**Total Cost Tabulation Sheet**

***\*\*\*NOTE: Affix this page on the top/front of the completed Proposal. It should be the first page viewable when the Proposal is opened on August 27, 2020\_.*** *\*\*\**

The Proposal must be completed and signed by an authorized company representative to be valid.

The undersigned, having reviewed the Proposal, hereby proposes and agrees to furnish all software, licenses, access, etc. required for the purchase of a Health Information System, specified for the stipulated sum of:

**Initial Acquisition Cost Grand Total $.**

This should be the summation of Column 1 ("One-Time Fees" Grand Total Cost) and Column 2 ("Installation/ Training" Grand Total Cost) as reported on page 37.

**Annual Support Fees Grand Total $**

This should be the Grand Total Cost of Annual Support Fees as reported on page 37.

Name of Proposer Date

Signature of Authorized Representative

**Notice of Request for Proposals (RFP)**

The Board of Commissioners of Hospital Service District No. 1 of Franklin Parish, State of Louisiana, d/b/a Franklin Medical Center, will receive sealed proposals either in person at Franklin Medical Center Administrative Offices, PO Box 1300, Winnsboro, Louisiana 71295 until **August 26, 2020 at 4:15 PM.** On August 27, 2020 at 12:00 PM, proposals submitted for the item listed below will be publicly opened and read in the Conference Room of Franklin Medical Center.

***Acquisition of a Health Information System***

**Instructions for Submitting Proposals**

Proposals must be submitted on the furnished Proposal Form and must adhere to the provided format to be considered for acceptance. The Total Cost Tabulation Sheet (page 2 of the RFP) must be signed by an authorized company representative. ***Affix this page on the top/front of the completed Proposal. It should be the first page viewable when the Proposal is opened*.** Proposals must be submitted with descriptive literature of the equipment proposed. The proposal of the successful vendor shall be incorporated into the final contract consummated with that vendor.

The Request for Proposals may be obtained at the Franklin Medical Center Administrative Office or by calling 318-412-5265. The specifications may also be accessed through our web site at <http://www.fmc-cares.com/files/2020-RFP-revisions-5-5-20.docx>. The specifications are used to set forth and convey to vendors the functional requirements of the product desired as well as the time frames within which the installation and go-live of the product must be achieved. Proposals are not restricted to any specific brands, make, manufacturers or specification names.

The Board of Commissioners may reject all proposals when it is deemed that such action is in the best interest of Franklin Medical Center as allowed by LA. R.S. 38:2237

**Submission Process and Requirements**

Interested vendors may mail proposals by "registered mail" to:

Administrator

Franklin Medical Center

PO Box 1300

Winnsboro, LA 71295

Proposals may also be hand delivered in a sealed envelope marked "HIS Proposal" or submitted by email to credentialing@fmc-cares.com (include “HIS Proposal” in the subject line) by the date and time specified above.

**Agreement & Evaluation Criteria**

Franklin Medical Center (“FMC”) intends to review proposals for a Health Information System. At present, all core applications are provided by Cerner. The attached Request for Proposals ("RFP"), issued pursuant to Louisiana Revised Statutes 38:2237, highlights specific points of interest to Franklin Medical Center, but is not intended to be all inclusive.

All proposals received by the deadline will be evaluated according to the criteria set forth herein. Incomplete or incorrect information in response to the evaluation criteria may result in a lower score. Interested parties are required to provide a demonstration of the proposed solution in order to verify the information presented.

The successful vendor's solution will include our current applications profile listed herein as well as the criteria/functionalities below; and the award will be based upon:

1. Best in KLAS 2018/2019, Software & Services, Community HIS, Score greater than 70.0. [50 points]
2. Single architecture and database across both acute and ambulatory systems. [25 points]
3. Fully integrated financial and clinical systems.[25 points]
4. Vendor is able to begin installation within a timely manner that would allow for complete installation,
training and a go-live date with seamless transition from the existing system (where applicable). [25 points]
5. Vendor is currently Inpatient & Ambulatory ONC-ATCB 2014 (Stage 3) Certified as a Complete EHR and
will be Inpatient & Ambulatory ONC-ATCB 2015 (Stage 3) Certified as a Complete EHR as of March 1, 2020 on the software version being proposed. [25 points]
6. HIPAA compliant Remote Access and Mobility Solutions for CPOE, chart review and documentation,
results review (Lab, Radiology, CT, etc), ePrescribing (including for controlled substances), and secure texting for patients and providers. [25 points]
7. Ability to customize EHR , both pre- and post- go-live, to meet the unique needs of FMC,
e.g. care plans, order sets, assessments, forms, reports, etc. [25 points]
8. Behavioral Health Solution. [25 points]
9. All training to take place on-site at FMC. [25 points]
10. Real-time, customizable (both pre- and post- go-live) electronic Surveillance System, to include Infection
Control. [20 points]
11. Ability to offer a version of its licensed Ambulatory solution to independent physician practices. [20
points]
12. NovaRad PACS compatible charting/tracking system. [20 points]
13. Physician Clinical Documentation. [15 points]
14. Emergency Department Information System. [15 points]
15. Migration and ease of access to scanned images. [15 points]
16. Ambulatory care solution meets the national certification standards associated with Patient Centered
Medical Homes.[10 points]
17. Population Health Management Solution. [10 points]
18. Perioperative & Anesthesia Clinical Documentation. [10 points]
19. Patient Portal which allows for appointment scheduling, online bill pay, prescription renewal requests
and viewing of lab results and radiology reports. [10 points]
20. Enable complete, automated participation with the Louisiana Health Information Exchange, all federal and state interoperability regulations, and Public Health Reporting (with no manual processes necessary) as well as the ability to send/receive CCDs in response to requests from other non-vendor systems. [10 points]
21. Ability to add custom fields to the system and run reports against these fields. [10 points]
22. Previously established, HIPAA-compliant Medical Device Interfacing. [5 points]
23. Previously established, successful interface with Quadax Software. [5 points]
24. Previously established, successful interface with Time Matrix Time-Management Software. [5 points]
25. Previously established, successful interface with Mindray Monitoring. [5 points]
26. Previously established, successful interface with M\*Modal Transcription Software. [5 points]
27. Previously established, successful interface with Microsoft Dynamics General Ledger functions or provide an internal general ledge functionality. [5 points]
28. Previously established, successful interface with E-Audit 340B Pharmacy Inventory System. [5 points]
29. IRF Solution (20 points)
30. Outpatient physical/occupational/speech therapy solution (10 points)

Other factors for consideration:

1. Cost
2. Functionality
3. Privacy and Security
4. General reputation and experience of proponent
5. Interoperability
6. Customer Service
7. Focus on research and development

The attached RFP is designed to identify differences in the proposed available Hardware and Software. For this reason, we require that you conform your responses to our RFP layout. A standardized format for the Price Quotation is included as well as a questionnaire.

**Vendor Profile**

Using the template below, provide the requested information on your organization. Your response to a specific item may be attached to this section as an additional page if necessary.

|  |
| --- |
| **General** |
| Name |  |
| Address (Headquarters) |  |
| Address Continued |  |
| Main Telephone Number |  |
| Website |  |
| Publicly Traded or Privately Held |  |

|  |
| --- |
| **Parent Company (if applicable)** |
| Name |  |
| Address |  |
| Address Continued |  |
| Telephone Number |  |

|  |
| --- |
| **Main Contact** |
| Name |  |
| Title |  |
| Address |  |
| Address Continued |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |

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| --- |
| **Vendor Information** |
| Number of years as EHR vendor |  |
| Number of live sites |  |
| Number of new EHR installations over the last 3 years? |  |
| Size of existing user base |  |
|  |  |
| What is your market presence in Louisiana? |  |
| How many organizations have de-installed any vendor systems over the past two (2) years? Please specify which systems and why? |  |
| What is your EHR customer retention for the years 2017, 2018, and 2019? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total FTEs Last Year, by category |  |  |  |
| Total Employees |  |  |  |
| Executives and Managers |  |  |  |
| Marketing/Sales |  |  |  |
| Installation |  |  |  |
| Research and development |  |  |  |
| Application support |  |  |  |
| Technical support |  |  |  |
| Customer service |  |  |  |
| Other |  |  |  |
| Those with clinical background: |  |  |  |
| Nurses |  |  |  |
| Other Clinicians |  |  |  |
| Total FTEs This Year |  |  |  |
| Total Employees |  |  |  |
| Executives and Managers |  |  |  |
| Marketing/Sales |  |  |  |
| Installation |  |  |  |
| Research and development |  |  |  |
| Application support |  |  |  |
| Technical support |  |  |  |
| Customer service |  |  |  |
| Other |  |  |  |
| Those with clinical background: |  |  |  |
| Nurses |  |  |  |
| Other Clinicians |  |  |  |
| What percentage of revenue did your company expend for |  |  |  |
| research and development on your proposed products |  |  |  |
| during the last five fiscal years? How much is budgeted for |  |  |  |
| the current fiscal year and for the next fiscal year? |  |  |  |
| 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.Please provide a list of clients with similar size and scope to Franklin Medical Center. |  |  |  |

**Product Information**

|  |
| --- |
| **General** |
| Product name and versions |  |
| When is your next version release? |  |
| Single Database for scheduling, billing, inpatient and ambulatory EHR? |  |
| Is it a Client Server, ASP or Hosted model? |  |
| Was the product (or any of its significant functionality) acquired from another company? If yes, please answer the following: 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? |  |
| Does the product include a patient portal and/or does it allow integration with 3rd party patient portals (e.g., Google Health, Microsoft HealthVault, iHealth, etc)? |  |
| Is the product comprehensive or modular? Address both the inpatient and ambulatory products. |  |
| Modular List all modules available, their current version, and provide additional documents with all technical specifications, requirements, and dependencies for each module to operate fully with the "core" product. |  |
| 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? |  |
| List all ways that a practitioner could import a patient's data into the product: • CD/DVD • Flash Drive • PDF Format • Paper Copies • Clinical Exchange DocumentWhat is the process and cost for converting legacy data from an existing system to your system (where applicable)? |  |
| How are enhancement and new release priorities determined? How are clients supported during these releases? How much system downtime is required during these upgrades? |  |
| What are the recommended network bandwidth requirements of the proposed solution(s)? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Meaningful Use/ ONC-ATCB Certification** |  |  |  |
| Inpatient Product: |  |  |  |
| • Is the inpatient product ONC-ATCB certified? |  |  |  |
| • Version and Certification Year? |  |  |  |
| • Certified as Comprehensive (Complete) or |  |  |  |
| Modular? |  |  |  |
| • What is the anticipated date to become Stage 3 |  |  |  |
| certified? |  |  |  |
| • If Modular, list all modules necessary to meet Meaningful Use Stage 3 criteria |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Ambulatory Product: |  |  |  |
| • Is the ambulatory product ONC-ATCB certified? |  |  |  |
| • Version and Certification Year? |  |  |  |
| • Certified as Comprehensive (Complete) or |  |  |  |
| Modular? |  |  |  |
| • What is the anticipated date to become Stage 3 |  |  |  |
| certified? |  |  |  |
| • If Modular, list all modules necessary to meet Meaningful Use Stage 3 criteria |  |  |  |
|  |  |  |  |
|  |  |  |  |
| If Modular, are all the modules necessary to meet each of |  |  |  |
| the menu set objectives included in the attached pricing, or |  |  |  |
| are they sold separately at an additional cost? |  |  |  |
| Do you have a guarantee the product will meet the current standards and future standards? |  |  |  |

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| **Security and Security Features** |
| Describe how the product meets all HIPAA, HITECH, and other security requirements. |  |
| Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings? |  |
| Does the product provide different levels of security based on type of patient (Employee vs. VIP)? Confidential patients? |  |
| Describe the audit process within the product. |  |
| List the security reports the product provides at Go-Live to meet all auditing and HIPAA reporting needs. |  |
| Describe any remote tools you offer the provider to access patient data (e.g. smartphone, tablet, etc.) and how these devices/data may be secured if the provider loses their device or a breach is suspected. |  |
| Describe the product's ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected. |  |
| Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc). |  |
| Describe the product's ability to create new security rights/roles based on new workflows or enhancements (e.g., customer-developed content such as Psych notes or departmental flowsheets). |  |
| **Data Protection** |  |

Describe how the patient's data is secured at all times and

in all modules of the product (e.g., strong password

protection or other user authentication, data encrypted at

rest, data encrypted in motion).

Describe how the patient's data is secured when accessed

via handheld devices (e.g., secured through SSL web sites,

iPhone apps, etc).

Describe backup planning and disaster recovery. What are

the hardware recommendations? Is this included?

|  |
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| **Licensing** |
| How is the product licensed?Are outside software product licenses required? |  |
| Are licenses perpetual or subscription? |  |
| Are licenses purchased per user? |  |
| Define 'user' if it relates to the licensing model (i.e., FTE MD, all clinical staff, etc). |  |
| If licensing is determined per workstation, do handheld devices count towards this licensing? |  |
| Is system access based on individual licensing, concurrent, or both? |  |
| What does each license actually provide? |  |
| For modular systems, does each module require a unique license? |  |
| In concurrent licensing systems, when are licenses released by the system (i.e., when the workstation is idle, locked, or only when user logs off)? |  |

|  |
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| **Interfaces** |
| How many interfaces have you built and put into production for the solution you are proposing? |  |
| Can an electronic consent trigger an ADT messages, and therefore be captured via HL7? |  |
| Which HL7 version are you using? |  |
| Within your HL7 based interface, which elements and values are configurable? |  |
| How often do you update your interface specifications? |  |
| When you send us the interface spec for sign-off, do we get a fully documented list of gaps and exceptions for specific data values and data elements? |  |
| Do you provide a list of your interface customizations? |  |
| How do you document changes and upgrades throughout the lifecycle of the interface? Do you automatically provide us with the updated documentation? |  |
| Does the interface you build contain any intellectual property? |  |
| How guaranteed is message delivery? Does each message get an "acknowledge" (ACK) or "no acknowledge" (NACK) reply? |  |
| **Conversion/ Legacy Archive** |
| Describe your process for converting legacy data. What legacy data is customarily converted, and at what level of detail? What legacy data is not converted? Are scanned images converted? |  |
| What will be FMC's responsibilities in the data conversion process? |  |
| What conversion assistance by the vendor is included in the scope of your proposed implementation services? |  |
| Describe how converted data is reconciled to ensure no data loss or corruption. |  |
| Describe your experience with data conversions to your system at similar sized clients. How long have users experienced downtime during conversions? What do you recommend to minimize downtime? |  |
| Do you have experience converting data from Cerner EHRs (where applicable)? |  |
| Will recommendations be provided for abstracting or bulk loading data from paper charts into the EHR? |  |

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| **Additional Information** |
| Is a demo copy available prior to purchasing? |  |
| Onsite implementation or remote? |  |
| Training sites |  |
| Training options (train-the-trainer, # hours all staff) |  |
| Describe how your product will continue to meet the ongoing federal and state regulatory requirements. What assistance do you offer to your clients? |  |

|  |  |
| --- | --- |
| Has your company acquired, been acquired, merged with other organizations, or had any "change in control" events within the last seven (7) years? (If yes, please provide details.) |  |
| 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.) |  |
| Describe your alliances and partnerships. |  |
| Describe in detail any anticipated platform upgrades, etc. which during the next 10 years may require additional expenses not already quoted in this RFP. |  |
| Please provide information on any outstanding lawsuits or judgments within the last five (5) years. Which were privacy or security related? Please indicate any cases that you cannot respond to as they were settled with a non­disclosure clause. |  |

**Infrastructure and Technology**

|  |
| --- |
|  |
| **| Client/Server Model |** |
| **If product is a client/server model, please respond to questions below:** |
| What type of hardware is required? |  |
| What are the recommended workstation requirements? |  |
| What are the recommended server specifications? |  |
| Recommended Manufacturer/Model? |  |
| How many servers and server roles? |  |
| • Application Server |  |
| • Web Server - IIS (version) - Apache (version) |  |
| • Other |  |
| • Database Server |  |
| • MS SQL (version) |  |
| • Oracle (version) |  |
| • Other |  |
| • HL7 Interface System |  |
| • Test Server |  |
| • E-mail Server |  |
| • Others (Fax, Print, Dictation, etc) |  |
| • Operating system (Windows, Unix/Linux, Other) |  |
| • Processor (number of processors and processor speed)? |  |
| • Memory/RAM requirements? |  |
| • Storage Space Requirements? |  |
| • SANs Connectivity (Yes/No) |  |
| If yes, SANs requirements? |  |
| • Network Card Speeds |  |
| Dual NICs required? |  |
| Other Components Required? |  |
| What other applications are required for server? |  |
| • Server Management Tools |  |
| • Bandwidth Monitors |  |
| • Database Management Suite |  |
| Can systems be virtualized? |  |
| Will the product run on virtualized servers? |  |
| If yes, what virtualization and remote access software is required on server? |  |
| • Citrix |  |
| • BMC |  |
| • Other |  |

|  |  |
| --- | --- |
| If no, are you moving toward certifying virtualized environments? |  |
| Are we required to purchase hardware from your company? |  |
| Do you have a recommended vendor with discount pricing to purchase equipment? |  |
| What type of support is available if equipment purchased from your company? |  |
| What are the recommended printer manufacturers/models?  |  |
| What type(s) of printers are recommended? (Laser, InkJet, Thermal)? What label printers are recommended? |  |
| What are the recommended scanner manufacturers/models? |  |
| Do you require Internet access for your product? |  |
| For remote connection/maintenance? |  |
| If so, please detail security setup required for this access. If Delta processes are initiated and data is downloaded into the system automatically, detail that information here. |  |
| Remote Support? |  |
| If so, please detail security setup and access rules governing when connections are created and what type of work can be performed on the live system during normal business hours. |  |
| Access System/Application Remotely? |  |
| Are there any Delta processes that run daily/nightly/weekly/etc, and if so, what data is collected and how is it used? Is there any downtime involved in these processes and their posting? |  |
| What are the minimum network infrastructure requirements? |  |
| Firewall/VPN Appliance? |  |
| Switches/Routers |  |
| Other Devices |  |
| Will your product operate on Windows Terminal Services or Citrix? |  |
| If no, are there plans to certify in these environments? |  |
| What are the backup requirements? |  |
| Do you require a separate server for backup services? (Tape, SANs) |  |
| Are 3rd party backup solutions supported? |  |
| Does product provide database software (Yes/No)? |  |
| If no, what database application is required? (MS SQL, Oracle, MySQL, Other) |  |
| Can data be exported? |  |
| What format? (CSV, Text/Comma delimited, Other) |  |
| Does product allow for ad hoc reporting against the database by customer using standard reporting software (Crystal Reports) or standard database queries? |  |

**ASP Model**

**If product is an ASP model, please respond to questions below:**

|  |  |
| --- | --- |
| Do you provide ASP solutions or require 3rd party vendor participation? |  |
| What is the 3rd party vendor's involvement? |  |
| How are support issues handled? |  |
| Does the ASP model require a server at the customer location? |  |
| If yes, what are the system requirements? |  |
| • Number of Server(s)? |  |
| • Processor |  |
| • Storage and Fault Tolerance Requirements? |  |
| • Memory? - <25 concurrent users - >25 concurrent users |  |
| • Bandwidth Requirements? |  |
| • System Backup Requirements? |  |
| Types of Server(s) |  |
| • Database Servers |  |
| • Web Servers |  |
| • Interface Servers |  |
| • Scanning Servers |  |
| • Messaging (Fax, E-Prescribing, Print) Servers - If fax from server, what fax cards are supported? - Is separate fax software needed? |  |
| Is virtualization supported or required (VMWare, XenApp, etc.)? |  |
| If so, on which servers and in what configuration? |  |
| Are Citrix and/or Terminal Services supported? |  |
| If so, are there any application modules not supported or recommended for use in a virtualized environment? |  |
| Does your product require or recommend a firewall? |  |
| If yes, what is the recommended manufacturer/model? |  |
| Do you recommend VPN access? |  |
| Do you provide all CALs (client access licenses) for database and system access or does the customer purchase these? |  |
| If customer must purchase, how many need to be purchased based on expected number of users on the product? |  |
| List all security enhancements which must be accommodated on workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc). |  |

|  |  |
| --- | --- |
| Does the product support any of the following external devices: • USB devices • Scanners (manufacturer/model) • Flatbed • Handheld (i.e., Barcode, PDA, BlackBerry Devices, etc.) • Card Readers (i.e. smart card, security • Other Input Devices |  |
| What are the bandwidth requirements per user? |  |
| What are the workstation requirements? |  |
| Manufacturer/Model • Processor • Storage • Memory • Operating System |  |
| Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)? |  |
| What applications are supported and/or need to be installed on the workstation? • Java • Flash • Adobe Reader • Microsoft Office (i.e., Word, Excel, etc.) • Antivirus • Which folders/files must be excluded from active scanning? • Crystal Reports • Open Office • Remote Access Software (WinVNC, RDP, GoToMyPC, etc.) for support |  |
| Require ODBC driver or SQL application on workstations? |  |
| Any other applications required? |  |
| Can the product be securely accessed from any location with an Internet/broadband connection? |  |
| How is data saved at the ASP location? |  |
| How often is routine maintenance performed on remote system? • Backups? • Updates? • Performance Monitoring and Enhancements |  |
| Since we would be dependent on Internet connection, what is our strategy if the Internet connection goes down and cannot use your system? |  |
| How will the customer be able to download and distribute the patient's health record to meet meaningful use? |  |
| How will the customer be able to upload patient-provided records (either paper or electronic format (radiology, medical records, lab data, etc.))? |  |

**SaaS Model**

**If product is a SaaS model, please respond to questions below:**

|  |  |
| --- | --- |
| Do you provide direct SaaS solutions or require 3rd party vendor participation? |  |
| How are support issues handled? |  |
| Does a 3rd party vendor host any part of your product and/or data? |  |
| Does your product require or recommend a firewall on the client side? |  |
| If yes, what is the recommended manufacturer/model? |  |
| Can the product be securely accessed from any location with an Internet/broadband connection? |  |
| What are the security requirements for remote users (non-hospital, non-clinic users)? |  |
| What are the minimum bandwidth requirements? |  |
| List all security enhancements which must be accommodated on client workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc.). |  |
| Does the product support any of the following external devices: • USB Devices • Scanners (Manufacturer/Model) • Flatbed • Handheld (i.e., Barcode, PDA, BlackBerry Devices, etc.) • Card Readers (i.e., Smart Card, Security) • Other Input Devices |  |
| What are the workstation requirements? |  |
| Manufacturer/Model • Processor • Storage • Memory • Operating System |  |
| Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)? |  |
| What applications are supported and/or need to be installed on the workstations? • Java • Flash • Adobe Reader • Microsoft Office (i.e., Word, Excel, etc.) • Antivirus • Which folders/files must be excluded from active scanning? • Crystal Reports • Open Office • Remote Access Software (WinVNC, RDP, GoToMyPC, etc.) for support |  |

|  |  |
| --- | --- |
| Require ODBC driver or SQL application on workstations? |  |
| Any other applications required? |  |
| How is data saved and stored? |  |
| How will the customer be able to download and distribute the patient's health record to meet meaningful use? |  |
| How will the customer be able to upload patient-provided records (either paper or electronic format (radiology, medical records, lab data, etc.))? |  |
| Can information be exported to CD/DVD in CSV or comma text delimited format? |  |
| Does product allow reports be created? |  |
| Ad hoc reporting option? |  |
| Provide a list of standard reports (no customization) which the customer may run to meet meaningful use requirements. |  |
| How often is routine maintenance performed on remote system? • Backups? • Updates? • Performance Monitoring and Enhancements |  |
| Can you provide a contingency strategy or disaster recovery plan in the event Internet service is lost and customer is unable to access your system and application? |  |
| Do you have normal 'downtime' windows for system backup and maintenance? |  |
| Does this affect access to the product? |  |
| How is data gathered during Internet outages? |  |
| Is it uploaded into the system when Internet restored? • Is this process done manually or automatically? • How do we verify information has been uploaded? |  |
| In the event access to your site is unavailable, what steps will you take to notify the customer of progress towards resolving the issue? |  |
| What steps should the customer take during this time? |  |
| In the past two (2) years, how many outages have you experienced due to your own infrastructure problems? |  |
| Do you have redundant Internet providers? |  |
| Is there a test environment for the customer to use? |  |
| What are the network infrastructure requirements? |  |
| What are your security requirements and recommendations for client workstations? |  |
| Is your site secured with encryption and antivirus? |  |
| How often is access audited and by whom? |  |
| Is there an off-site disaster recovery location for your server farm? |  |
| How often is this tested? |  |

**Vendor Support**

|  |
| --- |
| **General** |
| Do you offer multiple support programs? Please provide a detailed list of each with your standard SLA for each support program. |  |
| What are your support statistics (# of Support Calls to the % of resolutions at each severity level)? |  |
| Define the Support Structure (Tiered Approach, Client assigned 1 point of contact, etc.) |  |
| When is customer support available? • Preferred method of contact (Phone call, e-mail, etc.)? • Where is your customer support staff located? Are they 'off-shore'? • What are your normal hours of support? • How is after hours support handled? • Will someone be on-call at all times? |  |
| Problem/Resolution Process • Response time expectations for all levels of severity • Average time to close tickets by severity level • Escalation Process • Severity Level System • Issue/Resolution Tracking System • Test System vs. Live System |  |
| Who has ownership of the following: • Data • Software • Enhancements or Customizations Paid for by Customer • Hardware • Servers • Workstations |  |
| What are your additional fee based services? |  |
| Do you have online support (Knowledgebase, InfoCenter, etc.)? |  |
| Is your support staff certified (i.e., HDI, SCP)? |  |
| Is remote assistance an option for workstation and server issues? |  |
| Upgrade Process • How will the customer be notified of upgrades when they are released? • Who is responsible for installing these updates (dates, training, documentation, etc)? • Will the customer get to choose which upgrades they want? • Frequency of Upgrades? • How long can a customer delay an upgrade without losing support? • Will training be provided for new functionality? |  |

Testing

* Will customer get a chance to test the product in a
test environment?
* Will customer get access to test scripts from vendor?
* Will customer have an opportunity to parallel test
with vendor or conduct Acceptance Testing?

• End to End Testing?
Product Enhancement Requests

* If customer wants to add an enhancement, what is
the process?
* Are there additional costs for an enhancement?
* How soon will customer be able to view, test, and
use enhancement?
* How will upgrades work with new enhancement?
* Will all other customers get the enhancement one
company has paid for?
* How will the company stay up-to-date on required
meaningful use definition changes?

**Training/ Testing**

|  |
| --- |
| **All Phases (Selection through Post Go-Live)** |
| Describe training options included in contract agreement. • Will training be on-site, online, offsite? • Will this require our users to travel to another location for training? • Will additional costs be incurred for training? |  |
| **On-site Training**• How many days does EHR vendor provide for on-site training? • Will Go-Live be scheduled shortly after initial staff training? • What is the trainer/ student ratio during training? |  |
| **Online Training**What types of online training are available? |  |
| Videos • Recorded Modules/Workflow Training Courses • Recorded Interactive "Many-to-One" Training Sessions • Quick Reference or Tips & Tricks Videos • Trial Demonstration of EHR |  |
| Web Based Training • Interactive training activity with screenshots & instructions to give clinic exposure of EHR selected before core training |  |
| Facilitator/Consultant Led Training Sessions • Module Training Sessions • Workflow Training Sessions (Nurse, Provider, Business Office, etc.) • One-on-One Training Sessions with Consultant • Describe your training personnel (i.e., background, position, medical credentials). • Vendor-Directed Demo (i.e., Web Ex Training, On-Site, etc.) |  |
| Training Documents (Identify format of documentation) • Training Manuals • Quick reference guides that focus on specific tasks • On-line Printable Training Documentation • Upgraded Training Guide • Describe when these documents are modified and how quickly they are made available to the customer after product changes occur. |  |
| **Offsite Training**If offsite training must occur, describe in detail: • All users required to attend offsite training • Purpose of the training • Length (in days) and location of training • Other options for this type of training |  |
|  |  |

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| --- | --- |
| Contractually, can users access the live EMR system prior to Go-Live for build or 'pilot' purposes? |  |
| Will access be granted to development/training environment for testing during upgrades and during training processes? |  |
| **Super User Training**Will super users be trained by vendor? |  |
| **Go-Live** |  |
| Will vendor staff be on-site during 'Go Live' timeframe? |  |
| What will be their role during 'Go Live'? Trainer Technical |  |
| **Post Go-Live Training and Support** |  |
| Will vendor staff be on-site after Go-Live? |  |
| After 'Go-Live', who (i.e., support team, implementation manager, etc.) will be available to answer questions, issues, and/or training requests? If original implementation team, how long before this level of service is transferred to "normal" support team?What resources will be provided for ongoing training and testing of the system? Are there costs or fees associated with ongoing training and testing? Are user groups or other forums available for ongoing, real-time feedback and input between vendor educational/support staff and Franklin Medical Center personnel for troubleshooting or future system enhancements? |  |

**Contract Terms**

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| **Contract Terms and Vendor Guarantees** |
| Will the customer be allowed to perform acceptance testing of this product prior to "Go-Live"? |  |
| Will the customer be allowed to make payments based upon the achievement of actual milestone events, rather than times/dates, with a significant portion of the fees not payable until "Go-Live" and mutual agreement of acceptable performance?Will vendor provide revenue disruption guarantees to make FMC whole in the event milestones are not met or revenue cycle operations are reduced during and after the implementation? If so, what sort of guarantees? Please provide specific references of similar actions taken with prior clients. Is the implementation cost based on the number of hours? |  |
| **What is the vendor's responsibility when:**Problem resolution is not met by a certain time based on severity level of the problem or issue? Meaningful use criteria are not met as promised? Upgrades cause problems (causes meaningful use criteria to no longer be met or critical workflows to break)? Training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables? Implementation is not completed by vendor in the agreed upon timeframe? Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software? Promised product functionality does not exist at time of Implementation? Damages to hardware during transport if purchased through vendor or while vendor is on-site during installation? Data is corrupted during the course of normal use and operation of the product? SLAs are not met? |  |
| Will you allow the representations made in your response to this RFP to be incorporated into the contract? |  |
| Will you agree to a cap on price increases? For how long? |  |
| How long will you guarantee to provide maintenance (or other support) on this product? |  |
| What is the process that you will follow when "sunsetting" this product? |  |
| Will you escrow the source code for this product? |  |

**Other Vendor Services Offered**

What other companies have you partnered with to provide services on your behalf and what are their contact information?

If their work is done on your behalf (implementation, upgrades, etc.), do you warranty their work as if it were your own?

**Specifications**

When responding to each item in the specifications section, place an "X" under one of the following columns: **"Yes, Included"** = the function is available in the system and it is part of the basic system **"Yes, Additional Cost"** = the function is available but it requires system customization at an additional cost "No" = the function is not available

Use the column labeled **"Comments / Clarifications"** to include additional information you wish to include as part of your response. This column can also be used to indicate if a function is not currently available but will be available in a future release by indicating the version number and approximate month/year when the function will be available (e.g. Version 8.2/August 2015). No comment or clarification should exceed half a page in length. Comments and Clarifications may be provided on a separate attachment.

|  |  |  |  |  |
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| **Specifications** | **Yes, Included** | **Yes, Addtl.** | **No** | **Comments / Clarifications** |
|  |  | **Cost** |  |  |
| **System Requirements/Features** |
| 1. 1. Best in KLAS 2015/2016, Software & Services, Community HIS, Score greater than 70.0. | **□** | **□** | **□** |  |
| 2. 2. Single architecture and database across both acute and ambulatory systems. | **□** | **□** | **□** |  |
| 3. Fully integrated financial and clinical systems. | **□** | **□** | **□** |  |
| 4. 4. Vendor is able to begin installation within a timely manner that would allow for complete installation, training and a go-live date not to exceed \_\_\_\_\_\_\_\_\_\_\_\_. | **□** | **□** | **□** |  |
| 5. 5. Vendor is currently Inpatient & Ambulatory ONC-ATCB 2014 (Stage 3) Certified as a Complete EHR and will be Inpatient & Ambulatory ONC-ATCB 2015 (Stage 3) Certified as a Complete EHR as of \_\_\_\_\_\_\_\_\_\_\_\_\_ on the software version being proposed. | **□** | **□** | **□** |  |
| 6.  6. HIPAA compliant Remote Access and Mobility Solutions for CPOE, chart review and documentation, results review for (L Lab, Radiology, CT, etc), and ePrescribing (including for CDS) | **□** | **□** | **□** |  |
| 7. 7. Ability to customize EHR, both pre- and post- go-live, to meet the unique needs of FMC, e.g. care plans, order sets, assessments, forms, reports, etc. | **□** | **□** | **□** |  |
| 8. Behavioral Health Solution. | **□** | **□** | **□** |  |
| 9. 9. All training to take place on-site at FMC | **□** | **□** | **□** |  |
| 10. 10. Real-time, customizable (both pre- and post- go-live) electronic Surveillance System, to include Infection Control. | **□** | **□** | **□** |  |

**Specifications**

**Yes, Yes,**

**Included Addtl.**

**Comments / Clarifications**

|  |
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|  |
| 11. 11. Ability to offer a version of our licensed Ambulatory solution to independent physician practices. | **□** | **□** | **□** |  |
| 12. NovaRad compatible charting/tracking solution. | **□** | **□** | **□** |  |
| 13. Physician Clinical Documentation and EPrescribing. | **□** | **□** | **□** |  |
| 14. Emergency Department Information System. | **□** | **□** | **□** |  |
| 15. Migration and ease of access to scanned images. | **□** | **□** | **□** |  |
|  |  |  |  |  |
| 16. 16. Ambulatory care solution meets the national certification standards associated with Patient Centered Medical Homes. | **□** | **□** | **□** |  |
| 17. Population Health Management Solution. | **□** | **□** | **□** |  |
| 18. Perioperative & Anesthesia Clinical Documentation. | **□** | **□** | **□** |  |
| 19. 19. Patient Portal which allows for appointment scheduling, online bill pay, prescription renewal requests and viewing of lab results and radiology reports. | **□** | **□** | **□** |  |
| 20. 20. Enable complete, automated participation with the Louisiana Health Information Exchange, all federal and state interoperability regulations, and Public Health Reporting (with no manual processes necessary) as well as the ability to send/receive CCDs in response to requests from other non-vendor systems. | **□** | **□** | **□** |  |
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|  |  |  |  |  |
| 21 21. Ability to add custom fields to the system and run reports against these fields. | **□** | **□** | **□** |  |
| 22. 22. Previously established, HIPAA-compliant Medical Device Interfacing. | **□** | **□** | **□** |  |
| 23. 23. Previously established, successful interface with Quadax Software. | **□** | **□** | **□** |  |
| 24. 24. Previously established, successful interface with Time Matrix Timekeeping Software. | **□** | **□** | **□** |  |
| 25. 25. Previously established, successful interface with Mindray. | **□** | **□** | **□** |  |
| 26. 26. Previously established, successful interface with M\*Modal Transcription Software. | **□** | **□** | **□** |  |
| 27. 27. Previously established, successful interface with NovaRad PACS, allowing user to view reports/images directly from the patient chart. | **□** | **□** | **□** |  |
| 28. 28. Previously established, successful interface with E-Audit 340B Pharmacy Inventory System. | **□** | **□** | **□** |  |

**Perioperative Information System**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Describe your surgery system. | **□** | **□** | **□** |  |
| Incorporate Quality Assurance? | **□** | **□** | **□** |  |
| Supports the option to use touch screens, touch pads, etc? Describe. | **□** | **□** | **□** |  |

**Specifications**

**Yes, Yes,**

**Included Addtl.**

**Comments / Clarifications**

Tracking capabilities (patient/case tracking, remote

anesthesia monitoring)

Patient, room, staff, equipment, supplies, scheduling

• Preference/procedure cards connected to inventory
and pick lists

Supports clinical pathways? Describe. Clinical documentation

* Preoperative; assessment, care plans, pre-admit
testing, nursing documentation
* Intraoperative support
* Anesthesia documentation/care record
* Fluid/medication totaling

• Post-operative support:

o Flowsheets

o Discharge Instructions

o Charting

o Trending

Anesthesia management

Inventory and supply tracking/management

Charge capture

Management and Statistical reporting

Surgical instrument tracking

• Tracking through instrument lifecycle (prep, storage,
deliver)

* Tray/container level
* Case Carts tracking
* Portable instrument/ Portable diagnostic tracking

• Integration with automated supply cabinets

Supply chain: interfaced with Materials Management

Scheduling: Integrated or interfaced with scheduling/preference card

**Emergency Department Information System**

Prompts for items in CMS quality measures without user

customization.

Support risk management and quality initiatives?

Describe.

ED tracking board solution

Does the tracking screen list automatically tracked times,

such as the time of arrival, triage time, time seen by

physician?

Track and flag patients who return to the ED within a

specified timeframe after being treated and discharged

from the ED?

|  |  |  |
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| **□** | **□** | **□** |
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| **□** | **□** | **□** |

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**Specifications**

**Yes, Yes,**

**Included Addtl.**

**Comments / Clarifications**

Ability to interface with monitoring systems/ bedside medical devices? Please list established interfaces. Electronic physician documentation allows for documentation in a template, but provides for review in a sentence-structured format.

Supports voice recognition and dictation.

Provides an indicator of documentation completeness.

Alerts provided to the physician that CMS levels are not supported by documentation, or that mandatory fields in the template have not been completed?

CPOE system is accessible from wireless networked computer devices.

CPOE system can accept orders from a separate EHR system via a bi-directional HL7 interface? For example, can a physician electronically send a lab order from his office EHR, regardless of software vendor, to your system then have the lab results sent back into his/her EHR? Is CPOE customizable per provider or are templates available?

* Does the system allow for custom Order Sets to
be built?
* Does the system allow multiple Resultable Items
to be mapped to a single Orderable Item (e.g.
Skin tests have multiple antigens [resultables]
which must map to a single Orderable item
code).

**□ □**

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**Reporting**

The system has the capability to electronically report

quality measures to CMS.

What reporting engine is utilized within the software?

(ex. Crystal Reports, Excel, proprietary).

If utilizing Crystal Reports do you provide a listing of all

reportable data elements?

Does the end user have the ability to create custom

reports?

Can reports be run on-demand during the course of the

day?

Can reports be set up to run automatically as well as

routed to a specific person within the hospital/clinic?

The system has the ability to create monthly statistical

reports (Patient Activity/Statistics by Financial Class,

Patient Type, etc.)

**Technical Underpinnings**

The system incorporates extensive, secure telecommunications capabilities that link staff and clinicians from remote locations to the central site.

**□ □ □ □ □ □ □**

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| **Specifications** | **Yes, Included** | **Yes, Addtl. Cost** | **No** | **Comments / Clarifications** |
| Do you provide hardware or have a relationship with a hardware vendor? | **□** | **□** | **□** |  |
| If working with a hardware vendor do you have negotiated pricing with them? | **□** | **□** | **□** |  |
| **Document Management** |
| Images, video and audio files can also be saved and stored in the document management system. | **□** | **□** | **□** |  |
| Does the product have the option of exporting the entire patient chart in electronic format, not simply the CCD-A? | **□** | **□** | **□** |  |

**Cost**

For each proposed product, provide the cost based upon a typical installation. Also, any additional details regarding cost or pricing that may be helpful in our analysis should be included as well. Use the following template, as this will enable comparisons between vendors.

This proposal must clearly define ALL costs expected to be incurred by Franklin Medical Center during implementation and throughout the term of the contract. Provide a detailed breakdown of all items (by model number) and costs for all of the hardware (plus operating system and/or third party software) required to support the operation of the proposed solution for 7 years. Indicate if the hardware and/or support software must be procured from other sources.

List software costs by system or solution. If the software is compatible with multiple hardware platforms, propose a recommended platform for the FMC environment. For any other required and/or optional costs not covered below, provide a breakdown and explanation at the end of this table.

***Description***

***One-Time Fees***

***(including all fees for***

***licensing, use, access, etc.)***

***Installation/Training (including Travel & Expense)***

***Annual Support Fees***

***(including all fees for***

***maintenance, use, etc.)***

|  |
| --- |
| **Hardware Costs 1** |
| ***Server Hardware*** |  |  |  |
| ***Operating System*** |  |  |  |
| ***Third Party Software*** |  |  |  |
| ***Other*** |  |  |  |
| ***TOTAL HARDWARE COSTS*** |  |  |  |
|  |  |  |  |
| **Software Costs 1** |
| ***Registration/ADT*** |  |  |  |
| ***Transaction Services (Provide Detailed List)*** |  |  |  |
| ***Patient Statements*** |  |  |  |
| ***Medical Necessity Checking*** |  |  |  |
| ***Benefits Management*** |  |  |  |
| ***Electronic Signature*** |  |  |  |

***Description***

***One-Time Fees***

***(including all fees for***

***licensing, use, access, etc.)***

***Installation/Training (including Travel & Expense)***

***Annual Support Fees***

***(including all fees for***

***maintenance, use, etc.)***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Enterprise-Wide Scheduling*** |  |  |  |
| ***Document Imaging*** |  |  |  |
| ***Patient Accounting/ AR/ Collections* • *1500* • *UB-04*** |  |  |  |
| ***Ambulatory Practice Management (for Rural Health Clinics)*****• *1500* • *UB-04*** |  |  |  |
| ***General Ledger*** |  |  |  |
| ***Budgeting*** |  |  |  |
| ***Fixed Assets*** |  |  |  |
| ***Accounts Payable*** |  |  |  |
| ***Payroll/Personnel*** |  |  |  |
| ***Payroll Electronic Direct Deposit*** |  |  |  |
| ***Time and Attendance*** |  |  |  |
| ***Time Clock Interface*** |  |  |  |
| ***Human Resources*** |  |  |  |
| ***Materials Management*** |  |  |  |
| ***Electronic Purchase Orders*** |  |  |  |
| ***Inventory Management*** |  |  |  |

*Description*

*One-Time Fees*

*(including all fees for*

*licensing, use, access, etc.)*

*Installation/Training (including Travel & Expense)*

*Annual Support Fees*

*(including all fees for*

*maintenance, use, etc.)*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Quality Assurance/ Utilization Review/ Integrated Case Management*** |  |  |  |
| ***Executive Information*** |  |  |  |
| ***Health Information Management (Coding/ Abstracting)*** |  |  |  |
| ***Enterprise Master Patient Index*** |  |  |  |
| ***Encoder*** |  |  |  |
| ***Transcription/Dictation • Voice to Text*** |  |  |  |
| ***Clinician Credentialing*** |  |  |  |
| ***Nurse Scheduling*** |  |  |  |
| ***Employee Health*** |  |  |  |
| ***Infection Control*** |  |  |  |
| ***Clinical Documentation -Nursing*** |  |  |  |
| ***Clinical Documentation -Physician*** |  |  |  |
| ***Clinical Documentation -Ancillaries*** |  |  |  |
| ***Clinical Documentation -Critical Care*** |  |  |  |

*Description*

*One-Time Fees*

*(including all fees for*

*licensing, use, access, etc.)*

*Installation/Training (including Travel & Expense)*

*Annual Support Fees*

*(including all fees for*

*maintenance, use, etc.)*

|  |  |  |  |
| --- | --- | --- | --- |
| ***elCU*** |  |  |  |
| ***Clinical Data Repository/Electronic Medical Record*** |  |  |  |
| ***Care Planning******E-Prescribing (including CDS)*** |  |  |  |
| ***Patient Education******• English, Spanish******IRF (Inpatient Rehab)******Outpatient Speech, Occupational, Physical Therapy*** |  |  |  |
| ***Behavioral Health*** |  |  |  |
| ***Dietary*** |  |  |  |
| ***Results Viewing*** |  |  |  |
| ***Pharmacy*** |  |  |  |
| ***Pharmacy Inventory System (including 340B capability)*** |  |  |  |
| ***Medication Management (including eMAR & Bar Code Med Admin)*** |  |  |  |
| ***CPOE*** |  |  |  |
| ***Orders Management*** |  |  |  |
| ***Laboratory Information System (w/blood bank)*** |  |  |  |
| ***Radiology Information System (including Mammography)*** |  |  |  |
| ***PACS*** |  |  |  |

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| --- | --- | --- | --- |
| ***Description*** | ***One-Time Fees (including all fees for licensing, use, access, etc.)*** | ***Installation/Training (including Travel & Expense)*** | ***Annual Support Fees (including all fees for maintenance, use, etc.)*** |
| ***Clinical Decision Support*** |  |  |  |
| ***Disease Management*** |  |  |  |
| ***Ambulatory EMR*** |  |  |  |
| ***Autofax/Fax Server*** |  |  |  |
| ***Emergency Dept*** |  |  |  |
| ***Perioperative Nursing Care*** |  |  |  |
| ***Anesthesia*** |  |  |  |
| ***Reporting*** |  |  |  |
| ***Physician Portal*** |  |  |  |
| ***Mobile Device Solutions*** |  |  |  |
| ***Care Team Workflow & Communication*** |  |  |  |
| ***Patient Portal******• Personal Health Record* • *Online Bill Pay • Scheduling* • *Refill Request*** |  |  |  |
| ***Cost of Care Reporting for Physicians*** |  |  |  |
| ***Quality Management*** |  |  |  |
| ***Quality of Care Reporting*** |  |  |  |
| ***Electronic Surveillance******• Real-time Data Monitoring & Alerts*** |  |  |  |

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| --- | --- | --- | --- |
| *Description* | *One-Time Fees (including all fees for licensing, use, access, etc.)* | *Installation/Training (including Travel & Expense)* | *Annual Support Fees (including all fees for maintenance, use, etc.)* |
| ***Telemedicine & Video Visits*** |  |  |  |
| ***Referral Communication & Follow-up*** |  |  |  |
| ***HIPAA tracking — Security, Auditing and Compliance Monitoring*** |  |  |  |
| ***Internet Access/Integration*** |  |  |  |
| ***Interface Engine*** |  |  |  |
| ***User Security Management*** |  |  |  |
| ***Single Sign On*** |  |  |  |
| ***Backup & Disaster Recovery Solution*** |  |  |  |
| ***TOTAL SOFTWARE COST*** |  |  |  |
|  |  |  |  |

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| **Conversion Costs |** |
| ***Data Conversion Fees*** |  |  |  |
| ***Archive System*** |  |  |  |
| ***TOTAL CONVERSION COST*** |  |  |  |
|  |  |  |  |

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| --- | --- |
| *Description One-Time Fees (including all fees for licensing, use, access, etc.)* | *Installation/Training Annual Support Fees (including Travel & Expense) (including all fees for maintenance, use, etc.)* |
| Interface Costs 1 |
| ***Bi-Directional Laboratory Instrument Interface* • *Sysmex XS1000i •     Dimension EXL (Siemen's chemistry) •*     *Siemens 1500 Coagulation Analyzer*** |  |  |  |
| ***Uni-Directional Laboratory Instrument Interface -*• Siemens Clinitek Advantus**  |  |  |  |
| ***Reference Lab & Pathology Interface • LabCorp*** |  |  |  |
| ***Medication Distribution Interface (Profile Included) • 3AM*** |  |  |  |
| ***Louisiana Health Information Exchange Interface*** |  |  |  |
| ***ADT Interface • MedAssets*** |  |  |  |
| ***Bi-Directional PACS Interface - NovaRad*** |  |  |  |
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| --- | --- | --- | --- |
| *Description* | *One-Time Fees (including all fees for licensing, use, access, etc.)* | *Installation/Training (including Travel & Expense)* | *Annual Support Fees (including all fees for maintenance, use, etc.)* |
| ***Time Matrix Systems Interface • Time & Attendance*** |  |  |  |
| ***Medical Device Equipment Interfaces • Mindray*** |  |  |  |
| ***Respiratory Medical Device Interfaces*** |  |  |  |
| ***Invasive Ventilators and BiPap*** |  |  |  |
| ***Maquet Servo-I (Ventilator)******Respironics V60 (Bipap)*** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***EKG Machines*** |  |  |  |
| ***Nihon Kohden ECG 1350*** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***M\*Modal Transcription Software*** |  |  |  |
| ***E-Audit 340B Pharmacy Inventory Software*** |  |  |  |
| ***TOTAL INTERFACE COST*** |  |  |  |
|  |  |  |  |

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| --- | --- |
| *Description One-Time Fees (including all fees for licensing, use, access, etc.)* | *Installation/Training Annual Support Fees (including Travel & Expense) (including all fees for maintenance, use, etc.)* |
| Hosting Costs 1 |
| ***Remote Hosting Fees*** |  |  |  |
| ***TOTAL HOSTING COST*** |  |  |  |
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| *Description* | *One-Time Fees (including all fees for licensing, use, access, etc.)* | *Installation/Training (including Travel & Expense)* | *Annual Support Fees (including all fees for maintenance, use, etc.)* |
| ***TOTAL HARDWARE COST*** |  |  |  |
| ***TOTAL SOFTWARE COST*** |  |  |  |
| ***TOTAL CONVERSION COST*** |  |  |  |
| ***TOTAL INTERFACE COST*** |  |  |  |
| ***TOTAL HOSTING COST*** |  |  |  |
| ***GRAND TOTAL COST*** |  |  |  |