edge) at no additional cost to GBC.
Clinical Operations Support Requirements	
COSR-001	The solution MUST support the ability to scan patients and alert on items that are required on their next visit, including: • Check on currency of demographics • Update payor source • Insurance authorizations, including drug benefits • Expiring treatment plans, ANSA/CANS assessments, Financial, Release of Information • Complete medication consents • Documents required but missing (i.e. Consent to Treat, Proof of Residency, Proof of Income, Guardianship paperwork), with ability for staff to indicate when documents are needed at next visit.
COSR-002	The solution SHOULD support the ability for all relevant staff to have visibility into the Schedule and where a patient is in the intake process.
COSR-003	The system's Scheduler MUST adjust schedules dynamically to handle walk-ins and sit & waits.
COSR-004	The system's Scheduler MUST facilitate role-based scheduling, and/or the ability to schedule different types of roles and functional groups, not just individual providers.
COSR-005	The system's Scheduler MUST support centralized scheduling across locations and programs.
COSR-006	The system's Scheduler MUST include rule-based logic to handle Scheduling logic such as time between appointments based on patient type, transportation resources/scheduling based on location

COSR-007	The solution SHOULD work with third-party applications (texting patient when provider is ready, or hand-held device with tracking if patient in building).
COSR-008	The system's Scheduler MUST be able to handle the scheduling of multiple resources/staff at one time across locations (e.g. tele-health visits: patient, prescriber, transportation, case worker & treatment room).
COSR-009	System MUST facilitate the scheduling of mobile/field-based staff, including transportation theory & GPS location services (either natively or through third-party partnerships).
COSR-010	System MUST facilitate electronic communication to patients.
COSR-011	System MUST facilitate the ability for patients to enter information into the system in non-traditional ways, such as forms from the internet, tablets/kiosks in the lobby, smart pens.
COSR-012	System SHOULD facilitate the ability to accept payment & provide an electronic receipt via non-traditional methods, such as organizational website, telephone & patient portal.
Behavioral Health (BH) Programs	
BH-001	System MUST support (natively, via customization, via third party or partner solution) State of Texas required assessments: • Texas Resilience and Recovery (TRR) Assessment ▪ Adult Needs and Strengths Assessment (ANSA) ▪ Child and Adolescent Needs and Strengths (CANS) Assessment • Financial Assessment includes screening for benefits.
BH-002	System MUST support data capture and reporting for all state-requirements including: • Registration and Diagnosis Data sent to CARE (State of Texas Dashboard) • TRR Assessment Data sent to Clinical Management for Behavioral Health Services (CMBHS, State of Texas Behavioral Health Database) • Encounter Data sent to MBOW (**M**ental retardation and **B**ehavioral health **O**utpatient data **W**arehouse) (State of Texas Data Warehouse)
BH-003	System MUST connect to and interface with DSHS CMBHS system regarding CANS/ANSA scores for the purposes of determining real-time eligibility for the appropriate Level of Care (LOC) for all required data elements.
BH-004	Integrated Care: System MUST support and facilitate the Integration of Primary Care with Behavoral Healthcare. Describe how the system addresses the unique needs of Primary Care Providers to document and enter a wide array of services and the methods to capture these services and how they relate to the patients overall treatment plan.
Intellectual Development Disorder (IDD) Programs	
IDD-001	System MUST support (natively, via customization, via third party or partner solution) State of Texas required assessments: • Facilitate HHSC IDD related assessments and diagnotsic eligibility tools and treatment planning tools as related to the LIDDA (Local Intellectual Developmental Disorder Athority) functions. • Financial Assessment includes screening for benefits as per the Texas Administrative Code (TAC) Community Charges rule.
Crisis Services Support	
CS-001	System MUST support inpatient services for up to 15 beds used for extended observation of patients in crisis and respite care. Also support tracking of other non-crisis residential assignments.
CS-002	System MUST exchange data effectively with sheriff's crisis intervention services, including assessments and emergency detentions where eligible.
CS-003	System SHOULD support exchange of data with other Provider EHRs used by providers who contract to GBC.

	Medical Record Requirements
MR-001	System MUST be able to purge records in accordance with retention policies.
MR-002	System MUST be able to merge client records when duplicate records are found. System should have robust method to detect and prompt users from entering "like" names, DOB, SS# from duplicate profiles. See MR-004.
MR-003	System MUST be able to archive records for inactive clients
MR-004	System MUST provide an enterprise-wide master patient index that includes patients' demographic information and medical record number(s) from different parts of the same organization to identify patients before importing data
MR-005	System MUST have ability to assign access to patient records based on role, location, or unit, including ability to block individuals as needed
MR-006	System MUST provide audit trail of record access
MR-007	System MUST be able to notify staff of need for consents, authorization and assessments based on programs clients are admitted to and allow for recurrent notifications based on time or event.
MR-008	System MUST be able to generate user consents in multiple languages; at minimum, must include Spanish language documents
MR-009	System MUST support audits for Medicaid, including partial or full record retrieval
	Billing Requirements
BILL-001	The system MUST facilitate, in a flexible manner, the bundling/unbundling of services and associated charges. IDD-TCM Type A and B Targeted Case Management and PASRR services reporting from the LIDDA in Encounter Data vs Billing as a bundled service.
BILL-002	The system MUST facilitate multiple fee schedules per patient, if the patient is in multiple programs.
BILL-003	The system MUST support ability to charge a no-show fee.
BILL-004	The system MUST facilitate the correct determination of fees to be collected from a patient upon check-in. The system MUST also correctly apply the payment to appropriate account/program.
BILL-005	The system MUST provide functionality to calculate financial cost share and conduct financial reviews as needed
BILL-006	The system MUST facilitate case-rate structure.
BILL-007	The system MUST prospectively track and monitor provider times for the purposes of billing in non-overlapping 15-minute increments.
BILL-008	The system MUST be able to bill for a wide array of Primary Care Procedures to address the unique needs of Primary Care integrated with Behavioral Healthcare.
	Solution Provider Requirements
	Account Management Requirements
AM-1	The Proposer MUST describe its account management approach with required elements: (structure, roles and responsibilities, collaboration/partnership strategies, reporting/billing, continuous improvement, knowledge transfer, benchmarking)
AM-2	The proposed Account Manager MUST meet the required experience and qualifications
AM-3	The Proposer MUST provide a description of and references for the Account Manager's last two projects as outlined in the RFP.
	Corporate Experience Requirements
CE-001	The Proposer MUST describe relevant projects completed within the past 5 years. Description must include required elements (e.g. project description, period of performance, project cost, etc.)
CE-002	The Proposer MUST describe its qualifications and experience provided to public sector and healthcare clients within and outside Texas
CE-003	The Proposer MUST complete and submit the Reference form (3 relevant references within the past 3 years). Two references from healthcare and/or governmental entities preferred.

	Documentation Requirements
DOC-001	The solution provider MUST provide documentation regarding administrative procedures for distribution within Client to facilitate awareness of services provided and procedures for requesting services.
DOC-002	The solution provider MUST provide user documentation, such as user and technical manuals

	End User Support Requirements
ES-001	The solution provider MUST provide live Help Desk Services for designated users via telephone from 8 – 5 Mon – Friday, and a smaller number of help-desk calls for crisis services that are available during any non-business hour.
ES-002	The solution provider MUST allow designated users to record support requests during non-business hours and receive a call back the following business day for high priority issues, and/or a call back within 5 business days for non-high priority issues
ES-003	The solution provider MUST allow designated users to text enter support requests (with attachments) during non-business hours and receive a call back the following business day, for high-priority issues, or by text or email within 5 business days for non-high priority issues
ES-004	Designated users SHOULD receive a call back within 1 business day for any high priority issues that could not be resolved on the phone at the time of the original call or return call, and be informed of the status of the issue or an ETA for resolution.

	Migration Strategy Requirements
MIGR-001	The proposer MUST have a proven methodology, and documented experience for migrating from legacy EMR systems to the proposer's solution. The migration methodology should ensure that key historical EMR patient and practice demographic, financial and clinical data elements that are stored in a reasonable manner in the legacy system, and for which reasonable assistance by the legacy vendor or a third party migration vendor is provided, can be migrated and made available in a usable manner in the proposer's system. The methodology must include an alternative solution for capturing historical data and making it available to user's in the proposer's system, for those data elements that cannot be reasonably migrated as discreet data elements and/or usable as discreet data in the proposer's system.
MIGR-002	The proposer MUST provide at least 2 examples of successful migration projects for current or past customers.
MIGR-003	The proposer MUST provide a methodology for migrating from the proposer's system to another solution that includes a guaranteed, reasonable commitment of support at a price that is representative of the proposer's required effort and not intended to be punitive or create a barrier to exit from the proposer's solution.

	Project Management Requirements
PM-001	The proposer MUST have a methodology or strategy for project management and assign a trained project manager for all activities undertaken on behalf of the client that are designated as a project, or otherwise require coordination and can only be achieved via project management methods.
PM-002	The proposer MUST assign an experienced or trained, designated Project Manager for all major upgrade, Lab Interface, HIE Interface, and or new module implementation projects undertaken with the client.

	Risk Mitigation Requirements
RISK-001	The Proposer MUST describe its risk management approach with required elements: (contract/SLA changes, risk sharing, service continuity/ disaster recovery, dispute resolution, contract termination/disengagement requirements and process)
RISK-002	The solution provider MUST provide a disaster recovery/business continuity solution that contains the required data elements (e.g. processes – initiating, restoration, information maintained, testing, backup, equipment to minimize failure)
RISK-003	The solution provider MUST provide a solution and services for back-up data/file retention and retrieval.

| RISK-003 | Any contract must specify that all disputes, litigation, or arbitration will be conducted within the State of Texas, and shall be handled in accordance with State of Texas laws and codes. |

Proposer(s) are responsible for ensuring their proposals are complete and address all RFP requirements by reviewing all of the solicitation documents and not relying exclusively on this checklist.