

MONROE COUNTY REQUEST FOR PROPOSALS [RFP]

Public Health Communicable Disease Data
Management System Replacement and Electronic
Medical Record System

Release Date: April 9, 2010

Response Deadline: May 21, 2010



Maggie Brooks
County Executive

Monroe County
Department of Public Health
111 Westfall Road
Rochester, NY 14692
monroecounty.gov

NO RESPONSE FORM

If you choose not to respond to this Request for Proposals, please fax this form back to MONROE COUNTY at your earliest convenience, to the attention of:

Walter Webert
Monroe County Office of Purchasing & Central Services
200 County Office Building
Rochester, NY 14614
Fax (585) 753-1104

**Public Health Communicable Disease Data
Management System Replacement and
Electronic Medical Record System**

RFP

Company:

Address:

Contact:

Contact Phone:

Email:

Reason for No-Response:

Project capacity.

Cannot bid competitively.

Cannot meet delivery requirements.

Cannot meet specifications.

Do not want to do business with Monroe County.

*Other:

Suggested changes to RFP

Specifications for next

Request for Proposals.

*Other reasons for not responding might include insufficient time to respond, do not offer product or service, specifications too stringent, scope of work too small or large, unable to meet insurance requirements, cannot meet delivery or schedule requirements, etc

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SECTION 1 - INVITATION TO PARTICIPATE

1.1 Purpose

Monroe County is soliciting software and implementation proposals for a competitively priced, fully integrated data management system to replace the current system in use by the Communicable Disease Prevention and Control Division (CDPC) of the Department of Public Health. This system must: address the needs of all of the public health programs in CDPC, as outlined in Section 1.5 of this RFP; provide the ability for direct billing or billing through a third party; and provide an effective Electronic Medical Records (EMR)/Practice Management System.

The term “system” or “systems” is defined as the complete proposed solution to this RFP including all software and third party components.

The County realizes that more than one solution may be required to meet its needs and, therefore, potentially more than one vendor may be selected if it is in the best interest of the County. Respondents may respond to all elements of this RFP or to selected elements of this RFP. The components are: public health communicable disease program data management; EMR; and, billing. Respondents must indicate which components of the RFP they are responding to.

The County realizes that no Request For Proposal (RFP) will cover all features, questions and concerns needed to select a Vendor. With this in mind, all Respondents are required to provide a succinct yet thorough description of the proposed solutions. Please include available materials that compare “apples to apples” with other similar systems.

The successful Respondent must have experience in planning and implementing systems of a similar type and size applicable to the County of Monroe as described herein. The County will study each proposal and select Respondents to provide a demonstration of their proposed systems and answer any questions from the County and other project participants. After these demonstrations, the County will decide if any of the systems meet the needs of the Users and are compliant with the RFP technical requirements.

Prospective Respondents must offer a proposal that will meet the scope of services, qualifications and general description of work activities identified in this RFP. In responding to this RFP, Respondents must follow the prescribed format as outlined in Section 3. By so doing, each Respondent will be providing the County comparable data submitted by other Vendors and, thus, be assured of fair and objective treatment in the County review and evaluation process.

The County’s intent is to acquire and implement the software in the first year, with annual maintenance/hosting agreements to follow.

1.2 RFP Coordinator; Issuing Office

This RFP is issued for the County. The RFP Coordinator, identified below, is the sole point of contact regarding this RFP from the date of distribution until the selection of the successful Respondent.

Walter Webert, Contract Specialist
Monroe County Purchasing and Central Services
39 West Main Street
Room 200
Rochester, New York 14614
Fax: (585) 753- 1104
Email: wwebert@monroecounty.gov

Only those Respondents who have registered and received a copy of this RFP via the County website at www.monroecounty.gov/bid/rfps will receive addenda, if issued.

1.3 Presentation and Clarification of the County's Intentions

As a result of this RFP, the County intends to enter into a contract with the selected Respondent to supply the services described in Section 2. However, this intent does not commit the County to award a contract to any responding Respondent, or to pay any costs incurred in the preparation of the proposal in response to this request, or to procure or contract for any services. The County reserves the right, in its sole discretion, to (a) accept or reject in part or in its entirety any proposal received as a result of this RFP if it is in the best interest of the County to do so; (b) award one or more contracts to one or more qualified Respondents if necessary to achieve the objectives of this RFP and if it is in the best interest of the County to do so.

1.4 Time Line

The schedule of events for this RFP is anticipated to proceed as follows:

- ◆ This RFP will be distributed on April 9, 2010.
- ◆ All requests for RFP clarification must be submitted in writing to the RFP Coordinator at the email address provided in Section 1 and received no later than 3:00 PM EST on April 23, 2010.
- ◆ All questions will be answered and documented in writing as an Addendum to the RFP, and posted on the County web site. These will be sent out to all Respondents who received the original RFP on or before April 30, 2010.
- ◆ Final RFP submissions must be received by 3:00 PM EST on May 21, 2010 at the address shown in Section 3.1. The right to withdraw will expire on this date and time.
- ◆ Selected Respondents will be invited to provide product demonstrations between June 21, 2010 and July 2, 2010.

1.5 An Overview of the Organization

The County is located in the Finger Lakes Region of New York State, where the Genesee River meets the south shore of Lake Ontario. The County has a population of over 735,000 residents. The County is comprised of 19 towns, 10 villages and the City of Rochester, the third largest city in New York State.

Monroe County government, with a workforce of approximately 4,600 full and part-

time employees, has an annual operating budget close to \$1 Billion. County government provides a variety of services, including: public safety, health and human services, economic development, recreation, transportation and environmental services. The County also owns and operates the Greater Rochester International Airport and Seneca Park Zoo.

The County is a community of innovators on the cutting edge of scientific research and discovery; a community of entrepreneurs; home to some of the world's best-known brands and fastest growing companies; and, a community recognized for its leadership in arts, culture and higher education.

The Monroe County Department of Public Health provides a wide range of services designed to promote health and protect the public from disease and environmental hazards. Services focus on prevention of health problems through education, preventive services and enforcement of health codes and medical policies. Categories of service include maternal and child health, environmental health, communicable disease prevention and control (including clinic services) and medical examiner services.

1.5.1 Program Descriptions – CDPC

The goal of this division is to provide essential health care services to the residents of Monroe County in the areas of disease surveillance, clinical services and preventive health education in order to prevent and control the spread of communicable disease. The division also provides preventive care and treatment to children enrolled in Monroe County's Foster Care Program. The clinics are certified as an Article 28 Diagnostic and Treatment Center. There are approximately 30,000 claims annually to a variety of insurances or private payors, but primarily to Medicaid (75%). Revenues from fees for service approach \$650,000 annually.

Tuberculosis Program: The mission of the TB program is to prevent and control the spread of tuberculosis in Monroe County. To carry out this mission, the program provides clinic services, directly observed therapy (through home visits) and case management to those with suspected or active disease. In addition the program screens high risk individuals and groups, and investigates contacts of those identified with tuberculosis. The program also provides education to the community.

The program is staffed with nurses, outreach staff, contract physicians, an x-ray technician and support staff including a data manager and clerical staff. The program contracts with private laboratories (ACM and LACNY) to process specimens.

The clinic provides 975 MD visits; 900 x-ray visits and 2500 visits for medication refills each year. In addition, there are (some in clinic, some off site) 360 Quantiferon TB Gold (QFTG) blood screenings and 4,000 PPD screenings. Outreach workers conduct 8,000 Directly Observed Therapy (DOT) visits each year.

Contact investigations vary, depending on the number and type of cases; a typical year averages 20 cases, 2 large Contact investigations (up to 200 contacts) and several smaller Contact investigations (3 – 15 contacts).

The program interacts with many community based organizations, local physicians and hospitals and other care providers. The program is funded by local tax dollars, a Tuberculosis Public Health Campaign grant from the New York State Department of Health and revenue from billing for MD visits, outreach visits and PPD screening. The

primary payor is Medicaid although efforts are made to obtain reimbursement from third party insurance providers.

Immunization Program: The mission of the Immunization program is to prevent vaccine preventable disease and promote equal access to immunization to all county residents. This mission is carried out through clinic services, both on-site and off-site, outreach services and education. The clinic is staffed by nurses, with support from a data manager and clerical staff.

The clinic provides approximately 6,400 visits each year. Staff interact with other providers, school health programs, and the Monroe County Medical Society.

The program is funded by local tax dollars, grants from the New York State Department of Health and revenues from billing for adult immunizations. There is a mix of self-pay, Medicaid, Medicare and third-party payors for these services.

STD/HIV Program: The mission of the STD/HIV program is to monitor and control the spread of sexually transmitted diseases (STDs) and to provide free and confidential STD/HIV testing and treatment. This mission is carried out through the provision of clinic services, surveillance and reporting, contact investigation and case management and outreach and education.

This is the largest program within the division. The clinic is staffed primarily by nurses, under the general direction of a physician. Staff also include data managers, and clerical support. There were 13,754 patient visits in 2008.

The STD/HIV control component of the program is staffed primarily by public health representatives and support staff. In 2008, 2,253 cases were assigned for investigation and the surveillance department reported and sought treatment information on over 6,500 infections.

Program staff interact with a variety of community based organizations, other providers, local laboratories, and contracts with the University of Rochester to provide clinic services and ACM to provide laboratory services.

The program is funded with local tax dollars, grants from the NYS Department of Health and a small amount of revenue from billing for HIV counseling services, billed to Medicaid.

Foster Care Clinic: In addition to these traditional public health programs, the CDPC also houses the Starlight Pediatric Clinic which provides primary pediatric medical care and medical case management services to the high risk population of children in the foster care system. These services are provided by a physician, nurse practitioners, nurses and support staff in an on-site clinic at the Health Department. An average of 3,000 visits are conducted annually. Services are supported by local tax dollars and revenues from billings to Medicaid (95%+) with a few other third party payors.

Disease Control Unit: The goal of this program is to prevent the transmission of reportable communicable disease by means of surveillance, investigations, intervention, education and research. The DCU currently manages data needs with the use of the Communicable Disease Electronic Surveillance System (CDESS).

1.5.2 History of Data Management systems – CDPC:

In 1992, the CDPC implemented the QS, Inc. PCMS system, operating on an AS400. This system was replaced in 2004 with Insight - a windows based client/server system, also from QS, (now owned by Netsmart). In the clinics, community and central offices, this software is currently used to support most facets of clinical operations, reporting and statistical analysis. Data are, however, exported from this system to an external provider who processes and monitors billing, accounts receivable and financial reporting.

Users who have access to the software include physicians, nurses, accountants, data analysts, clerical and other support staff.

The current system does not fully meet our needs in clinical areas. The system does not fully meet needs for data management including data entry, accurate data retrieval and data analysis and reporting. It does not meet needs for practice management; and does not meet our needs for billing and financial management.

1.6 Current Environment

The County's current information infrastructure consists of a central Information Services (IS) department that handles all Information Technology (IT) functions. The County currently uses Windows XP, however is in the process of moving to Windows 7 – 64 bit. In addition, there exists an extensive fiber-optic network connecting government buildings. The County's wide area network is predominately supported using this fiber-optic network and some sites are directly connected through T-Carrier Level 1 (T1) lines.

1.6.1 Technical Environment:

The County currently has a Novell and Microsoft Windows Network. It is in the process, however, of shifting to running just a Microsoft Windows network. The protocol is Transmission Control Protocol/Internet Protocol (TCP/IP). There are approximately 3,000 personal computers on the network. The County is currently running Microsoft Office 2003 but is the process of moving to Microsoft Office 2007 or possibly Microsoft Office 2010. The antivirus we use is McAfee. Our E-mail is Lotus Notes 8.5. Individual workstation storage is both local and server based; internet access for the client workstations is provided through the County fiber network currently centralized at the County's offices located at 50 West Main Street. Most County sites utilize Cisco and Enterasys routers and switches for connectivity. Pix firewalls are used for internet and internal connection security.

1.6.2 Current CDPC Applications:

The primary data management software used by CDPC is Insight. The program consists of several modules, with a server and workstations. There are currently licensed seats for 50 users in Insight in each of the modules. There are over 120 active user accounts in the application. Each user can log into several sessions of Insight on a single PC without using more than one license. Each user can log into several sessions of Insight on different PCs but in doing this they use multiple licensed seats.

Below is a list of the modules and the programs within CDPC that use each one:

Module	Programs currently using or potential to use
Registration	All
Scheduling	Foster Care, TB
Encounter Processing	All
Ad hoc Reporting	All
EPI	Partner Notification Program, STD Clinic
Billing	All (Needs not met so data transferred to external provider for billing and accounts management)
STD	STD/HIV Control, STD Clinic
STD Supplemental	STD/HIV Control, STD Clinic
TB	TB
HIV	STD/HIV Control
Immunization	Immunization, Foster Care
Inventory	Immunization
Chart Tracking	STD
Patient Tracking	STD/TB
Case Management	STD/TB
Medical Records	Not used

1.7 Strategic Vision and Project Objectives

Strategic Vision

The preferred solution selected by the County will be the one deemed most compatible with long-term needs of Monroe County to facilitate the following:

- Minimize data handling, including ability to transfer and receive data electronically from NYS.
- Provide accurate, up-to-date information for management control.
- Provide additional system capacity due to growth or crisis.
- Reduce the time of report preparation and records management.
- Improve accuracy and utility of information.
- Develop consistent chain of reporting and analysis.
- Maximize productive time in operations.
- Public Health Case Management and Reporting.
- A billing management system for Medicaid, Medicare and Third Party payors, that consistently meets requirements for NYS and Federal electronic submissions.
- A practice management system - either integrated into the management system or a solution separate from the management system.
- An electronic medical record – either integrated or a separate solution.
- Customization by users.

SECTION 2 – DETAILED SCOPE OF WORK

2.1 Abbreviations

APG – Ambulatory Patient Group (Medicaid Billing Methodology)
BP – Blood Pressure
CPU – Central Processing Unit
CDESS - Communicable Disease Electronic Surveillance System
DES – Data Encryption Standard
DOB – Date of Birth
EMR – Electronic Medical Record (or EHR = Electronic Health Record)
EPI - a program for epidemiologic investigation and analysis from CDC
GIS – Geographic Information Systems
GPS – Global Positioning System
HTML – Hyper-Text Markup Language
ICD – International Classification of Disease
ID – Identification
IP – Internet Protocol
IS – Information Services
IT – Information Technology
IV – Intravenous
MDS – Mobile Data System
MDT – Mobile Data Terminal
ODBC – Open Database Connectivity
OLE – Object Linking and Embedding
PDA – Personal Digital Assistant
PIN – Personal Identification Number
PO – Purchase Order
POS – Point of Sale
PRS – Patient Refused Service
RFP – Request for Proposal
RMS – Records Management System
SSN – Social Security Number
TCP/IP - Transmission Control Protocol/Internet Protocol

2.2 Project Scope

While the County would prefer a single Vendor who can provide a non-proprietary, fully integrated, turnkey software system, along with its installation, support, and maintenance for all CDPC needs, including an integrated EMR/practice management system, we recognize that may not be feasible.

The Respondent’s proposal shall clearly define how the proposed software system can satisfy the County’s requirements. The County will consider proposals that meet the requirements for any or all of the following: EMR/practice management system; public health data management; and, billing. Respondents must indicate to which components of the RFP they are responding.

The selected Vendor(s) will have complete responsibility for the project management, installation, training, implementation and startup support of the completed system(s), with minimal interference to the current operating environment.

The Vendor shall provide a detailed list of all recommended and minimum required hardware and network specifications. The Vendor shall also define the minimum connectivity speed for each application.

2.3 System Configuration

The Vendor shall provide a detailed diagram showing the major architecture and associated components (hardware, software, network and security layout) of the proposed system, accompanied by tables containing short descriptions of the diagrammed components in terms of their value/benefit.

The Vendor shall break down and explain each hardware and software component and service proposed in sufficient detail to provide the evaluation team the ability to associate each component or service proposed directly to the required functionality of the RFP. The Vendor shall provide a drawing showing the connectivity of all components in the proposed solution. Drawings shall include all hardware and software components including interfaces to existing or third party systems being utilized.

The Vendor may attach appendices and reference them from within the proposal response, particularly for lengthy responses on a single subject. The Vendor shall prepare the response to allow the County to understand the intent of Vendor without the reading of the attachments. Hardware, software, or service brochures may also be attached where they are appropriate.

In narrative form, provide a description of the following software features (one to two paragraphs per item): (1) Modular Integration; (2) Web Based Architecture/Network Technology; (3) Reliance on Best Business Practices; (4) Workflow Capabilities; (5) Development Toolsets; (6) Document Management capabilities; (7) Data Warehouse Capabilities; (8) Reporting and Analysis Tools; and (9) In-depth security features and audit trails. Detailed requirements related to these components are included in the Functional and Technical Requirements, (10) User customization.

The County is seeking a system where information entered in one module shall update all related areas and does not require reentry. Built in features shall ensure file integrity and consistency. The Vendor should describe the level of integration between modules in the system.

2.4 System Interfaces

Discuss whether the proposed software has supporting interface tools or architectures and/or standard interfaces to the applications listed in the following technical sections. Also provide:

- Information about similar customers that have interfaced these products to the system being proposed;
- Standard interfaces provided to third party or external systems that the customer can use in maintaining existing legacy environments.

The County recognizes that during the system implementation effort and once fully implemented, there will be a need for integration points to other systems. As such, please describe, in narrative form, how the proposed solution supports interface development:

- The technology or concepts for developing interfaces that work best with the proposed software and why.
- The various interface technologies supported by your application.
- The typically deployed interface toolsets and methodologies successfully used by your clients.
- Examples of other systems that the proposed application has been interfaced with and in what manner.

2.5 Data Conversion

For the purpose of determining the level of effort required for data conversion, Vendors should assume that data from the following applications will need to be converted:

Current system (INSIGHT)
 Crystal Reports
 SAP
 Excel/Access

Please describe, in narrative form, how the proposed solution supports conversion of data:

- Describe which technology or concepts for migrating/converting data from legacy systems works best with the new system, and why.
- The availability of information relating to proposed system's database schemas, architecture and other applicable information.
- Proprietary or other software provider tools required to transform and/or scrub the data.
- The methods and tools for dealing with “unclean” data not meeting the referential integrity of the proposed software.
- The methods and tools for addressing “fall back” strategies in the event of data conversion failures.
- The methods and tools for ensuring that all data is accounted for during conversion.
- Describe the reconciliation and validation process.

2.6 Implementation Methodology

The selected Vendor is responsible for the final detailed implementation plan that will be developed after a final software provider has been selected. We are requesting the selected vendor to respond in this section with a standard implementation methodology for the implementation of this proposed total solution. This methodology must include:

- Implementation recommendations,
- Overview of phases, milestones and deliverables,
- Estimated timeframe,
- Methodology for implementing third-party software,
- Assumed responsibilities for County and Vendor staff,
- Work effort estimates,
- Key Assumptions, and
- Names, titles, and resumes of personnel likely to be assigned to this project.

The County is not soliciting a detailed implementation proposal or a detailed project plan. The methodology description should be in sufficient detail to allow the County to

understand the approach. In addition, please provide an overview of how the implementation(s) have been accomplished at one or more of the provided reference customers. This overview must be linked specifically to your generic implementation methodology.

Furthermore, at Vendor cost, selected Vendor will be required to complete a detailed Statement of Work for implementation and ongoing hosting services that will be part of the contract before contract execution.

2.7 Training/Organizational Change Management

The Vendor's training plan should be designed and conducted to provide complete familiarization with applicable system operation knowledge for selected County management, users, and technical personnel. The Vendor must provide a detailed plan for training, which MUST include:

- Overview of proposed training plan/strategy, including options for on-site, off-site, or on-line training services for the core project team, end-users, and technical personnel.
- The role and responsibility of the software Vendor in the design and implementation of the training plan (e.g., development of customized training materials, delivering training to end-users).
- The role and responsibilities County staff in the design and implementation of the training plan.
- Descriptions of classes/courses proposed in the training plan. The Vendor should specify the unit of measure for its training (e.g., units, classes, days, etc.) and define the hours associated with these units of measure.) The Vendor must provide specific details regarding the training courses to be included in the cost of the proposal.
- Instruction-led training materials will include live exercises and simulations as a means to evaluate the ability of users to perform necessary transactions.
- If the class size is to exceed 10 users per training session, describe the benefits of this approach.
- Plan will include all training material development for each Agency and the appropriate personnel. Training materials will be provided in both written and electronic formats.
- A copy of all training materials used during Vendor provided instruction will be provided by the Vendor and become property of the County.
- The estimate for training must be based on the estimate of number of end users which will be supplied by the County.
- Requirement to certify our representatives to perform further training of additional or new users.
- The knowledge transfer strategy proposed by the software Vendor to prepare staff to maintain, troubleshoot and update the system after it is placed into production.
- A proposal on how the County will ensure ongoing training/certification of its user population in the future years as the system is upgraded to new releases and employee turnover occurs.

The Vendor must respond to this section with a methodology for managing the organizational change that is part of a large implementation. It is critical that there is a process in place to prepare and motivate end users to meet the new business, process and technical changes. Include how you would approach the following:

- Identify major changes to business processes, policies, and procedures that are required to meet business objectives and support the new system.
- Identify major changes in jobs, roles, responsibilities and/or organizational structure that may also impact the business and can become issues / risk factors.
- Design effective communication and change management plans to overcome any barriers to change.
- Develop communication plan that will be used to direct the actual preparation and delivery of the communications materials throughout the life of the project.

2.8 Project Timeline

The Vendor shall provide a detailed realistic delivery and implementation schedule for the proposed system.

2.9 Maintenance/Support

The Vendor shall provide quotations for software maintenance coverage for the five-year period following expiration of the warranty. A minimum of one year of no cost software warranty for each module after acceptance of the module shall be included in the base price of the system. Please describe the particulars of the coverage plan for the following maintenance plan options including response times for both normal and critical maintenance.

- 8 hours per day, 5 days a week (Eastern Standard Time business hours)
- 24 hours per day, 7 days a week
- Other maintenance plans offered by the Vendor and Vendor recommendations due to customer experiences and supporting rationale.

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

- Post-implementation support (e.g., number of months of on-site support after go-live).
- Telephone support (e.g., include toll-free support hotline, hours of operation, availability of 24/7 hotline, etc.).
- Special plans defining “levels” of customer support. Define what level of support is being proposed.
- Response time for and definition of various types (levels of severity) of problems reported to the support network (e.g., critical issue response time) and issue resolution time.
- Delivery method of future upgrades and product enhancements including historical frequency of upgrades by module.
- Problem reporting and resolution procedures and associated technology used by the Customer.
- Bug fixes and patches (e.g., frequency of updates and upgrades).
- Support provided for third-party solutions (if applicable).
- Other support (e.g., on-site, remote dial-in, Web site access to patches, fixes and knowledge base).
- Vendor responsibilities versus County responsibilities.
- User groups (specify locations and process)

The server(s) shall be accessible via remote connectivity for diagnostics, maintenance, and configuration of the system. This access shall be strictly controlled so that

unauthorized users are not able to access the system. At a minimum, a Virtual Private Network (VPN) or equivalent secure access is required. In addition, any remote connectivity shall be approved by the Monroe County Departments of Public Safety and Information Services. Remote connectivity may be monitored by the County.

2.10 System Management

The system shall operate on redundant or fault tolerant systems/servers in order to provide the required system availability of 99.999 percent when measured on a 24-hour per day, seven day a week basis for 365 days. Processor, disk storage, and power supply redundancy may be required in order to achieve the desired availability and protection of information. The system shall be configured such that concurrently operating either the testing and/or optional training) system and/or running large reports will not adversely affect system response time. Vendor shall provide Mean Time Before Failure (MTBF) data to substantiate the 99.999 percent or better availability.

The County is defining availability as the ability to conduct its business as usual. That is, any system errors that directly result in any agency's inability to conduct their normal business as usual will be classified as unavailable time. If the Vendor has a different interpretation of availability, it may be noted here, but the County will most likely include terminology similar to the above in the final contract with the Successful Vendor.

If significant cost reductions can be obtained through a lower level of guaranteed system availability, the Vendor shall explain the ramifications in expected system downtimes, their frequency (per day, per week, per month, per year) and expected durations. In addition, the cost tradeoffs should be clearly itemized.

Describe the software system management capabilities:

- Include details on the system components that are monitored; the aspects of performance that are monitored, alert thresholds and the notification process.
- Describe the proposed software's own monitoring capabilities.
- Describe the proposed software's integration with monitoring tools.
- Describe the extent to which the proposed software's own monitoring capabilities is available when compared to the external monitoring tools.
- Describe the proposed software's ability to view user sessions and assist with processing a transaction or a report request.
- Describe the proposed software's ability to provide performance analysis and include all available metrics, such as tracking of CPU utilization, disk space, system warnings and errors. Describe how this can be related to application and database performance.
- Describe the error alert, tracking and notification interface for the different levels and states of exception processing and include details on any diagnostic assistance and audit trails of specified actions that are available to system support personnel.
- Describe the notification process for business users and support staff of business events and/or system alerts.
- Describe the proposed software's capability to collect performance data, both centrally and end to end.
- Describe the performance data gathering module and use of standard interfaces; indicate if it is proprietary in nature.

- Describe the proposed software's ability to relate performance of the application to specific resources, events, transactions and components of the applications.
- Describe the proposed software's ability for tuning the applications and improving performance and if it has the capability to perform tuning adjustments and allow implementation while it is running.
- Describe the proposed software's ability to perform remote diagnostics.
- Describe the systems' fault tolerance and disaster recovery approach, detailing all levels of recovery from a single update failure to total system failure.
- Based on the proposed configuration, describe any single points of failure and the reasons the proposed software (or parts of the proposed software) must be brought down. Include a description of how this affects availability and reliability and include a description of technical support services available.
- Describe the approach to and modeling capabilities for sizing the server platform(s), network (including required bandwidth) and database. Include a list of all assumptions that are inherent to the sizing model.
- Describe how this approach supports the ability to perform benchmarking and future scalability. In addition, provide the proposed software's strategies and modeling tool(s) available for capacity modeling and planning.
- Describe the approach to achieve NYS and Federal retention regulations and requirements along with the system's ability to purge, archive and/or delete information.
- Describe standard backup requirements and capabilities inherent in the system.

2.11 Configuration Management

Describe the proposed software's approach to release and patch management. Include descriptions of the following:

- Capability to control multiple versions of source components and data as they are moved from the development environment through the test environment to the production environment.
- Promotion mechanism to move components from one environment to another.
- Mechanism for reverting to a previous release.
- Audit trails per release.
- Reporting on releases.
- Downtime required for new release implementation.
- Vendor "no charge" and "charge" assistance for release and patch management.

Describe the proposed software's capability around product life cycle management. Describe the release strategy for product upgrades (both major and minor), major revisions and maintenance and bug fixes. Also address the timeframes between major product releases and minor product releases. Specify the amount of time that previous versions remain supported.

Describe any dependencies of the proposed software on other software e.g. XP vs. VISTA or Windows 7 and other software versions / releases within the proposed configuration. Describe the capability of the proposed software to validate versions. Describe how the proposed software ensures functionality by monitoring, identifying and validating the environment integrity prior to and during program execution.

Describe the tools available to enable automated distribution of data and software to the workstations and servers. Describe how it works with other standard software distribution tools.

2.12 Number of Licenses

Scope of users:

Super Users ~ 5 - 10 % - A 'SuperUser' is one who has on-site responsibility for the database - backups, upgrades, query design and export, table modification, 1st line user help desk, Adding/deleting users, on-going training of users, etc

Regular Users ~75 - 85% - Regular Users include service providers, program specific clerical staff, and data entry staff.

Read Only Users ~ 5 - 15% 'Read Only Users' are those who only need to run specific, periodic reports, and/or people who need to access limited and specific pieces of data routinely or occasionally.

There are also some 'module experts.'

2.13 System Performance Criteria

Measurement of response is to be measured from operator action until visual response or operation completion. Queries are performed in the background while the operator continues to perform other operational commands, being notified when the query is complete. The system shall be configured such that concurrently operating either the testing system and/or running large reports/queries will not adversely affect system response time.

Please state the response time for transactions and queries.

2.14 System Specifications and Attributes

The following 435 requirements define the minimum feature set required by Monroe County. Vendors need to respond to each requirement, regardless of whether or not the vendor is responding to full data management system or just the EMR. Any and all responses are considered binding and will be incorporated into the contract between Monroe County and the selected vendor.

The Software Evaluation Format depicted in Section 2.14 – System Specifications and Attributes, must be completed, with reference comments made for each requirement which is not currently met by the vendor's software solution.

The options in this section are identified as follows:

A	Feature/Function currently available in product
T	Feature/Function currently available from third party or optional product
D	Feature/Function to be delivered within 12 months of signing license agreement
M	Feature/Function available with custom modifications
N	Feature/Function not available in product even with custom modifications
XREF	Reference code number of a comment which has been entered to provide additional clarification to the response

All responses which are indicated as A, T, D, and M should be included in the costs submitted in this proposal. Furthermore, the module necessary to perform that

functionality must be included in the scope and cost of this proposal. If functionality is expected to be available in future versions of the software, please indicate the expected release date in the Vendor Response column.

Where a requirement/attribute is noted with an asterisk (*), the Vendor must clearly describe the business process proposed to fulfill this requirement. The Vendor must denote the reference number in the appropriate column where the process description is located.

Respondents, who are invited to present their product, must be prepared to demonstrate this process to Monroe County.

To receive a modifiable Word version of the requirements chart, email a request to the RFQ Coordinator, Walter Webert, at wwebert@monroecounty.gov

The software shall be supplied with the following features:

Operating System/Database	Vendor Response
1. Operating system shall provide virtual memory support.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
2. Operating system shall be capable of multi-threading.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
3. Operating system shall be capable of preemptive multitasking	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
4. The operating database shall be ODBC compliant.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
5. Operating system shall be capable of running 64-bit Windows applications.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
6. Operating system shall support NTFS.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
7. Operating system shall provide protection of individual processes and operating system so “buggy” or deliberately destructive programs cannot crash other programs or the entire system.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
8. Operating system shall feature system security providing control over access to the system, and any files and subdirectories within the system.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
9. Operating system shall protect system integrity by separating address spaces.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
10. Operating system shall protect system integrity by utilizing page flags for every page in virtual memory.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
11. Operating system shall enable coexistence with other network servers.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
12. Operating system shall provide support for Active Directory.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
13. Operating system shall utilize a True Graphical User Interface.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
14. Operating system shall support simultaneous multiple processors.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
15. Operating system shall utilize an open system	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

compatibility for use with all common “off the shelf” software.	
16. Operating system shall utilize a relational database system with referential integrity and roll-back capability, operating as a module within the operating system.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
17. The operating database shall utilize an industry standard RDBMS.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
18. Operating system allows simultaneous access to the records database by a virtually unlimited number of users, to the extent provided by the agency hardware.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
19. Operating system shall support the ability to define archive rules in order to archive data without user interaction and without impacting system performance.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
20. Operating system shall provide a method for restoring or accessing archived data.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
21. Operating system shall support the ability to create and modify user defined tables.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
22. Operating system shall support the ability to display all database structures for the purpose of utilizing 3 rd party inquiry tools.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
23. Operating system shall be supplied with a Data Dictionary containing but not limited to:	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Field names,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Column names,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Data types,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Size,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Format,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Constraints,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Associated fields/tables,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Default values,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Descriptions.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
24. Operating system shall support the ability to link tables via 3 rd party tools.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
25. Operating system shall support the ability to modify or delete records that have been entered in error.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
26. Operating system shall maintain referential integrity.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
27. System shall allow multiple departmental operations with the ability to selectively determine based on user and/or system configuration tables the fields shared and/or visible.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
28. System shall provide security settings at the user level by program or table.	
29. System shall utilize normalized common shared tables.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

30.	System operates utilizing a standard Microsoft Windows interface which allows the transfer of data to commonly available word processing, spreadsheet, e-mail, and statistical analysis applications.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
31.	System provides permission standards for intra-departmental database information access as indicated by department position, title, or administrative duties as designated by the administrative supervisor (e.g. passwords allowing only administrators the ability to access certain information).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
32.	System allows user to set color of windows and fonts, set size of windows, and reinstate his/her saved user preference configurations automatically.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
33.	System permits each individual user to set and save user preferences, regardless of the number of users for that particular workstation.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
34.	System provides easy access toolbars.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
35.	Common menu items available allowing the user to copy, paste, and find specific records.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
36.	System shall have the ability for any user to alter "Column Order", "Column Size" and "Column Sort Order", on the fly.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
37.	System shall allow for import of data from standard mapping applications such as ESRI ARCGIS	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
38.	System provides helpful functions, including pop-up menus, on-line help, validation warnings, automatic checks to prevent users from exiting a data entry screen without saving the record, the transfer of data between databases eliminating redundant or inaccurate data entry, coded entries to be validated against user-defined code tables thus ensuring accurate data entry, and back up and edit of any field.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
39.	System provides and allows printing / viewing of data in a variety of graphical formats such as Gantt charts and bar graphs either by exporting to Microsoft Excel or within the application.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
40.	System allows export to all Microsoft Office programs	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
41.	System provides a complete log of all record additions edits and deletes to include but not limited to: User, date/time, terminal.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
42.	System provides four digit year entry and allows for standard 'masks' (i.e. – input 01/01/01, but auto conversion to 01012001).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

43.	System shall allow for key fields to be defaulted to a predetermined value based on user login ID	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
44.	System shall provide a visible indication of processing during any user invoked function.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
45.	System shall utilize common and consistent commands across all modules.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
46.	System shall allow for customization of screen layouts and configurations.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
47.	System shall allow for user definable and searchable fields that remain in place when the system is upgraded.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
48.	System shall visibly indicate mandatory fields, and provide the ability for admin to designate mandatory fields and field entry and tab order.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
49.	System incorporates Spell Check, Copy and Paste from and to other applications and the ability to compose narratives using another word processing program, when working with the narrative function.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
50.	System shall support the ability to remotely monitor, configure, troubleshoot, update, and utilize the system via remote access	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
51.	System shall support the ability to redact any fields including narrative prior to printing.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
52.	System shall support the ability to navigate through functions and fields utilizing the mouse or keyboard.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
53.	System shall support the ability to attach scanned documents, digital files, photos and PDF files to records.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
54.	System shall provide context sensitive Help such that the user can find information about a field on the screen by placing the cursor on the item and executing no more than one key stroke. The Help system shall allow for customization by administrative personnel.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
55.	System shall include a Help menu which is accessible via the mouse or a keyboard command.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
56.	System shall include online Help documentation including step by step instructions on how to use the system.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
57.	System shall allow the user to not only build the "Find" database initially but to rebuild and customize it as necessary. The user shall be able to:	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	a. Customize the database to include or exclude "Help" files.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	b. Enable or exclude complete phrase searches.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

c. Enable or exclude untitled topic searches.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
d. Enable or exclude similarity searches.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
e. Enable System to display matching phrases as user types an entry.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
58. System shall allow user to be able to access and navigate the System Help System by :	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
a. Pointing and clicking with the mouse.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
b. A simple keystroke combination (ALT + H + C for example).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
59. System shall allow user, when using the "Find" function in the Help System for the first time, the capability to build the search database him/herself, thus allowing more flexibility in defining search capabilities.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
60. System shall allow the user, when searching large or multiple help files, to be able to mark a topic for later reference and perform a search of the "Find" database for information that is related to the information in the marked topics.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
61. System shall include a built-in Glossary.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
62. System shall utilize Context Sensitive Help providing brief operational definitions for selected items on a screen.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
63. The system should provide the ability to link records, whenever relevant, including family groupings.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
64. System should provide real time address verification	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
65. The system should provide a detailed audit trail of each and every transaction	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
66. The system should provide that all files, working and permanent, are digital files (rather than disk, film or magnetic tape).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
67. The system should provide for ability to reprint previously prepared reports should additional copies be required.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
68. The system should provide predefined reports that should have standardized headings which include but are not limited to:	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Name of program	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Page number, run-date and time	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ Title of Report	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
✓ From & To dates to denote period included	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
69. The system should automatically recover all on-line transactions in all systems with little or no operator intervention in the event of any power and/or databases experience an abnormal shutdown. (Please denote the effort required to	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

	recover all databases if abnormal shutdown occurs near the end of an average day of input.)	
70.	The system should be provided with all licensing requirements	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
71.	The system should allow for multi-user processing, System should support at least 100 concurrent users.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
72.	The system should be menu driven.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
73.	The system should provide for menu-by-pass and direct screen access from any module or screen to any other screen without using menus or signing off and on to separate modules	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
74.	The system should provide a way to retain historical data or reports digitally to be kept for as long as legally needed.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
75.	The vendor should insure that all upgrades, patches, release notes, etc. are kept up to date with all functional changes documented at time of delivery.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
76.	The system should deliver upgrades automatically to users.	
77.	There should be a mechanism for the vendor to log in remotely to provide support when necessary.	
78.	The vendor should provide proper notification to us by email and letter of all upgrades, patches, release notes, etc.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
79.	The system should meet industry standard for search speed	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
80.	*The system should include a 24-hour technical support system, via phone, web site, email or other available tools. Satisfactory response and resolution to system problems are expected. Please detail your support system, response times and costs.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
81.	The system should come with one fee. No cost/limit to the number of end users.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
82.	The vendor should provide system enhancements and table updates as considered "Load and Go"; programs should not need to be recompiled and data would not need to be converted by IS staff	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
83.	The system should provide the ability to generate reports from ad hoc inquiries, preferably using integrated report writing tools. The system should provide the ability to export, in real time, data to Microsoft office products, HTML, XHTML, XML, PDF etc.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
84.	The vendor should provide a mechanism for the	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

	conversion of existing database files, including all current fields to the new database format as well as migration of the data to the selected information management system.	
85.	System should be able to duplicate or improve existing system's data input and work output forms.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
86.	The system should eliminate the need for redundant data entry.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
87.	The system should provide a management tool for each program to manage staff scheduling for field assignments and follow up.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
88.	The system should provide the ability to track mileage for field staff and generate a report for reimbursement.	
89.	The system should be HIPPA compliant, where relevant.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
90.	The system should provide the mechanisms to provide billing services in all modules/for all programs, including but not limited to invoice generation, automatic dunning, accounts-receivable reporting by program and overall.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
91.	The system should, in general, provide process tracking.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
92.	The system should provide Form Customization for all modules / programs.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
93.	The system should provide a mechanism to communicate via email and/or fax blasts.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
94.	The system should offer complete integration between various modules or tables to provide concise data control and avoid data duplication.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
95.	The system should provide the user several help options including an online help system, web based support, paper and electronic documentation, etc.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
96.	* The system should be flexible to allow customization to meet both operational and regulatory needs. It should allow for complete customization by Monroe County including the ability to add unlimited customized fields and tables, modify reports and customize the layout/view of data per each system user.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
97.	The system should provide a user-friendly interface for system navigation through the use of a mouse and/or keystrokes. The navigation from screen to screen should maintain context and the system should include default values, drop-down menus and auto fill features.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
98.	The system should provide users the ability to	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____

	record activities in the field on a mobile device.	
99.	The system should provide the ability to access data real-time via a wireless connection or synchronize between the field unit and main system when returning to the office.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
100.	Application should be able to auto switch between online and offline in a way that is seamless to the user.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
101.	The system should provide the users the ability to access detailed facility or client information in the field on a mobile device such as laptop, notebook or pen tablet	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
102.	The system should have the ability to uniquely identify and communicate with the worker(s)/user(s) assigned to the given record (client/facility, etc).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
103.	System manuals should be provided for users and technical staff covering implementation, training, workflows, procedures, system set-up, system tools, and reports. The system manual should be maintained with each current system upgrade and should be available in a compressed, searchable PDF format.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
104.	The vendor should provide a mechanism to interface with geographic information system - GIS. This GIS link should provide on the fly GIS information for all data in the system. This should be included in the application without Monroe County having to purchase any additional software licensing (such as ESRI) or maintain a GIS database.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
105.	System should be able to report to any other agency database format in either real time or on regularly scheduled bases, data pertinent to both databases.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
106.	* System should allow for easy downloading of the data in an acceptable format for transfer to or interface with the New York State Department of Health or other county, State and Federal systems. Specifically, the software and reporting needs to be flexible to accommodate any changes with all State and Federal regulations for each program, <u>without additional fees.</u>	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
Security		
107.	System shall provide Front End Security to provide a secure method of allowing users access to applications.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
108.	The system should provide data security details,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

	including: Where does the data sit? What server? What happens in the event the server is down?	
109.	The system should provide the ability for users shall be able to quickly logout and login without exiting the application.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
110.	During startup of System, the user shall be asked to login (using their front-end ID), which will cause the System to inquire the user ID table and verify the correct password.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
111.	The system shall allow for single sign on synchronized with network log-on.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
112.	System shall include the administrative capability to:	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
	✓ View an existing User Profile.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
	✓ Add a New User.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
	✓ Modify a User Profile.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
	✓ Modify a User Password.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
	✓ Delete a User Profile.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
	✓ Inactivate a user profile	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
113.	System shall provide for the ability to determine shared and visible data between users.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
114.	Systems provides an audit trail which indicates all of the changes made to each record, including but not limited to the following: changes made to any records, execution of queries, printing/e-mail of reports, data export and viewing of records.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
115.	System allows security at table and field level insuring that no unauthorized person can view the data.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
116.	System enables the system administrator to set up security based on program, clinic and user.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
117.	System allows the system administrator to set up security based on user ID, case type, and such that each user can only view, edit, add, print, and/or delete the types of records for which he/she is authorized.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
118.	System provides password security which allows for unique levels of protection in all areas of the program.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
119.	System provides ability to generate alerts or reports noting security violations.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
120.	System provides an audit trail of all end users.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
121.	System allows for inquiry / query security (no input functionality).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
122.	System allows for security to be able to restrict access rights to a user, workstation, transaction, and password from the function level to the field	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____

	level as needed.	
123.	The system should be able to control user access by function (i.e. update, delete or inquiry only).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
124.	The system should provide the ability for local staff to establish and update user profiles without technical help.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
125.	The system should identify the user responsible for each transaction in the history files and audit trails.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
126.	The system's security should not allow user to download, view, or generate any reports using data elements which are not considered accessible or viewable by the user.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
127.	System provides that staff passwords are alphanumeric and time limited.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
128.	The system should provide data disaster recovery features.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
129.	The system should include comprehensive security including database security, field level security, and group security by staff type.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

FUNCTIONAL REQUIREMENTS – CDPC DATA MANAGEMENT SYSTEM

General:		
130.	* System is required to meet NY State Reporting and electronic data transmission and/or submission requirements. The Vendor is responsible for maintaining current NY State requirements as part of the yearly maintenance costs. This includes clinical data and billing data.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
131.	The proposed system should allow for multiple aliases to be added to the AKA section and allow searches on them.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
132.	Proposed system will have the ability to reverse search contacts. (lookup a contact and see which Original Patient(s) have named them in the past)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
133.	Proposed system will allow a search on the address and phone number fields and partials of each.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
134.	Proposed system will provide Census tract updates as addresses change	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
135.	Proposed system will update the master CT listing on a regular basis.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
136.	Proposed system will provide the ability to combine patient records (e.g. for when aliases used, etc.)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
137.	System must be person based – identifies person all related information is then attached to the person.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

138.	System can link family members, relationships, services and addresses, status with clinical services and service specific ID number	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
139.	System allows variation of access to any clinical data, including but not limited to denial of access, demographic only access, full access.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
140.	System generates unique case number, carried across clinical areas.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
141.	System should have drop down tables to restrict field entries to only those that are acceptable. Should display the description for codes to aid in correct entry of data. Drop down tables should be modifiable by local system administrators.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
142.	System tables are user defined and modifiable by local system administrators	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
143.	The system allows user defined fields to be added by local system administrators.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
144.	System allows ability to scan, view and catalog documents, pictures and PDF files as part of patient record.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
145.	The system should provide the ability to automatically generate reports based on standard report dates, for both internal and external (including State and Federal required) reports.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
146.	*The system should be capable of meeting scalable growth in CDPC operations and be responsive to revisions in Federal and State regulatory and/or reporting requirements	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
147.	The system should be maintained with version upgrades/updates published as necessary without additional charge.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
148.	The vendor should assure that all upgrades/updates sent have been tested for quality assurance so when installed they do not result in unanticipated problems in other modules/programs.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
149.	The vendor should provide a mechanism for the conversion of existing database files to the new database format as well as migration of the data to the selected information management system.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
150.	System screens should match all current clinical and disease control Forms, including mandatory state and federal forms.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
151.	The proposed system must include a customizable central registration function which facilitates the collection and recording of patient demographics, family composition, bio-statistical, and financial/ billing/ insurance information. The core data must be current and available to all	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

other system components (i.e., no duplicate data entry).	
152. In addition to tracking patients served in clinics, the proposed system must be capable of tracking tests and readings for those not actively receiving clinical services.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
153. The proposed system must facilitate the production and printing of a full or customizable electronic patient record. This component should also include ability to capture patient signature at the registration desk and exam room.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
154. The proposed system must provide the ability to produce patient identification cards, with customizable format.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
155. The system must provide ability to create user defined labels	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
156. System must provide the ability to bar code output documents and labels as well as read bar codes in order to facilitate the maintenance of an electronic medical record	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
157. System must provide ability for all data to be fully audited and archived with clear indication in the database as to the data updates and insertions made, update date/time stamps and update user stamp.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
158. System must provide “alert rules” to allow staff to communicate between/among program areas about a particular client.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
159. System must provide a full featured appointment scheduling and management component accessible to all appropriate staff. Should include but not limited to creation and maintenance of scheduling templates, scheduling and revising appointments, production of reminder lists and notices, tracking no show’s, printing daily appointment schedules, and report generation.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
160. System provides a tracking system to track services provided by multiple providers in a single clinic encounter. The patient record should reflect all services provided as well as track each individual provider’s activity for productivity reporting	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
161. Proposed system should provide ability to use laptops in the field, scanners and signature pads, bar code readers.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
162. Proposed system should provide comprehensive tracking of referrals to outside sources of care.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
163. Proposed system should provide case management must include linking contacts to original case.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

164.	Proposed system should provide partial patient name look up ability.	
165.	The proposed system should provide the ability to store contact information for up to five community service providers, by patient.	
166.	The proposed system should display only current codes in charge maintenance screen with ability to view outdated/deleted codes as necessary.	
167.	The proposed system should provide an alert for user defined criteria – e.g. missed appointments, abnormal lab results, etc.	
168.	The proposed system should store up to 5 previous addresses in patient history.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
Clinical – TB		
169.	The proposed system must provide for comprehensive tracking of diagnostic testing, treatment, and case management for patients infected with TB.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
170.	The proposed system must support comprehensive tracking of referrals to outside sources for x-rays and other services as well as receipt of referral reports.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
171.	The proposed system must support provider dispensing and administration of pharmaceutical treatments to patients with active and latent TB in the clinic, home or other non-clinical setting (Directly Observed Therapy, DOT). This tracking must include distinction between DOT attempted and DOT delivered.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
172.	The proposed system must track specific medication administered and provide a cumulative total of doses received, even when there are periodic interruptions in the regular delivery of the drug.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
173.	The proposed system must be able to distinguish HIV Counseling and Testing services (HIV C&T) which were performed as an integral component of the TB clinic visit.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
174.	The proposed system must link all contacts to the primary patient	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
175.	The proposed system should provide the ability to easily convert a contact to a patient.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
176.	The proposed system must support comprehensive tracking of contact tracing to identify and test others who may have been exposed to an active case of TB.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
177.	System must have separate summary screens for viewing in aggregate - dates of visits, risk behaviors, diagnoses, treatments, immunizations, lab results which can be sorted by date or like	

fields.	
178. Proposed system should provide a screen for medical notes that can attach to a visit.	
Clinical – HIV Testing and Counseling	
179. The proposed system must generate reminders to the clinical staff to recommend HIV testing at specific intervals: every three months for returning STD Clinic patients and every 12 months for returning TB Clinic patients.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
180. The proposed system must facilitate the tracking of individuals testing confidentially who have any type of positive or reactive result. This should include verification of linkage to ongoing HIV care. All such positive or reactive results must remain flagged until a final disposition or reconciliation occurs.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
181. The proposed system must provide shared screens with STD clinic.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
Clinical – Immunizations	
182. The proposed system must support comprehensive tracking of the administration of the Hepatitis vaccine series to adults in the STD clinics, using non-patient specific standing orders as well as other vaccines defined by the clinic. In addition to standard immunization administration information, this component must allow for the recording of data from risk assessments and screening questionnaires.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
183. The proposed system must support comprehensive tracking of the administration of all vaccines provided in the immunization program including pediatric immunizations, based on non-patient specific standing orders, to children between the ages of 12 months to the 19th birthday who meet the vaccine for children (VFC) requirements and for college students receiving the required second MMR vaccination. In addition to standard immunization administration information, this component must allow for the recording of data from screening questionnaires and immunization history assessments.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
184. The vendor must include a description of the proposed software's capability to meet Public Health Law requirements for electronically reporting the administration of immunizations, via data transfer files. Specifically, providers are mandated to report all immunizations administered through the New York State Immunization Information System (NYSIIS). This	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

<p>web-based application complies with HL7 standards and does have ASCII flat file upload capabilities. Specifications have been developed to allow software vendors to create an export file from clinical records or billing systems for NYSIIS. Additional reporting requirements for documentation, inventory tracking (including vaccines and other pharmaceuticals) and ordering must also be addressed in the proposed system.</p>	
<p>Clinical – Foster Care Clinic</p>	
<p>185. Proposed system should provide demographic information including list of current and previous foster parents with to/ from dates, caseworker contact info, appointments, immunizations, encounter information</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>186. Proposed system should provide, for teen patients, information about with whom can data be shared and relationship, with prompt to review at each visit, name and relationship of people accompanying to each visit</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>187. SEE EMR REQUIREMENTS ON PAGE 55</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>Clinical – STD Clinic</p>	
<p>188. Proposed system will provide ability to link patients and contacts together.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>189. Proposed system will have Screens match all current disease control forms including mandatory state and federal forms: STD Interview Record, Field Record, and Case Reporting Forms.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>190. Proposed system will have screens that match current STD medical record including reason for visit, review of systems, past medical history, risk assessment, sexual history, OB/GYN history, clinical exam, laboratory tests ordered and results, diagnosis, treatment, immunizations, and follow-up recommendations.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>191. Proposed system will have the ability to add symptoms, STD history selections, risk factors, lab tests in order needed to match clinic forms.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>192. System must have separate summary screens for viewing in aggregate - dates of visits, risk behaviors, diagnoses, treatments, immunizations, lab results which can be sorted by date or like fields.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>193. Proposed system should provide patient tracking which matches current Insight Patient Tracking functionality – to track patients by disease diagnosis to document all activity updates, attempts to contact, treatments, and keep a</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>

	history of all follow-up activities.	
194.	System must have HIV counseling and testing services data on separate screens, but integrated into the STD medical record.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
195.	Proposed system should provide Clinic data that integrates with STD/HIV Disease Control screens including disease reporting, interview record, and contact records.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
196.	Proposed system should provide the ability to combine all records for patients found to be duplicates.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
197.	Proposed system should provide the ability to make certain fields required.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
198.	Proposed system should provide the ability to create user defined customized labels and consents specific to STD including HIPAA and billing	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
199.	Proposed system should provide screens for case management records	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
200.	Proposed system should provide screens for community screening – to document services provided at health fairs, community testing events, part-time clinics, etc.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
201.	Proposed system should provide screen for medical notes that can attach to a visit	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
Epidemiological Surveillance		
202.	The proposed system must support MCDPH activities related to addressing mandates of New York State Public Health Law, to monitor, implement appropriate control measures, and report to NYSDOH for TB, STD, and HIV (for patients known to clinical and/or field based programs).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
203.	The proposed system should include functionality to define additional communicable disease components.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
204.	The proposed system must support comprehensive tracking of treatment/vaccination of patients with exposure to Rabies who are not actively receiving treatment services from MCDPH.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
205.	As indicated in other sections, the proposed system must include functionality for tracking directly observed therapy (DOT) for all TB patients, regardless of location where treatment is occurring (i.e. home, workplace, office, etc.) Similar recording is required for DOT provided to patients with sexually transmitted diseases (administered at STD walk in clinics).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

<p>206. The proposed system must be capable of direct interface with NYS DOH systems, i.e. Electronic Clinical Laboratory Reporting System (ECLRS), Clinical Disease Electronic Surveillance System (CDESS) for TB, STD, and HIV Partner Notification cases to facilitate automatic initiation or update of existing case management/investigation records. This includes the capability to upload CDESS core and disease specific supplemental information.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>Laboratory</p>	
<p>207. The proposed system must provide the ability to upload daily a lab results file that is downloaded from the lab website into the STD lab section of the database. The lab results are matched by patient name (first and last), date of birth, date of visit, test and test specimen. A report of posted records is created as is a report of invalid (unmatched) records.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>208. The proposed system must include components for ordering laboratory tests as well as electronically downloading results.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>209. The laboratory component of the proposed system must also provide for stat lab test results performed on premises, to be entered into the results section of the EMR and reviewed electronically by the ordering clinician.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>210. The system's laboratory component must be capable of retrieving results from labs such as ACM and Wadsworth.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>211. The system's laboratory module must also include a tracking component to facilitate monitoring receipt of lab results, clinician review of results, etc.</p>	
<p>Pharmacy/Inventory</p>	
<p>212. The respondent should fully describe the features included in an integrated medication and vaccine dispensing and inventory tracking component.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>213. The proposed system must include the ability to track the purchase and distribution of rabies vaccines, to external facilities and be able to maintain inventory.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>214. The proposed system must facilitate electronic ordering of medication from all clinical and home health programs.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>215. The system must include the ability to generate and print patient specific labels for medication bottles and vials as well as relevant and customized medication fact sheets.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>216. The proposed system must be capable of</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>

	allowing the recording of all patient medications, not just those provided through MCDPH.	
217.	The system must allow for referencing drug interactions and warnings.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
218.	The vendor should fully describe reports included in the pharmacy/ inventory module; required reports include but are not limited to patient medication history and dose counts, pending medication orders and required delivery dates, inventory usage and replenishment, purchasing, distribution, etc.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
219.	The system's functionality in the pharmacy/inventory component must support standard inventory tracking features as well as any customization related to medications, vaccines, and medical supplies, i.e. tracking lot numbers and expiration dates.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
220.	The proposed system must support provider dispensing of medications at the DT&C's.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
FINANCIAL REQUIREMENTS		
221.	*The proposed system must provide a billing management system for Medicaid, Medicare and Third Party payors that consistently meets requirements for NYS and Federal electronic submissions or an alternative billing solution utilizing the import and export of flat files to be outsourced to a billing provider.	
222.	The system must be APG compliant	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
223.	The system must provide the ability to bill insurance companies electronically	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
224.	The system must provide the ability to receive/post electronic remittances accurately.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
225.	The vendor must provide a complete description of the AR system	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
226.	The system must provide the ability to track changes: claims re-billed, insurance changes, charge maintenance-initials/date/reason for change.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
227.	The system must provide easy rebilling ability.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
228.	The system must provide the ability to add modifiers, special handling codes without a lot of programming changes.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
229.	The system must provide the ability to define Adjustment/payment codes that make sense.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
230.	The system must provide large notes fields in all areas (billing, encounter, registration, etc)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
231.	The system must provide the ability to view entire description field	

232.	The system should not allow the ability to change an insurance payer after claims have been billed to it.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
233.	The system should not allow the ability to delete a patient record, especially if charges on it.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
234.	The system should not allow the ability to delete charges once entered and billed. Should only be able to credit and note reason credited for tracking purposes.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
235.	The system should provide a quick view of patient's complete insurance coverage	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
236.	The system should provide a temporary "bucket" or place to hold payments that are applied to a patient's acct. Necessary if Medicaid paid as primary but s/be secondary payer. Need a place to put overpayment while correcting insurance billing and can't bill other insurance for full amount.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
237.	The system should not allow the ability to void encounters once charges have been added.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
238.	The system should allow voiding with comment of blank encounters.	
239.	The system should provide immediate update when any insurance or demographic info is changed.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
240.	The system should correctly differentiate and display source of payment	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
241.	The system should provide limited access to financial screens for non—finance staff (read only)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
242.	The system should provide the ability to break files into separate transaction sets of no more than 5000 CLM segments per NYS Medicaid.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
243.	The vendor should submit documentation of familiarity with NYS Medicaid billing system and requirements.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
244.	The system should provide for billed claims files to be listed separately by clinic and date for ease of rebilling if necessary.	
245.	The system's patient ledger screen should show charges, payments/adjustments and balance due grouped together by charge- so easy to read.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
246.	The system should provide the ability to archive paid/zeroed out charges.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
247.	The system should provide insurance number masking to prevent errors.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
248.	The vendor must include a full description of the end user interface for billing/accounts receivable/financial management table maintenance.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____

249. The proposed system should provide functionality for end user maintenance of billing rates and should automatically adjust unbilled claims to new rates.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
250. The system must be capable of providing a minimum of two built in automated self pay sliding fee schedules that can be modified by authorized end users when updates are made to the Federal Poverty Guidelines. These schedules must have a minimum of four fee graduations between self-pay \$0 and full fee. These schedules must be based on family size and income and must be able to handle family sizes of up to 12 individuals. There must be a mechanism such that each of our various services can have their self-pay fees slide, as we deem necessary.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
251. The system must have flexibility which allows for self pay bills to be directed to a person or organization other than the associated patient, i.e. guarantor/responsible party. Included in this feature should be a system edit requiring patients under the age of 18 to be assigned a guarantor. The guarantor/responsible party data must be linked with associated family/contacts in order to facilitate maintenance of this information.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
252. The system must be capable of producing a self pay bill which is compliant with the requirements for a NYSDOH uniform patient bill.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
253. The end user should have the ability to define the self pay billing periods as well as suppress mailings as needed.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
254. The system should allow for user initiation of the self pay bill production process, allowing for customized generic messages and in a format conducive to mail sorting, automated folding and insertion.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
255. The system should include an automated mechanism to allow for self pay accounts receivable write-offs. The selection criteria should allow for write-offs based on account age and/or account activity.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
256. The proposed system must have a cash drawer accounting component. This component is necessary for reconciliation of cash and checks received/posted and therefore must be available to clinic as well as central staff.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
257. The proposed system must be capable of generating and printing receipts as well as recording specific receipt data in the patient accounts receivable database, including but not	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

<p>limited to receipt number, date of service, co-payment, donation, partial pay and/or adjustments.</p>	
<p>258. The proposed system must provide a fully compliant process for billing NYS Medicaid or an alternative billing solution (see 277). Of note, under the clinical Medicaid programs are: Tuberculosis Directly Observed Therapy Program (TBDOT) which is billed based on predefined service criteria using a weekly service rate; HIV Counseling & Testing Program which is subject to patient utilization limits and annual caps; HIV pretest counseling visits without testing which is subject to an annual Medicaid cap of one billing per 12 month period; HIV counseling and testing visits provided to Medicaid managed care patients in conjunction with either a TB or STD clinical visit.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>259. In addition to addressing program issues related to Medicaid billing, the system must provide functionality for recording and billing the various forms of New York State Medicaid, including fee for service Medicaid and Medicaid Managed Care.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>260. The proposed system must be fully compliant with NYSDOH requirement that diagnostic and procedure codes reported on all Medicaid claims for ambulatory care services (diagnostic and treatment centers) are comprehensive and reflective of the specific reason(s) for the patient visit and any procedures performed in relation to the visit.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>261. The system must be able to access the most up to date ICD codes by alpha or numeric search.</p>	
<p>262. The system must manage payor source hierarchy; as part of this feature, the system must be capable of allowing for billing secondary payers for balances not paid by the patient's primary coverage.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>263. The system must provide the ability to generate bills on demand, including CMS-1500 for clinical medical services.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>264. As indicated in other sections of this RFP, the system must also allow for ad hoc reporting and exporting of data files to EXCEL for further analysis.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>265. The proposed system must have the ability to segregate and account for retroactive clinical and Medicaid rate adjustments.</p>	<p>A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____</p>
<p>266. The system's patient ledger screen should show</p>	

charges, payments/adjustments and balance due grouped together by date of service so easy to read.	
Interfaces	
267. Import – from lab (results)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
268. Export -- to NYS Immunization Registry	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
269. E-Prescribing to pharmacies	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
270. Ease of replicating profiles	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
271. Interfaces to allow Imports from our STD/TB lab vendor and exports to NYSDOH and to excel files so that data can be analyzed.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
272. Upload information into the NYS Communicable Disease Surveillance system (CDESS)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
273. Import from CDESS	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
274. Count of all immunizations administered by individual vaccine by sub-program for a user specified time frame. Needs to be exported in text format	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
275. Export Adult Registry data to NYSIIS (immunization registry)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
276. *The system should provide a billing interface between the system and the Monroe County financial system (SAP). The software must be flexible to keep this interface current at all times, without incurring additional expense	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
277. *The system should provide the ability to import/export a flat file to a billing intermediary/outside agency that might perform our billing functions (specify past partners).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
Reports, Forms, and Merges	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
278. The proposed system must include a reporting component which provides standard, pre-defined reports for all program areas. (include in the response an indication of the current availability of the reports listed, ability to develop the reports as part of the software acquisition, or ability to develop the reports at cost.) The respondent should feel free to include lists of other available reports not specifically listed in this RFP	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
279. *The vendor must provide, at no charge, programming changes needed to satisfy NYSDOH reporting requirements including the ability to exactly duplicate 'required' NYS forms (e.g. STD control's Field and Interview records, TB's ARPEs, etc.), and export from the program directly into NYS databases (CDESS, etc.).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

280.	*The vendor must provide, at no charge, programming changes needed to satisfy CDC reporting requirements	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
281.	The proposed system must include an easy to use ad hoc reporting component for authorized users.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
282.	Pre-defined reports must be clearly described in the user interface, i.e. purpose of the report, criteria for data selection, available filters, sort order options, etc.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
283.	The respondent must describe all options available for report output, i.e. preview, printing, emailing, export to other programs, electronic signatures, etc.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
284.	Respondent must thoroughly describe an imbedded system component or seamless interface to other compatible software which allows for imaging of patient and billing related documents, including digital photographs and radiographic images, as well as incorporation of those images into the electronic medical record for retrieval and printing as needed. This description must include user interface components, required software and hardware, file formats, storage requirements, etc.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
285.	System shall support the following features:	
	a. Basic inquiry.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	b. High level of flexibility.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	c. NYS annual report as per NY State Requirements.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	d. NY State ready reporting.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	e. Ability to created "canned" reports.	
	f. Ad-Hoc reporting- ability to design and generate reports using data retrieved from ad hoc queries- ability to save report for future generation. Needs to be easy to use.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	g. Previously created and saved reports need to be accessible through the use of a simple keystroke.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	h. Ability to export data to standard data management programs including Microsoft Office.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	i. Required forms will be generated by the system with case information automatically integrated into form.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
TB Program Reports		
286.	Appointments, show/no show/broken rate	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

287.	Patients, Active patients, active patients with no pending appts and no pending date in other (e.g. case management or tracking)	
288.	Patients, Open but never seen	
289.	Unduplicated patient count - annual	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
290	Threshold visits - annual	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	a. Clinic	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	b. Outreach	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	1. DOT	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	2. DOPT	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	3. Other HVs	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
291	X-rays – annual	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
292	Monthly (with year to date and last year to date):	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	a. Patient visits	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	b. Medicaid DOT	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	c. MD visits	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	d. X-rays	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	e. Med refills	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	f. QFTGs	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	g. PPD visits	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	h. PPDAs	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	i. Paid PPDAs by site	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	j. LTBI - # from last month, # new, of those: # on meds, # starts, # stops (with reason codes); with total to date and last year total to date	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	k. As above for LTBI on DOT	
293	Quarterly:	
	a. Referrals (new cases/suspects reported); plus # transferred from another jurisdiction; total new	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	b. New case tested for HIV	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	c. Existing cases/suspects still on treatment from last quarter	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	d. Cases/suspects who discontinued treatment during the last quarter	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	e. Cases/suspects on meds at the end of the quarter	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	f. Cases who have been on treatment for 12 months or longer	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	g. # New cases/suspects who are smear +	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	h. Refugee Screening:	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	1. # registered	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	2. # screened – on arrival; @ 3	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

	months if negative	
	3. # fully evaluated	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	4. # pos screen	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	5. # started on meds	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	6. # stopped with reason codes	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	7. # completed	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	i. Above data for contacts to active cases:	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	1. # contacts to smear + cases identified	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	2. # of above contacts found	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	3. # above fully evaluated	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	4. # above with LTBI	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	5. # above started on meds	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	6. # of all contacts on meds who have stopped meds (with reason code)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	7. # of all contacts on meds who are compliant and # who have completed	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	j. Need to be able to produce the above data for other high risk categories, not quarterly but when needed – i.e. by race, by specific addresses (ex. Homeless shelter residents)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
294	Annually: # TB Cases we intervened with in the year, broken down as follows:	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	A. # carried over from previous year	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	B. # new	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	C. # transferred in	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	D. # pulmonary, # extra-pulmonary	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	E. # smear +	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	F. # single drug resistant, MDR,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
	G. # foreign born, pediatric, HIV, > 65, urban of color, homeless, chemically dependent	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
STD Clinic Reports:		
295	Clinic Activities – Visits by site for month by gender, Year to Date, Last Year to Date, Last Year	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
296	Total, % change. Patient categories, Reason for Visits.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
297	Laboratory Report – for All sites -Tests Performed by gender, Year to Date, Last Year Total, Positive Test Results by gender , Year to Date, Last Year Total	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
298	Clinic Morbidity – for All sites - This Month, Year to Date, Total Last Year	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

299	HIV Report – all sites, patients by gender, HIV test consent by gender, Positives by gender, Post-Tested by gender	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
300	HIV Testing – Bullshead only – Traditional ELISA, Rapid, Western Blot	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
301	Syphilis Testing -all sites – ELISA, RPR, FTA	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
302	Urine Tests –all sites, by sites – Tests Performed, Positive Test results	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
303	Jail Visit Summary and Morbidity	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
304	Children’s Center Summary and Morbidity	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
305	Adolescent LCR Project –	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
306	PAP Smear Report – all sites	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
STD/HIV Control Program Reports		
307.	GC and CT PID Core - This ensures that all those diagnosed with PID are referred for an interview as they are part of the CORE	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
308.	GC and CT Pregnant Female - This ensures that if a patient is pregnant she is referred for an interview as pregnant women are part of the CORE	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
309.	GC and CT Repeaters - This ensures that if a patient is a repeater that she is referred for an interview as repeaters are part of the CORE	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
310.	GC Core Check - This ensures that is a patient resides in a certain census tract that they are referred for an interview as they are a part of the GC Core	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
311.	Untreated Patients - This ensures that surveillance has obtained treatment information on all positive patients	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
312.	Closed Cases - ensure that all cases are closed prior to pulling data to run the QA report	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
313.	Dual infected - Allow us to know how many patients have GC and CT	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
314.	Monthly Morbidity counts	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
315.	Syphilis Cases - Allows us to see all the Syphilis cases and their stage in a given time period. This assists with case investigation of new	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
316.	Syphilis cases	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
317.	Cases Interviewed - This tells us how many of the cases assigned to a PHR were interviewed	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
318.	Disease Intervention Index - This tells us the number of contacts brought in and treated as a result of PHR activity	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
319.	Adjusted treatment Index - Contacts located and notified, not necessarily treated. From this report we can develop a list of PAC (periodic	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

attempt to contact)	
320. Contact Index - The number of contacts elicited per interview.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
Immunization Program Reports	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
321. Count of all immunizations administered by individual vaccine by sub-program and total for a user specified time frame. Needs to be exported in text format	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
322. Count of all immunizations administered by age group by sub-program and total during a user specified time frame.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
323. Count of all immunizations administered by location/category during a user specified time frame.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
324. Count of all patients seen during a user specified time frame by sub-program and total	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
325. Count of patients seen by VFC category	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
326. Count of all patients seen by sub-program by threshold visit during a user specified time frame broken down by “new,” “first visit this year,” and “existing patient.”	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
327. A line report of patient charges, co-pay amounts, and balance due during a user specified time period.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
328. By vaccine, the number of immunizations by insurance.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
329. Reports #331 – 338 comparing year to year	
330. VFC supply inventory	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
331. Purchased vaccine inventory.	
FINANCE REPORTS	
332. Aged receivable report – for showing outstanding receivables on patient accounts - it is not generated currently. This would be a report we would use on a monthly basis or run whenever we wanted to.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
333. Accounts receivable and collection activity reports – showing a breakdown of weekly, monthly and annual accounts receivable and collection activity associated with accounts – not done through the system currently with any accuracy. Weekly report.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
334. Summary aging report by insurance type – a report that shows the outstanding receivables by insurance carrier or government insurance program (i.e. Medicaid, Medicare, etc). Monthly and annual report.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
335. Summary accounts receivable and collection report broken down by clinics – generated by	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

	Insight, but not accurate. Monthly & annual report.	
336.	Billing summary reports by clinic – a report that shows what was billed & when. Weekly report.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
337.	Unbilled claims report showing what charges were entered but not sent.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
338.	Daily posting report – a report that shows the daily account posting broken down by posted payments vs. payments received at window. Run daily.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
339.	Procedure Analysis report – a report that shows providers how time is being spent and the revenue generated by that particular procedure. Insight does not have this capability right now and we do not have the ability to track this without a significant amount of manual labor. Run monthly & analyzed with revenue received reports.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
340.	Transaction summary report – shows the transactions done for the day, month, and year.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
341.	Patient account statements – a monthly report of patient encounter activity, billing associated with it, revenue received, and any outstanding balances.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
342.	Encounter tracking report-shows number of patients for the day and whether seen/failed/cancelled. Need this for Directly Observed Therapy especially. Also for blank encounters to determine if should be voided or if charges missed.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
343.	Charge maintenance report showing details of all current procedure codes. Would be nice to be able to get expired procedures also. Would need this annually or bi-annually to update procedure codes/fees.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
344.	Report showing re-bills; who, why denied, date resubmitted.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
345.	Edit reports detailing problems with electronic file prior to being sent. Claims should be in correct format to send to Medicaid and other insurances. Important as this causes our entire file to reject from Medicaid even if only 1 person is the problem.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
346.	Error reports generated prior to billing, showing missing/incorrect information.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
347.	A/R 837I and A/R 837P reports showing detail of electronic file sent.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
348.	Claims billed report, showing files separately by clinic and date.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref_____
Foster Care Clinic Forms/Reports		

349. Appointments, show/no show/broken rate	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
350. Billing, has "front end" billing info been fully input & had QA check?	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
351. Billing, standard billing & financial reports, i.e., reports by program area, service type, service period, payor source & amount.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
352. Case mix reports, scheduled & on demand	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
353. Consents, (various) on file or not--consent to treat, privacy practices receipt, consent for immunization registry over 19 yrs., etc.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
354. Cost Report Items: monthly counts of users, threshold visits, number of prescriptions written, number & type of radiology procedures, # & type of lab tests, encounters by provider, provider class & month	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
355. Demographics, breakdown by age, race, ethnicity, refugee/non-refugeeDHS, Casework Team and /or caseworker; group patients by parameters of status (in foster care/when discharged from foster care)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
356. Diagnosis, patient tracking and follow-up based on user defined diagnosis.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
357. EI, 1) referrals made by patient name or age; 2) ongoing involvement, what involvement is (e.g., PT, ST, OT); 3) referrals denied or placed on monitoring)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
358. Encounters by level of care	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
359. Encounters, report by: day, week, month provider (discrete & totals), category (medical or mental health)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
360. Family, DHS Case # and/or birth mother which would group siblings together who we might not be aware are siblings & ability to query this. Family, Group open and/or closed patients by current or past foster parent name	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
361. Immunizations, given by period, age, and insurance type	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
362. Insurance Status, most recent visit	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
363. Insurance, payer source--#/% by month, qtr., annual	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
364. Insurance, to expire/expired within a specified period of time (& by age).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
365. Lab, system alerts provider for abnormal (labs done either in-house or sent out) with provider sign-off to turn off alert.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
366. Lab, tests performed by type of test, filtered by day; whether done in-house or sent out (including to whom) including # of each & total.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
367. Law, judge & law guardian assigned to case (with	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

field).	
368. Patient Status, open/closed	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
369. Patient, Admit & Discharge Dates (SLP), multiple, sorted by day, week, month and year.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
370. Patient identifies high risk & flags for preventive care.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
371. Patient, list by diagnosis	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
372. Patient, Reason left care	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
373. Patient, status: 1) in foster care or not in foster but active with SLP; 2) duration active with SLP since discharged from foster care. (As a part of this, will need fields to designate these things.)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
374. Patients, Active patients, active patients with no pending appts and no pending date in other (e.g. case management or tracking)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
375. Patients, Open but never seen	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
376. Population, capability to produce population based reports or studies based on flexible, end user modifiable criteria	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
377. QA, audits for completeness of record	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
378. QA, Immunization Audit	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
379. Schedule, by day, by clinician	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
380. Services, provided by category, by provider (weekly, monthly, annually, and YTD)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
381. Staff, external provider--summary report filtered by time period, types of referrals, payments made, outstanding balances.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
382. Staff, productivity reports by staff member, type of visit, by week, month, annual and YTD.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
383. Staff, staffing levels by day, time by activity/category, filtered by provider, select staff or all staff	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
384. System, usage patterns	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
385. Tracking, recall--alerts/report if behind on immunizations, visits, refills, follow-up at referral source	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
386. Trend data, supports real time or retrospective trending, analysis and report of clinical, operational, demographic, or other user specified data.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
387. Visit numbers, unduplicated patients served	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
388. # of foster home placements and duration of each foster home placement.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
389. Calls, messages left by parent/patient that need call back	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
390. Calls, messages left by provider/other staff that need call back	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

391. Case Management, reason/problem/follow-up needed	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
392. Consents, psychotropic medication, including consents out to be signed, not yet returned.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
393. Dept. of Human Services, report of pertinent medical information by child.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
394. Diagnosis, sort patient by diagnosis	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
395. HIV, tracking patients in need of testing, consent to test.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
396. NYS Immunization registry – for those over 19 years--need to know if consent in place & if not prompt at patient registration.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
397. Immunizations, e.g. flu vaccine for kids under 9 or other vaccination type queries	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
398. Lab, kids under 6 w/out a lead (Pb) result in previous 12 mo. or with an elevated lead needing more frequent follow-up.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
399. Lab, tests ordered, results received, results pending, action taken or pending action, alert when results not received timely	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
400. Lab, tests with positive results by type, by period, by patient name	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
401. Medication List, query for # on specific med, currently, & by timeframe specified; names of patients on specific med currently, and & in the past (separately).	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
402. Medications, (with ability to filter for psychotropic meds) prescribed in our population/length of use & who is prescriber (us or specialist office)!	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
403. PPDs, patients with length of time > 4 years (should be somewhere in the EHR that allow excluding kids who should never have another PPD, d/t have been treated, for example)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
404. Prescriptions, refill requests pending, ordered	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
405. Problem List (Medical, Social, Psychological), query for problem by number, period and patient name.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
406. Radiology, tests ordered, results received, results pending, action taken or pending action	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
407. Referrals, made, scheduled, attended, results received, action taken, action pending	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
408. Teens, wishes re: sharing with whom--review with each visit, prompt Visit data, people accompanying pt to medical visit.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
Forms - ALL	
409. The system must provide the ability to create forms	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
410. Forms requiring signature: consent to treat, privacy statement, release of information,	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

permission to bill.	
411. Receipt of Privacy Practices	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
412. Referrals	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
Forms specific to Foster Care	
413. School Physical forms	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
414. Immunization Record	
415. Day care forms	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
416. Medication authorization	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
417. Caseworker forms	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
418. Excuse Notes	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
419. Instructions to parents/patients related to visit advice	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
420. Non Patient specific Forms—those that don't have Medication information sheets & a whole host of general info sheets that are need to hand out	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
421. Pregnancy Risk form	
Forms specific to TB Program	
423 Clearance form	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
424 Refugee 3 month letter	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
425 RIT Screening letter	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
426. TB field record and interview record report to fill NYS form	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
427. Chart forms	
Forms for Immunization	
428 Immunization Record	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
429 Pregnancy Risk form	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
430 VFC Vaccine Inventory	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
431 Standing Orders	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

FUNCTIONAL REQUIREMENTS EMR/PRACTICE MANAGEMENT SYSTEM

432. System must be CCHIT® certified (latest version)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
433. System must meet all specifications noted in the EHR Functional Requirements , Version 2.2 , November 10, 2009, developed by the NYS E Health collaborative and attached to this RFP as Appendix 2	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____ Any exceptions to the specifications must be documented
434. MCDPH specified requirements:	
a) Ability to cut and paste information from one screen to another	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
b) Ability to develop standard templates for _____	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

specific types of visits	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
c) Links between visit notes and meds/immunizations for that visit so complete visit is in view.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
d) Ability to have more than one patient open at one time	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
e) Ability to open more than one screen at a time/patient	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
f) Ability to flag abnormal exam or test results	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
g) Checklist by provider type (nurse, md, etc)	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
h) Includes census tract data	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
i) Ability to partition by clinic program	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
j) Patient address history	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
k) Ability to have multiple patient contacts	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
l) ability to support optical character recognition	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____
HARDWARE:	
435. Describe alternatives to traditional desktop data entry.	A <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> Ref _____

SECTION 3 - SPECIFIC PROPOSAL REQUIREMENTS

3.1 Submission of Respondent's Proposal(s)

- A. Acceptance Period and Location:** To be considered, Respondents must submit a complete response to this RFP. Respondents not responding to all information requested in this RFP or indicating exceptions to those items not responded to may have their proposals rejected as being non-responsive.

Sealed proposals must be received at the address below on or before 3:00 p.m. Eastern Standard Time, on May 21, 2010.

Walter Webert
Monroe County Purchasing and Central Services
39 West Main Street
Room 200
Rochester, New York 14614
Email address: wwebert@monroecounty.gov

Refer to Section 3 for further detail regarding response formats and requirements. There will be no public opening of the proposals.

- B. Withdrawal Notification:** Respondents receiving this RFP who do not wish to submit a proposal should reply with the "No Response Form" [page 2 of this RFP] to be received by the indicated contact on the form no later than the proposal submission date. This RFP is the property of the County and may not be reproduced or distributed for purposes other than proposal submission without the written consent of the Monroe County Attorney.
- C. Required copies:** Respondents must submit one (1) signed original Proposal and twelve (12) complete copied sets of the signed original Proposal. **Proposals should be clearly marked as "Proposal for Public Health Communicable Disease Data Management System Replacement and Electronic Medical Record System."** The Respondent is required to provide an electronic copy of their proposal in addition to submitting hardcopies of its proposal as provided above. The Respondent will make no other distribution of proposals. An official authorized to bind the Respondent to its provisions must sign the Proposal.
- D. Pricing Period:** For this RFP, the proposal must remain valid for a minimum of 120 days past the due date for receipt of RFPs.
- E. Economy of Preparation:** Proposals should be prepared as simply as possible and provide a straightforward, concise description of the Respondent's capabilities to satisfy the requirements of the RFP. Expensive bindings, color displays, promotional material, etc. are not necessary or desired. **Emphasis should be concentrated on accuracy, completeness, and clarity of content.** All parts, pages, figures, and

tables should be numbered and clearly labeled. Vague terms such as "Respondent complies" or "Respondent understands" should be avoided.

3.2 Response Date

To be considered, sealed proposals must arrive on or before the location, time and date specified in Section 3.1.A. **Requests for extension of the submission date will not be granted.** Respondents mailing proposals should allow ample delivery time to assure timely receipt of their proposals

3.3 Clarification of RFP and Questions

Questions that arise prior to or during proposal preparation must be submitted **in writing or via email** pursuant to the instructions in Section 1 of this RFP. Questions and answers will be provided to all Respondents who have received RFPs and must be acknowledged in the RFP response. No contact will be allowed between the Respondent and any other member of the County with regard to this RFP during the RFP process unless specifically authorized in writing by the RFP Coordinator. Prohibited contact may be grounds for Respondent disqualification.

3.4 Addenda to the RFP

In the event it becomes necessary to revise any part of this RFP, addenda will be provided to all Respondents that received the original RFP. **An acknowledgment of such addenda, if any, must be submitted with the RFP response. Applicants will only receive notices of addenda by downloading the original RFP document via the Monroe County website at www.monroecounty.gov.**

3.5 Organization of Proposal

This section outlines the information that must be included in your proposal. Please respond with your information in the same order as the items in the section.

A. Transmittal Letter. Each response to the RFP should be accompanied by a letter of transmittal not exceeding one (1) page that summarizes key points of the proposal and which is signed by an officer of the firm authorized to commit the Respondent to the obligations contained in the proposal. The transmittal letter should also include a phone number, fax number and e-mail address for the Respondent's contact person.

B. Table of Contents. Include a Table of Contents at the beginning, which clearly outlines the contents of your proposal.

C. Company Information. Provide information related to your company and any companies you are proposing to use as sub-contractors. Specifically address the following:

1. Year the company was organized.

2. Identification of company ownership.
3. Financial history of the company covering the last three years. Attach the most recent copy of your latest financial statements prepared by an independent certified public accountant in accordance with generally accepted accounting principals. Also include the following information: current balance sheet, statement of revenues and expenses, statement of cash flows, and appropriate notes to these documents. 501.3.c organizations must submit their most recent Form 990.
4. Functions and location of your nearest regional office to Monroe County.
5. Anticipated growth of your organization including expansion of the client base and acquisitions.
6. Any conflicts of interest that may affect the County's potential selection of, or entering into an agreement with, your organization, i.e. your organization currently holds an agreement with the County for other services, a relative of any employee if the Respondent is a member of the selection committee, etc.

D. Experience. Provide information that clearly demonstrates your organization's prior experience and background (both business and technical) in engagements similar to this project. This section must include:

1. A list of all public sector clients in the State of New York, the dates of engagement for each client. Include the following information for each public sector client:
 - a. Name and address of the client;
 - b. Approximate annual budget;
 - c. Name and telephone number of contact person;
 - d. Summary of the savings and/or cost reductions obtained on behalf of the client as a result of your services.
2. Résumés for the key personnel to be involved in providing services to the County.

E. References Respondents shall provide five (5) references of installations that are comparable to this project.

F. Implementation Scope and Plan Vendor must submit a detailed Implementation Scope and Plan that describes their proposals in accordance with the instructions outlined in this section. Attention should be given to accuracy, completeness, and clarity of content.

The proposal should be organized into the following major sections:

- | | |
|-------|-------------------------|
| F - 1 | Software Solution |
| F - 2 | Hardware Specifications |

F - 3	System Configuration
F - 4	System Interfaces
F - 5	Data Conversion
F - 6	Implementation Methodology
F - 7	Training and Organizational Change Management
F - 8	Project Timeline
F - 9	Maintenance/Support
F - 10	System Management
F - 11	Configuration Management
F - 12	Assumptions
F - 13	References
F - 14	Sample Documents

Vendors are required to include a set of sample documents, including but not be limited to:

- Sample software licensing agreement
- Sample maintenance agreement
- Sample implementation services agreement
- Sample standard reports
- Sample documentation (user guides, training materials, etc.)
- Sample implementation project plan

Although they are sample forms, the documents must contain all material terms so that the County can fairly evaluate the Vendor's forms.

G. Responding to the RFP Technical Requirements

Responses to the requirements listed in Section 2.14 of this RFP must be provided in this section of the Vendor's proposal. Vendors should use the format provided in and add explanatory details as necessary in a separate spreadsheet using the requirement number as a reference.

All responses that are indicated as A, T, D, and M should be included in the costs submitted in this proposal. Any costs associated with these shall be clearly defined and included in the pricing proposal. Include the RFP section number, the section name, and the statement of compliance or exception. Clear explanations of all modifications to the specifications are required and expected. Vendor's failure to clearly explain all or any of the deviations from the specifications identified in the RFP could be grounds for rejection of the proposal.

H. Cost Proposal. Respondents must detail the proposed method of compensation for the services. The proposal shall include Pricing for the proposed products with the components listed item by item. Other considerations to keep in mind when preparing a cost proposal include:

- Vendors are cautioned to avoid placing software configurations in an "optional" category when they are required to meet the base requirements of the RFP. Only software components that will provide an enhancement over and above that required to meet the detailed specifications may be included as "optional", failure to do so will reduce the overall score of the

response.

- Vendors shall supply any costs incurred if the County purchases hardware outside of this procurement. All pricing shall be supplied in a line item fashion for purposes of cost comparison. Any additional costs not stated in the proposal shall not be incurred by Monroe County unless specifically agreed to in writing by Monroe County.
- The County has the right to contact Vendors for cost and scope clarification at any time throughout the selection process and negotiation process. Do NOT use "TBD" (to be determined) or similar annotations for cost estimates. All costs must be identified. The County is asking Vendors to estimate costs for all categories with the understanding that they may have to make assumptions. Such assumptions should be stated.
- Provide in narrative form an explanation of the comprehensive cost proposal for this project as well as any assumptions being made.
- Software Licenses. In pricing the software licenses, include by module, the base license fees, discounted license fees, licensing metrics (e.g., enterprise, user counts, employee headcount) used, and bundled pricing for the package as a whole. Include costs for 3rd party software if applicable. Include pricing for enterprise wide licenses if applicable. Include pricing for optional modules or modules that you are proposing beyond that requested in this RFP. These modules should be priced separately from the base license.
- Implementation. Outline your estimated costs for overseeing the implementation of the project. Include all costs associated with managing the project, i.e. project management, design, configuration, data conversion, testing, installation, and implementation.
- Training/Change Management Costs. Outline your estimated costs for the following types of training: project team, technical team, system administration and end-users. Include all costs associated with training, i.e. planning, creating training plan, setting up training environment, creating training data, creating training documents, and delivering the training (including travel).
- Maintenance and Support (M&S). A 5-year schedule for maintenance and support must be provided in the cost proposal. For years 6-10, the vendor must provide an annual growth percentage that will serve as a maximum increase level on maintenance based on Year 5 as a base. The County's objective is to obtain comparability among vendors on a 10 year maintenance and support schedule.

I. Insurance Certificates. Each Respondent must supply a copy of their current Certificate of Insurance showing the insurance coverage at or above those described in Section 4.13 of this RFP.

J. Exceptions to General Information for the Respondent. For all exceptions to Section 4, the Respondent must indicate on a separate sheet labeled "Exceptions Taken to the General Information for the Respondent", the section number of any requirement to which an exception is being taken and an explanation of their position.

K. Exceptions to the Standard Monroe County Contract. For all exceptions to the Standard Monroe County Contract, the Respondent must indicate on a separate sheet labeled "Exceptions Taken to the Standard Monroe County Contract," the section number of any requirement to which an exception is

being taken and an explanation of their position. It is not intended that new contract wording be proposed by the Respondent, but rather that the Respondent explain their position so that the conflict can be evaluated. If no exceptions are noted, the Respondent is presumed to have agreed with all sections of the standard contract.

- L. Certification.** Proposals should include a letter from an authorized corporate officer certifying the accuracy of the information provided and guaranteeing the proposed prices.

3.6 Method of Evaluation

A. Evaluation Committee: Selected personnel from the County will form the evaluation committee for this RFP. It will be the responsibility of this committee to evaluate all properly prepared and submitted proposals for the RFP and make a recommendation for award.

B. Evaluation and Selection Criteria: All properly prepared and submitted proposals shall be subject to evaluation deemed appropriate for the purpose of selecting the Respondent with whom a contract may be signed. Responses to this RFP will be evaluated according to the following criteria:

- Overall Costs
- Understanding of the Project
- Degree of Relevant Experience
- Technical Competence
- System Features and Abilities
- Readily Available System Attributes
- References
- Capacity and Availability to Perform the Services
- Training
- Support/Maintenance
- Local Office
- Other pertinent criteria

Note: The County is not required to award the contract to the Vendor with the lowest pricing.

C. Contract Approval Process: Respondents must be aware that any contract resulting from this request for proposals is subject to prior approval by the Monroe County Legislature and the Monroe County Law Department. The County anticipates awarding this contract on or about August 15, 2010.

3.7 Oral Presentation

The County does not intend to invite all respondents to make an oral presentation. Respondents who submit a proposal may be invited to make an oral presentation of their proposal to the County. Respondents should be available for this purpose between June 21, 2010 and July 2, 2010. These presentations will provide an opportunity for the Respondent to clarify their proposal to ensure a thorough mutual understanding. At the same time, the

County is under no obligation to offer any Respondent the opportunity to make such a presentation.

3.8 Investigations

The County reserves the right to conduct any investigations necessary to verify information submitted by the Respondent and/or to determine the Respondent's capability to fulfill the terms and conditions of the RFP contract document. The County reserves the right to visit a prospective Respondent's place of business to verify the existence of the company and the management capabilities required to administer this agreement. The County will not consider Respondents that are in bankruptcy or in the hands of a receiver at the time of tendering a proposal or at the time of entering into a contract.

SECTION 4 - GENERAL INFORMATION FOR THE RESPONDENT

4.1 Reservation of Rights

The County reserves the right to refuse any and all proposals, in part, or in their entirety, or select certain products from various Respondent proposals, or to waive any informality or defect in any proposal should it be deemed to be in the best interest of the County. The County is not committed, by virtue of this RFP, to award a contract, or to procure or contract for services. The proposals submitted in response to this request become the property of the County. If it is in its best interest to do so, the County reserves the right to:

- A. Make selections based solely on the proposals or negotiate further with one or more Respondents. The Respondent selected will be chosen on the basis of greatest benefit to the County as determined by an evaluation committee.
- B. Negotiate contracts with the selected Respondents.
- C. Award a contract to more than one Respondent.

4.2 Contract Negotiation

Negotiations may be undertaken with those Respondents whose proposals prove them to be qualified, responsible, and capable of fulfilling the requirements of this RFP. The contract that may be entered into will be the most advantageous to the County, price and other factors considered. The County reserves the right to consider proposals or modifications thereof received at any time before a contract is awarded, if such action is in the best interest of the County. Attached as RFP Appendix A is a copy of the Standard Monroe County Contract which contains mandatory provisions.

4.3 Acceptance of Proposal Content

The contents of the proposal of the successful Respondent may become contractual obligations, should a contract ensue. Failure of a Respondent to accept these obligations may result in cancellation of the award.

4.4 Prime Responsibilities

The selected Respondent will be required to assume responsibility for all services offered in its proposal whether or not provided by them. The selected Respondent will be liable, both individually and severally, for the performance of all obligations under the awarded contract and will not be relieved of non-performance of any of its subcontractors. Further, the County shall approve all subcontractors and will consider the selected Respondent to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.

4.5 Property Rights

For purposes of this RFP and for the contract, the term “Work” is defined as all data, records, files, information, work products, discs or tapes developed, produced or generated in connection with the services to be provided by the Respondent. The County and the Respondent intend the contract to be a contract for services and each considers the Work and any and all documentation or other products and results of the services to be rendered by the Respondent to be a work made for hire. In submitting a proposal in response to this RFP, the Respondent acknowledges and agrees that the Work (and all rights therein) belongs to and shall be the sole and exclusive property of the County.

The Respondent and the Respondent’s employees shall have no rights in or ownership of the Work and any and all documentation or other products and results of the services or any other property of the County. Any property or Work not specifically included in the Contract as property of the Respondent shall constitute property of the County.

In addition to compliance with the right to audit provisions of the contract, the Respondent must deliver to the County, no later than the twenty-four (24) hours after receipt of the County’s written request for same; all completed, or partially completed, Work and any and all documentation or other products and results of the services under such contract. The Respondent’s failure to timely deliver such work or any and all documentation or other products and results of the services will be considered a material breach of the contract. With the prior written approval of the County, this twenty-four (24) hour period may be extended for delivery of certain completed, or partially completed, work or other such information, if such extension is in the best interests of the County.

The Respondent will not make or retain any copies of the Work or any and all documentation or other products and results of the services provided under such Contract without the prior written consent of the County.

4.6 Contract Payment

Actual terms of payment will be the result of agreements reached between Monroe County and the Respondent selected.

4.7 News Release

News releases pertaining to this RFP or the services to which it relates will not be made without prior approval by the County and then only in coordination with the County Department of Communications and Special Events.

4.8 Notification of Respondent Selection

All Respondents who submit proposals in response to this RFP will be notified by the RFP Coordinator of acceptance or rejection of their proposal.

4.9 Independent Price Determination

- A. By submission of a proposal, the Respondent certifies, and in case of a joint proposal, each party thereto certifies as to its own organization, that in connection with the proposal:
- (1) The prices in the proposal have been arrived at independently without consultation, communication, or agreement, with any other Respondent or competitor for the purpose of restricting competition; and
 - (2) No attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
- B. Each person signing the proposal certifies that:
- (1) They are the person in the Respondent's organization responsible within that organization for the decision as to prices being offered in the proposal and they have not participated and will not participate in any action contrary to A (1) and (2) above; or
 - (2) They are not the person in the Respondent's organization responsible within that organization for the decision as to prices being offered in the proposal but that he has been authorized in writing to act as agent for the persons responsible for such decisions in certifying that such persons have not participated, and will not participate, in any action contrary to A (1) and (2) above, and that as their agent, does hereby so certify; and that he has not participated, and will not participate in any action contrary to A (1) and (2) above.
- C. A proposal will not be considered for award if the sense of the statements required in the proposal has been altered so as to delete or modify A (1) and (2) above.

4.10 Incurring Costs

The County is not liable for any costs incurred by Respondent prior to the effective date of the contract.

4.11 Material Submitted

All right, title and interest in the material submitted by the Respondent as part of a proposal shall vest in Monroe County upon submission of the Respondent's proposal to Monroe County without any obligation or liability by Monroe County to the Respondent. Monroe County has the right to use any or all ideas presented by a Respondent.

Monroe County reserves the right to ownership, without limitation, of all proposals submitted. However, because Monroe County could be required to disclose proposals under the New York Freedom of Information Law (Public

Officers Law §§ 84 – 90), Monroe County will, to the extent permitted by law, seek to protect the Respondent's interests with respect to any trade secret information submitted as follows:

Pursuant to Public Officers Law § 87, Monroe County will deny public access to Respondent's proposal to the extent the information constitutes a trade secret, which if disclosed would cause substantial harm to the Respondent's competitive position, provided the Respondent identified the information it considers to be a trade secret and explains how disclosure would cause harm to the Respondent's competitive position.

4.12 Indemnification

The Respondent shall defend, indemnify and save harmless the County, its officers, agents, servants and employees from and against all liability, damages, costs or expenses, causes of actions, suits, judgments, losses, and claims of every name not described, including attorneys' fees and disbursements, brought against the County which may arise, be sustained, or occasioned directly or indirectly by any person, firm or corporation arising out of or resulting from the performance of the services by the Respondent, its agents or employees, the provision of any products by the Respondent, its agents or employees, arising from any act, omission or negligence of the Respondent, its agents or employees, or arising from any breach or default by the Respondent, its agents or employees under the Agreement resulting from this RFP. Nothing herein is intended to relieve the County from its own negligence or misfeasance or to assume any such liability for the County by the Respondent.

4.13 Insurance Requirements

The Respondent shall procure and maintain at their own expense until final completion of the work covered by the Contract, insurance for liability for damages imposed by law of the kinds and in the amounts hereinafter provided, issued by insurance companies authorized to do business in the State of New York, covering all operations under the Contract whether performed by the Respondent or by their subcontractors.

The successful Respondent shall furnish to the County a certificate or certificates of insurance in a form satisfactory to the County Attorney showing that he has complied with all insurance requirements set forth in the contract for services, that certificate or certificates shall provide that the policies shall not be changed or canceled until thirty (30) days written notice has been given to the County. Except for Workers' Compensation Insurance, no insurance required herein shall contain any exclusion of municipal operations performed in connection with the Contract resulting from this proposal solicitation. The kinds and amounts of insurance are as follows:

- A. **WORKERS' COMPENSATION AND DISABILITY INSURANCE:** A policy covering the operations of the Respondent in accordance with the provisions of Chapter 41 of the Laws of 1914, as amended, known as the Workers' Compensation Law, covering all operations under contract, whether performed by them or by their subcontractors. The Contract

shall be void and of no effect unless the person or corporation making or executing same shall secure compensation coverage for the benefits of, and keep insured during the life of said Contract, such employees in compliance with the provisions of the Workers' Compensation Law known as the Disability Benefits Law (chapter 600 of the Laws of 1949) and amendments hereto.

- B. LIABILITY AND PROPERTY DAMAGE INSURANCE issued to the Respondent naming Monroe County as an additional insured, and covering liability with respect to all work performed by him under the Contract. The minimum limits for this policy for property damage and personal injury shall be \$1,000,000 per occurrence, \$3,000,000 aggregate covered under liability and damage property. All of the following coverage shall be included:

- Comprehensive Form
- Premises-Operations
- Products/Completed Operations
- Contractual Insurance covering the Hold Harmless Provision
- Broad Form Property Damage
- Independent Respondents
- Personal Injury

- C. CONTRACTOR'S PROTECTIVE LIABILITY INSURANCE issued to the Respondent and covering the liability for damages imposed by law upon the said Respondent for the acts or neglect of each of his subcontractors with respect to all work performed by said subcontractors under the Contract.
- D. PROFESSIONAL LIABILITY INSURANCE covering errors and omissions of the Respondent with minimum limits of \$2,000,000 per occurrence.
- E. MOTOR VEHICLE INSURANCE issued to the Respondent and covering liability and property damage on the Respondent's vehicles in the amount of \$1,000,000 per occurrence.

4.14 Proposal Certification

The Respondent must certify that all material, supervision, and personnel will be provided as proposed, at no additional cost above the proposal price. Any costs not identified and subsequently incurred by the County must be borne by the Respondent. This certification is accomplished by having the Proposal signed by an individual who has the authority to bind the Respondent.

APPENDIX 1:
Sample Monroe County Contract

SOFTWARE LICENSING, INSTALLATION,
MAINTENANCE AND TRAINING AGREEMENT

THIS AGREEMENT, shall be deemed to be dated as of the last date executed by a party hereto, by and between MONROE COUNTY, a municipal corporation, with offices at 39 West Main Street, Rochester, New York 14614, hereinafter referred to as the "County", and _____ with offices at _____, hereinafter referred to as the "Contractor", for certain services on behalf of Monroe County.

WITNESSETH

WHEREAS, the County is desirous of obtaining the services of the Contractor to perform the scope of work set forth in the County issued Request for Proposal ("RFP"), attached hereto as Appendix "A", attached hereto and made a part of this Agreement.

WHEREAS, the Contractor has submitted a proposal, attached hereto as Appendix "B", dated _____, to perform the required services; and

WHEREAS, the County Legislature of the County of Monroe, by Resolution No. ____ of _____, adopted on _____, authorized the County Executive, or her designee, to enter into a contract for services as hereinafter described; and

WHEREAS, the Contractor is willing, able and qualified to perform such services.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth, the parties hereto mutually agree as follows:

I. SCOPE OF SERVICES

Contractor agrees to provide a system as specified in Appendices "A" and "B", and which includes the following major components:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

II. STATEMENT OF WORK

Contractor agrees to perform all services as specified in Appendix "C".

III. TERM OF CONTRACT

A. The term of this Agreement shall be for the period of _____.

B. This Agreement shall remain in effect for the period specified above, unless it is terminated by either party hereto, upon ninety (90) days prior written notice sent by registered or certified mail to the Project Director for Monroe County or the Contractor. This notice shall be sent to the respective party at the addresses first above set forth or at such other address as specified in writing by either party. Upon termination of this Agreement, the Contractor shall have no further responsibility to the County or to any other person with respect to those services specified in this Agreement. Upon termination of this Agreement, the County shall be obligated to pay the Contractor for services only performed through the date of termination. Following such payment, the County shall have no further obligations to the Contractor under this Agreement.

IV. PAYMENT FOR SERVICES

In consideration of the goods and services to be rendered under this Agreement, the County agrees to pay the Contractor, and the Contractor agrees to be paid, a sum in full satisfaction of all expenses and compensation due the Contractor not to exceed _____ Dollars (\$_____). The Software Applications, License Fees, Installation Fees, and Training Fees that Monroe County will purchase are detailed in Appendix D.

Payment for Software Applications will be as follows:

Payment for Installation and Training will be made following the occurrence of these events.

Payment by the County for the services performed and contracted for and implementation of each application shall be made upon the submission of properly executed Monroe County claim vouchers, supported with such information and documentation necessary to substantiate the voucher, approved by the Project Director, or by his/her designee, and audited by the Controller of the County. The County shall evaluate the quality of the services performed and/or item(s) delivered and if in accordance with specifications shall initiate payment processing.

The terms of payment shall be net thirty (30) days from approval of the County.

The County may audit records relating to expenses for services provided by the Contractor pursuant to this Agreement at any time during this Agreement and through and including twelve (12) months following this Agreement.

V. CONSULTATION AND ASSISTANCE

Contractor agrees at contractor's expense to consultation and assistance in the event of County reporting a problem, including:

- Technical support will be available by telephone with a local or toll-free number.
- Contractor will respond via telephone to inquiries from County within two (2) hours.
- On-site visits, if required, will be made within a twenty-four (24) hour period.
- Contractor will provide hardware and software support and maintenance service twenty-four (24) hours a day to the _____.
- All support, regarding the _____, shall be provided by persons located within the continental United States.

VI. REGENERATION OF LOST OR DAMAGED DATA

With respect to any data which Contractor has lost or damaged, Contractor shall, at its own expense, promptly replace or regenerate such data from County's machine-readable supporting material, or obtain, at Contractor's own expense, a new machine-readable copy of lost or damaged data from County's data sources.

VII. RIGHTS IN DATA AND WORKS

Contractor agrees that County shall have unrestricted access to all computer programs, object code, enhancements and modifications, all files, including input and output materials, all documentation related to such computer programs and files, all media upon which any such computer programs, files and documentation are located (including tapes, disks and other storage media) and all related materials that are used by, developed for, or paid for by County under this Agreement. The County shall have unrestricted access to all computer media containing County data from time to time in connection with the performance of the Services. Contractor, at the request of County, promptly shall deliver to County all computer programs, including files, media, documentation and related materials, concerning any services provided by Contractor before or after the date of this Agreement.

VIII. ACCEPTANCE OF SOFTWARE

- A. All software furnished and installed by Contractor pursuant to this Agreement must function as described in Contractor's response to the RFP (Appendix "B" attached hereto) and Contractor's documentation and published product specifications for thirty (30) consecutive days within the first ninety (90) days after complete delivery and installation before it can be accepted by the County. Contractor shall provide a Project Plan

which shall include testing of applications with step-by-step procedures that verify functionality and reliability of all software furnished and installed by Contractor pursuant to this Agreement.

- B. If a problem develops within the test period, for any purchased application, the County will be the sole judge in determining if acceptance testing should be resumed or whether it must be restarted. If it is deemed necessary to restart acceptance testing, the vendor will be notified in writing by the County of the date that the acceptance testing is to be restarted. The County reserves the right to terminate this Agreement should the County deem further acceptance/testing periods unacceptable. A final payment will be held until ninety (90) days after acceptance to ensure the system functionality.
- C. The County's Project _____, shall provide Contractor with a written acceptance letter upon satisfactory completion of the test period for each purchased application.
- D. "FINAL ACCEPTANCE" shall be defined as that date in which 1) all hardware, software and system components purchased under the terms of this Agreement have been successfully installed, tested and accepted by the County; 2) all software modifications have been successfully completed, tested and accepted by the County; 3) all user documentation is verified to be complete and current with the systems installed, provided to and approved by the County; 4) all user and system training has been completed to the satisfaction of the County; 5) all testing deemed necessary by the County has been completed to the satisfaction of the County; and 6) that date upon which the County executed a FINAL ACCEPTANCE document which states that all terms and conditions of this Agreement have been successfully completed by Contractor.

VIII. TERMINATION

Either party, upon giving written notice to the other party, may terminate this Agreement:

- A. County funding for the services to be performed under this contract is modified, terminated or curtailed.
- B. If the Contractor or its employees, contractors or other agents violate any provision of this Agreement and the violation is not remedied within thirty (30) days of the party's receipt of written notice of the violation; or
- C. If at any time after the commencement of the Services, County, in its reasonable judgment, determines that such services are inadequate, unsatisfactory, or substantially nonconforming to the specifications, descriptions, warranties, or representations contained herein and the problem is not remedied within thirty (30) days of the party's receipt of written notice describing the problem; or

- D. At any time, in the event the other party terminates or suspends its business, becomes subject to any bankruptcy or insolvency proceeding under federal or state statute, or becomes subject to direct control by a trustee or similar authority.
- E. In the event that any of the above events occurs to a party, that party shall immediately notify the other party of its occurrence.

Upon expiration or termination of this Agreement, Contractor shall promptly return to County all computer programs, files, documentation, media, related material and any other material that is owned by County. Expiration or termination of this Agreement shall not relieve either party of its obligations regarding Confidential Information, Section IX below.

IX. CONFIDENTIAL INFORMATION

For the purpose of this Agreement, “Confidential Information” shall mean information or material proprietary to the County or designated as “Confidential Information” by the County, and not generally known by non-County personnel, which Contractor may obtain knowledge of or access to as a result of a contract for services with the County. The Confidential Information includes, but is not limited to, the following types of information or other information of a similar nature (whether or not reduced to writing): operations, methods of doing business, computer programs, computer network operations and security, finances and other confidential and proprietary information belonging to the County. Confidential Information also includes any information described above which the County obtained from another party which the County treats as proprietary or designates as Confidential Information, whether or not owned or developed by the County. Information publicly known and that is generally employed by the trade at the time that Contractor learns of such information or knowledge shall not be deemed part of the Confidential Information.

Contractor shall not, without prior authorization from the County Project Director, or his/her designee, acquire, use or copy, in whole or in part, any Confidential Information.

Contractor shall not disclose, provide or otherwise make available, in whole or in part, the Confidential Information other than to those employees of Contractor who have executed a confidentiality agreement with the County, have a need to know such Confidential Information, and who have been authorized by the County Project Director, or his/her designee, to receive such Confidential Information.

Contractor shall not remove or cause to be removed, in whole or in part, from County facilities, any Confidential Information, without the prior written permission of the County Project Director or his/her designee.

Contractor shall take all appropriate action, whether by instruction, agreement or otherwise, to insure the protection, confidentiality and security of the

Confidential Information and to satisfy its obligations under this Confidentiality Agreement.

X. AMENDMENTS

This Agreement may be modified or amended only in writing duly executed by both parties. Any modification or amendment shall be attached to and become part of this Agreement. All notices concerning this Agreement shall be delivered in writing to the parties at the principal addresses set forth above unless either party notifies the other of a change in address.

XI. INSURANCE

The Contractor will, at its own expense, procure and maintain a policy or policies of insurance during the term of this Agreement. The policy or policies of insurance required are:

1. Standard Worker's Compensation and Disability Insurance, if required by law;
2. General liability insurance with single limits of liability in the amount of \$2,000,000 per occurrence, and \$3,000,000 aggregate coverage and with all the following coverage included – Comprehensive Form; Premises-Operations; Products/Completed Operations; Contractual Insurance covering the Hold Harmless Provision; Broad Form Property Damage; Independent Vendors; and Personal Injury;
3. Automobile liability insurance in the amount of \$1,000,000 with a minimum of \$1,000,000 each occurrence, bodily injury, and property damage;
4. Contractor's Protective Liability Insurance issued to the Contractor and covering the liability for damages imposed by law upon the Contractor for the acts or neglect of each of his subcontractors with respect to all work performed by said subcontractors under this Agreement;
5. Professional Services Insurance covering errors and omissions of the Contractor with minimum limits of \$1,000,000 per occurrence.

Original certificates evidencing such coverage and indicating that such coverage will not be cancelled or amended in any way without thirty (30) days prior written notice to the County, shall be delivered to the County before final execution of this Agreement and original renewal certificates conforming to the requirements of this section shall be delivered to the County at least sixty (60) days prior to the expiration of such policy or policies of insurance. The Contractor's general liability insurance, automobile liability insurance, and professional services insurance shall provide for and name Monroe County as additional insured, and shall insure the County for all claims arising out of this Agreement. All policies of insurance shall be issued by companies in good financial standing duly and fully qualified and licensed to do business in New York State or otherwise acceptable to the County.

If any required insurance coverage contains aggregate limits or apply to other operations of the Contractor, outside of those required by this Agreement, the

Contractor shall provide the County with prompt written notice of any incident, claims settlement, or judgment against that insurance which diminishes the protection of such insurance afforded Monroe County. The Contractor shall further take immediate steps to restore such aggregate limits or shall provide other insurance protection for such aggregate limits.

XII. FORCE MAJEURE

Neither party to this Agreement shall be held responsible or be deemed to be in default under this Agreement for any delay in performance or failure in performance of any of their respective obligations to be performed hereunder if such delay or failure is the result of causes beyond the control and without negligence of the party with respect to whose obligations such delay in performance or failure in performance has occurred. Such causes shall include, without limitation, acts of God, strikes, lockouts, riots, insurrections, civil disturbances or uprising, sabotage, embargoes, blockades, acts of war, acts of terror, acts or failure to act of any governmental or regulatory body (whether civil or military, domestic or foreign), governmental regulations superimposed after the fact, communication line failures, power failures, fires, explosions, floods, accidents, epidemics, earthquakes or other natural or man-made disasters, and all occurrences similar to the foregoing (collectively referred to herein as "Force Majeure"). The party affected by an event of Force Majeure, upon giving prompt notice to the other party, shall be excused from performance hereunder on a day-for-day basis to the extent of such prevention, restriction or interference (and the other party shall likewise be excused from performance of its obligations which relate to the performance so prevented, restricted or interfered with); provided that the party as affected shall use its best efforts to avoid or remove such causes of nonperformance and to minimize the consequences thereof and both parties shall continue performance hereunder with the utmost dispatch whenever such causes are removed. Lack of funds shall not be a Force Majeure.

XIII. PERFORMANCE BOND

Prior to execution of this agreement, Contractor shall procure, execute and deliver to the County, and maintain, until the final payment for the work covered by this agreement, a performance bond and labor material bond in an amount not less than 100% of the total amount payable under the terms of this Agreement. The performance bond and labor material bond shall be issued by a surety company approved in advance by the County and authorized to do business in the State of New York as a surety. The Contractor shall pay 100 percent (100%) of the cost of the performance bond.

XIV. WARRANTY

A. Contractor warrants that it is a validly organized business entity with authority to enter into this Agreement. Contractor warrants that it has the right to perform all its obligations and grant all the rights contained in this Agreement.

- B. Contractor warrants that it is the proprietor of the software provided pursuant to this Agreement and that it has the clear title and the absolute right to license the software's use. Contractor warrants that the services and products delivered or rendered hereunder do not violate any rights of any non-contracting party, including any patent, copyright, trade secret, trademark, or other proprietary rights. Further, Contractor warrants that the software will be in good working order and will perform per Contractor's response to the RFP and Contractor's documentation and published product specifications, during the Warranty Period.
- C. Contractor warrants that services and products delivered or rendered hereunder, are of the kind and quality designated by the Contractor and are performed by qualified personnel in a professional, good and workmanlike manner, consistent with the highest industry standards.
- D. Contractor warrants that the software and any approved changes, modifications, additions, or enhancements thereto, shall be reasonably free from program coding errors as delivered. In the event coding errors are discovered subsequent to delivery, Contractor will supply corrections at no further charge in a time frame that complies with federal and state regulatory requirements. This warranty is void if any changes, modifications, additions, or enhancements are made to the software by County.

XV. INDEMNIFICATION

Notwithstanding the limits of any policy of insurance provided pursuant to this Agreement, the Contractor agrees to indemnify and hold harmless the County and, at the request of the County, defend the County against any and all claims, judgments, costs, awards, liability, loss, damage, suit or expense of any kind, including reasonable attorney fees, which the County may incur, suffer or be required to pay by reason of or in consequence, directly or indirectly, of the fault, failure, omission or negligence of the Contractor, its agents, officers, members, directors, contractors or employees, including any misrepresentations contained in the Agreement or the breach of any warranty made herein or the failure of the Contractor to carry out its duties under this Agreement or otherwise arising out of or in connection with, directly or indirectly, this Agreement.

XVI. INDEPENDENT CONTRACTOR

- A. For the purpose of this Agreement, the Contractor is and shall in all respects be considered an independent contractor. The Contractor, its individual members, directors, officers, employees and agents are not and shall not hold themselves out nor claim to be an officer or an employee of County, nor make claim to any rights accruing thereto, including, but not limited to, Worker's Compensation, unemployment benefits, Social Security or retirement plan membership or credit.

- B. The Contractor shall have the direct and sole responsibility for the following: payment of wages and other compensation; reimbursement of the Contractor's employees' expenses; compliance with federal, state and local tax withholding requirements pertaining to income taxes, Workers' Compensation, Social Security, unemployment and other insurance or other statutory withholding requirements; and all obligations imposed on the employer of personnel. The County shall have no responsibility for any of the incidences of employment.

XVII. SOURCE CODE

Upon final acceptance by the County of the software furnished and installed by Contractor pursuant to this Agreement, and upon the installation and acceptance of any future revisions, upgrades, enhancements, corrections, changes or modifications to the software, Contractor shall provide the Monroe County Information Services Director with a copy of the current source code, as well as all software, relevant commentary, explanations, and other documentation, including instructions to compile the source code to hold in escrow and not disclose except in the event Contractor files for Bankruptcy, or breaches the contract, or in the event of a situation where the County would experience financial loss due to the inability to access the system.

XVIII. EXECUTORY NATURE OF CONTRACT

This Agreement shall be deemed executory only to the extent of the funding available and the County shall not incur any liability beyond the funds annually budgeted therefore. The County may make reductions in this Agreement for the loss/reduction in State Aid or other sources of revenues. If this occurs, the Contractor's obligations regarding the services provided under this Agreement may be reduced correspondingly.

XIX. NO ASSIGNMENT WITHOUT CONSENT

The Contractor shall not, in whole or in part, assign, transfer, convey, sublet, mortgage, pledge, hypothecate, subcontract, grant any security interest in, or otherwise dispose of this Agreement or any of its right, title or interest herein or its power to execute the Agreement, or any part thereof to any person or entity without the prior written consent of the County.

XX. FEDERAL SINGLE AUDIT ACT

In the event the Contractor is a recipient through this Agreement, directly or indirectly, of any funds of or from the United States Government, Contractor agrees to comply fully with the terms and requirements of Federal Single Audit Act [Title 31 United States Code, Chapter 75], as amended from time to time. The Contractor shall comply with all requirements stated in Federal Office of Management and Budget Circulars A- 102, A-110 and A-133, and such other circulars, interpretations, opinions, rules or regulations that may be issued in connection with the Federal Single Audit Act.

Of the amount specified in §IV of this Agreement, _____ Dollars (\$_____ of such amount or _____ percent (___%) of such amount, is being passed-through the County from the United States Government under the following:

Award Name:

Award Number:

Award Year:

Name of Federal Agency:

Catalog of Federal Domestic
Assistance (CFDA) Number:

The Award [] is [X] is not related to Research and Development.

If on a cumulative basis the Contractor expends Five Hundred Thousand and no/100 Dollars (\$500,000) or more in federal funds in any fiscal year, it shall cause to have a single audit conducted, the Data Collection Form (defined in Federal Office of Management and Budget Circular A-133) shall be submitted to the County; however, if there are findings or questioned costs related to the program that is federally funded by the County, the Contractor shall submit the complete reporting package (defined in Federal Office of Management and Budget Circular A-133) to the County.

If on a cumulative basis the Contractor expends less than Five Hundred Thousand and no/100 Dollars (\$500,000) in federal funds in any fiscal year, it shall retain all documents relating to the federal programs for three (3) years after the close of the Contractor's fiscal year in which any payment was received from such federal programs.

All required documents must be submitted within nine (9) months of the close of the Contractor's fiscal year end to:

Monroe County Internal Audit Unit
402 County Office Building
39 West Main Street
Rochester, New York 14614

The Contractor shall, upon request of the County, provide the County such documentation, records, information and data and response to such inquiries as the County may deem necessary or appropriate and shall fully cooperate with internal and/or independent auditors designated by the County and permit such auditors to have access to, examine and copy all records, documents, reports and financial statements as the County deems necessary to assure or monitor payments to the Contractor under this Agreement.

The County's right of inspection and audit pursuant to this Agreement shall survive the payment of monies due to Contractor and shall remain in full force and effect for a period of three (3) years after the close of the Contractor's fiscal year in which any funds or payment was received from the County under this Agreement.

XXI. DISPUTES

Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Any legal suit, action or proceeding arising out of or relating to this Agreement shall be commenced in the County of Monroe in the State of New York and each party hereto irrevocably submits to the non-exclusive jurisdiction and venue of any such court in any such suit, action or proceeding.

XXII. CHOICE OF LAW

The validity, interpretation, and performance of this Agreement shall be controlled by and construed under the laws of the State of New York, as if performed wholly within the state and without giving effect to the principles of conflict of law.

XXIII. NON-INTERFERENCE

Should any type of dispute between the parties arise, Contractor agrees not to interfere with the use of operation of the system or software in any way that would be detrimental to the County.

XXIV. RIGHT TO INSPECT

Designated representatives of the County shall have the right to monitor the provision of services under this Agreement which includes having access at reasonable times and places to the Contractor's employees, reports, books, records, audits and any other material relating to the delivery of such services. The Contractor agrees to maintain and retain all pertinent records related to this Agreement for a period of ten (10) years after final payment.

XXV. JOB OPENINGS

- A. The Contractor recognizes the continuing commitment on the part of Monroe County to assist those receiving temporary assistance to become employed in jobs for which they are qualified, and the County's need to know when jobs become available in the community.
- B. The Contractor agrees to notify the County when the Contractor has or is about to have a job opening within Monroe County. Such notice shall be given as soon as practicable after the Contractor has knowledge that a

job opening will occur. The notice shall contain information that will facilitate the identification and referral of appropriate candidates in a form and as required by the Employment Coordinator. This would include at least a description of conditions for employment, including the job title and information concerning wages, hours per work week, location and qualifications (education and experience.)

- C. Notice shall be given in writing to:

Employment Coordinator
Monroe County Department of Human Services
Room 535
691 St Paul St.
Rochester, NY 14605
phone #: (585) 753-6322
fax #: (585) 753-6308

- D. The Contractor recognizes that this is an opportunity to make a good faith effort to work with Monroe County for the benefit of the community. Nothing contained in this provision, however, shall be interpreted as an obligation on the part of the Contractor to employ any individual who may be referred by or through the County for job openings as a result of the above notice. Any decisions made by the Contractor to hire any individual referred by or through the County shall be voluntary and based solely upon the Contractor's job requirements and the individual's qualifications for the job, as determined by the Contractor.

XXVI. NON-DISCRIMINATION

The Contractor agrees that in carrying out its activities under the terms of the Agreement that it shall not discriminate against any person due to such person's age, marital status, disability, genetic predisposition or carrier status, race, color, creed, sexual orientation, sex or national origin, and that at all times it will abide by the applicable provisions of the Human Rights Law of the State of New York as set forth in Sections 290-301 of the Executive Law of the State of New York.

XXVII. CONTRACTOR- QUALIFIED, LICENSED, ETC.

The Contractor represents and warrants to the County that it and its employees is duly and fully qualified under the laws of the state of its incorporation and of the State of New York, to undertake the activities and obligations set forth in this Agreement, that it possesses as of the date of its execution of this Agreement, and it will maintain throughout the term hereof, all necessary approvals, consents and licenses from all applicable government agencies and authority and that it has taken and secured all necessary board of directors and shareholders action and approval.

XXVIII. GENERAL PROVISIONS

This Agreement constitutes the entire Agreement between the County and the Contractor and supersedes any and all prior Agreements between the parties hereto for the services herein to be provided.

XXIX. FEDERAL, STATE AND LOCAL LAW AND REGULATIONS COMPLIANCE

Contractor agrees to abide by and comply with all applicable federal, state and local laws, rules, regulations and orders, and to fully cooperate with Monroe County to execute any amendments necessary to comply with such laws, rules, regulations, orders and programs.

XXX. USAGE OF COMPUTER AND ELECTRONIC EQUIPMENT

The Contractor acknowledges and agrees that usage of any computer hardware, computer software and/or electronic equipment used in the course of carrying out duties under this Agreement will be governed by all applicable laws, rules and regulations, including County policies and procedures.

XXXI. CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND RESPONSIBILITY

The undersigned certifies, to the best of his/her knowledge and belief, that the Contractor and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
2. Have not within a three-year period preceding this transaction/application/proposal/ contract/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and
4. Have not within a three-year period preceding this transaction/application/proposal/ contract/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

XXXII. MISCELLANEOUS

The Contractor agrees to comply with all confidentiality and access to information requirements in federal, state and local laws and regulations, including, but not limited to, HIPAA (Appendix “E”).

XXXIII. The parties agree that the following attachments are part of this agreement:

- ATTACHMENT A: Request for Proposal
- ATTACHMENT B: Contractor’s Response
- ATTACHMENT C: Statement of Work
- ATTACHMENT D: Contractor’s Cost Proposal
- ATTACHMENT E: HIPAA Business Associate Addendum
- ATTACHMENT F: Insurance Certificates

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the last day and year written below.

COUNTY OF MONROE

By: _____
Maggie Brooks
County Executive

Name of Contractor

By: _____

Name: _____

Title: _____

EIN # _____

ATTACHMENT A
REQUEST FOR PROPOSAL

ATTACHMENT B
CONTRACTOR'S PROPOSAL

ATTACHMENT C
STATEMENT OF WORK

ATTACHMENT D
CONTRACTOR'S COST PROPOSAL

ATTACHMENT E
HIPAA BUSINESS ASSOCIATE ADDENDUM

This HIPAA Business Associate Addendum ("Addendum") supplements and is made a part of the Agreement by and between Monroe County (hereinafter "Covered Entity" in this Addendum) and Contractor (hereinafter "Business Associate" in this Addendum) and is effective as of the date the last party executed this agreement, (the "Addendum Effective Date").

RECITALS

- A. Covered Entity wishes to disclose certain information to Business Associate pursuant to the terms of the Agreement, some of which may be Protected Health Information ("PHI") as defined below, in fulfilling their responsibilities under the agreement.
- B. Covered Entity and Business Associate intend to protect the privacy and provide for the security of PHI disclosed to Business Associate pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule (defined below) requires Covered Entity to enter into a contract with Business Associate containing specific requirements prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.502(e) and 164.504(e) of the Code of Federal Regulations ("CFR") and contained in this Addendum.

In consideration of the mutual promises below and the exchange of information pursuant to this Addendum, the parties agree as follows:

- 1. Definitions.
 - a. Business Associate herein is Contractor and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR §160.103.
 - b. Covered Entity hereinafter is Monroe County Department of Human Services and shall have the meaning given to such term under the Privacy Rule, including, but not limited to 45 CFR § 160.103.
 - c. Data Aggregation shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR § 164.501.
 - d. Designated Record Set shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR §164.501.

- e. Disclosing Party shall mean the party that is disclosing Protected Health Information to another party pursuant to this Addendum.
 - f. Electronic Transactions and Code Sets Rule shall mean the HIPAA Regulation that is codified at 45 CFR Part 162.
 - g. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR § 164.501.
 - h. Individual shall have the same meaning as the term "Individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
 - i. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164.
 - j. Protected Health Information or "PHI" means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an Individual, the provision of health care to an Individual, or the past, present or future payment for the provision of health care to an Individual, and (ii) that identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR 164.501.
 - k. Receiving Party shall mean the party that is receiving PHI from another party pursuant to this Addendum.
 - l. Required by Law shall have the same meaning as the term "required by law" in 45 CFR 164.501.
 - m. Security Rule shall mean the HIPAA Regulation that is codified at 45 CFR Part 142.
 - n. Standard Transactions shall mean a transaction that complies with the applicable standard set forth in 45 CFR Part 162.
2. Obligations of Business Associate.
- a. Permitted Uses. Business Associate agrees to not use and/or disclose PHI other than as permitted or required by this Addendum or as otherwise required by law. Business Associate may use and/or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity, except that Business Associate may use PHI (i) for the proper management and administration of Business Associate, (ii) to carry out the legal responsibilities of Business Associate, (iii) to report violations of law to appropriate federal and state authorities consistent with 45 CFR § 164.502(j)(1), or (iv) for Data Aggregation purposes for the Health Care Operations of Covered Entity; provided that in the case of disclosure for

purposes of (i) and (iv), such disclosure is either Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

- b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Addendum.
- c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Addendum.
- d. Business Associate agrees to report to Covered Entity any use or disclosure of PHI not provided for by this Addendum of which it becomes aware.
- e. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Addendum to Business Associate with respect to such information.
- f. If Business Associate has PHI in a Designated Record Set, Business Associate agrees to provide access, within 10 days of a request by Covered Entity, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524.
- g. If Business Associate has PHI in a Designated Record Set, Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 within 10 days of a request by Covered Entity or an Individual.
- h. Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary, within 10 days of request, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- i. (i.) Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.

(ii) Business Associate agrees to provide to Covered Entity or an Individual, within 10 days of request, such documentation and information collected in accordance with paragraph (i) above of this subsection i, to permit Covered

Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.

3. Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
- c. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

4. Permissible Requests by Covered Entity

- a. Covered Entity shall not request Business Associate to use or disclosure PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity, except to the extent that Business Associate uses or discloses PHI for, and the Agreement provides for data aggregation or management and administrative activities of Business Associate.

5. Term and Termination

- a. Term. The Term of this Addendum shall be effective as of April 14, 2003, and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
- b. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
 - (1) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity; or
 - (2) Immediately terminate the Agreement if Business Associate has breached a material term of this Addendum and cure is not possible; or
 - (3) If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.

c. Effect of Termination.

- (1) Except as provided in paragraph (2) below of this subsection c., upon termination of the Agreement for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
- (2) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon Business Associate's determination that return or destruction of PHI is infeasible, Business Associates shall extend the protections of this Addendum to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return to destruction infeasible, for so long as Business Associate maintains such PHI.
- (3) Survival. The respective rights and obligation of Business Associate under this Section "Effect of Termination" shall survive the termination of the Agreement.

6. Miscellaneous

- a. Regulatory References. A reference in this Addendum to a section in the Privacy Rule means the section as in effect or as amended.
- b. Amendments. The parties specifically agree to take such action as is necessary for each party to implement and comply with the standards and requirements of HIPAA, the Privacy Rule, the Security Rule, the Electronic Transactions and Code Sets Rule, and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that under HIPAA, Covered Entity must receive satisfactory written assurance from Business Associate that Business Associate will adequately safeguard all PHI. Upon request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the Privacy Rule, the Security Rule, the Electronic Transactions and Code Sets Rule, or other applicable laws. Either party may terminate the Agreement upon thirty (30) days written notice in the event (i) the other party does not promptly enter into negotiations to amend this Addendum when requested by such party pursuant to this Section or (ii) the other party does not promptly enter into negotiations to amend this Addendum providing assurances regarding the safeguarding of PHI that such party deems sufficient to satisfy the standards and requirements of HIPAA, the Privacy Rule, the Security Rule, and the Electronic Transactions and Code Sets Rule.
- c. Interpretation. Any ambiguity in this Addendum shall be resolved to permit Covered Entity to comply with the Privacy Rule.

ATTACHMENT F
INSURANCE CERTIFICATES

RFP Appendix 2

EHR Functional Requirements
Version 2.2
November 10, 2009



EHR Functional Requirements
Version 2.2

November 10, 2009

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Introduction

This document summarizes the EHR (Electronic Health Record) functional requirements determined by the Statewide Collaboration Process (SCP). The participants include all recipients of grant funding under Phase 5 of the Healthcare Efficiency and Affordability Law for New Yorkers (HEAL-NY) and other interested stakeholders in the health care system of New York State. The requirements are driving the technical implementation of the projects charged with advancing the Statewide Health Information Network for New York (SHIN-NY) and interoperable electronic health records. The complete set of requirements developed by the SCP can be found on Central Desktop at <http://www.nyehealth.org/v1.0-requirements>.

Statewide Collaboration Process

The SCP is being implemented by the New York eHealth Collaborative (NYeC). NYeC is a public-private partnership and statewide governance body playing an integral role in the development of information policies through a consensus-based approach as part of New York's health information technology strategy. NYeC's key responsibilities include (1) convening, educating and engaging key constituencies, including health care and health IT leaders across the state, RHIOs, Community Health Information Technology Adoption Collaboratives (CHITAs), and other health IT initiatives; (2) developing Statewide Policy Guidance through a transparent governance process, and (3) evaluating and establishing accountability measures for New York's health IT strategy. NYeC is under contract with the NYS DOH to administer the SCP.

The SCP was designed to collaboratively develop common policies and procedures, standards, technical approaches and services for New York's health information infrastructure. Within the SCP decisions are made and recommendations are advanced in a collaborative manner through a fully open, transparent process. The SCP is largely driven by the efforts of its four collaborative workgroups, which recommend policies and procedures, standards, technical approaches and services to the NYeC Policy and Operations Council, the NYeC Board and the NYS DOH. The four workgroups are: (1) Clinical Priorities; (2) Privacy and Security; (3) Technical Protocols and Services; (4) EHR Collaborative.

The purpose of the EHR Collaborative workgroup is to facilitate adoption of interoperating EHRs. It will accomplish this by collaboratively recommending policies, standards, technical approaches, and services necessary for successful and sustainable adoption of inter-operating electronic health records across New York.

Requirements Generation and Prioritization

The functional requirements described in this document derive from a requirements generation and prioritization process that takes clinical and privacy and security policy objectives and derives technology functional requirements that support achievement of the policy goals. Policy requirements were determined by the Clinical Priorities workgroup and the Privacy and Security workgroup. The Clinical Priorities workgroup created policy requirements corresponding with the HEAL 5 clinical use cases. In the fall of 2008 requirements were developed for: 1)

Medicaid Medication Management; 2) Connecting NYers and Clinicians; 3) Quality Reporting for Outcomes. The Privacy and Security Workgroup developed policy requirements in the areas of consent, access, authorization, authentication, and audit.

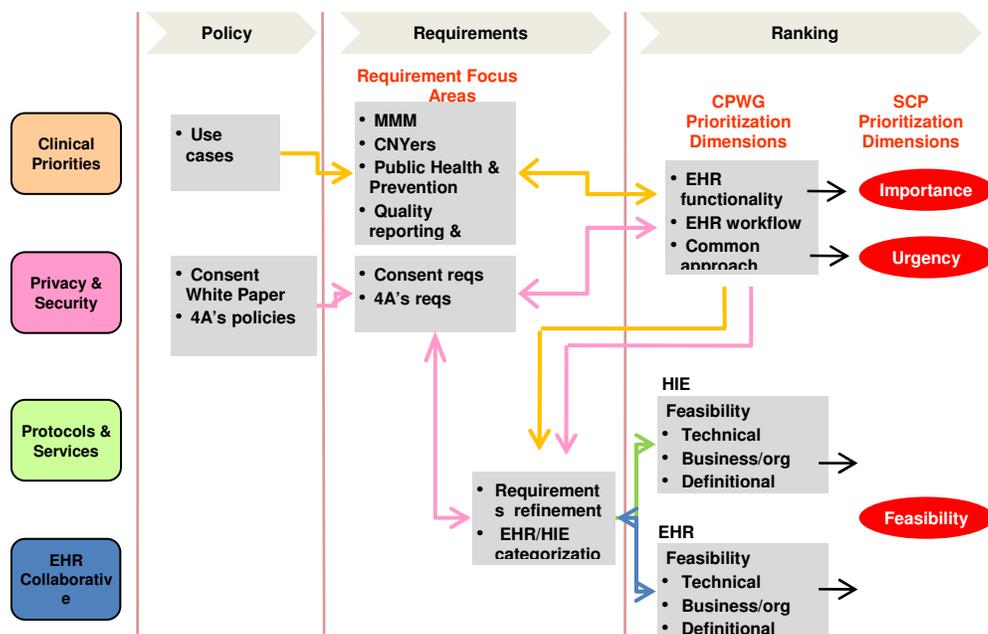
In the spring of 2009 requirements were developed for Public Health and Reporting use case that included: 1) Immunization; 2) Biosurveillance, 3) Quality Reporting for Prevention, and 4) CDS.

In the spring and summer of 2009 requirements were developed for three additional Public Health Surveillance Use Cases: Maternal, child and infant health; Asthma; and Influenza.

The Clinical Priorities workgroup created clinical requirements for each use case which were then prioritized according to whether the requirement needed to be executed in the near term (“urgency”) and whether the requirement was mandatory for the achievement of clinical use case objectives (“importance”). All policy requirements created by the Privacy and Security workgroup were determined to be urgent and important.

In the process used during the fall, the EHR Collaborative workgroup took the policy requirements received from the Clinical Priorities and Privacy and Security workgroups and parsed them into implied functional requirements. These implied functional requirements were then assessed according to the EHR vendors’ ability to meet these requirements (See Figure 1 for details of this process). In the spring a slightly more streamlined process was used.

Figure 1 Requirements Coordination Process



EHR vendors were members of the workgroup through the entire requirements process. A number of vendors chose to work with the workgroup to develop detailed requirements, and thus, their concerns were taken into account for the requirements that will apply to all vendors. The workgroup assessed the feasibility of requirements by examining written responses to detailed requests for information and by conducting interviews with each of the participating vendors. Requirements that correspond with Certification Commission for Healthcare Information Technology (CCHIT) 2008 certification requirements or that a majority of vendors could meet were considered feasible and thus became 11.01.08 (previously referred to as V1.0) requirements for all vendors. We thank the following EHR vendors who contributed considerable time and effort to the development of these requirements as they relate to the following products:

Company Name	Product	Release/ Version
Allscripts	Enterprise Electronic Health Record (EHR)	Version 11.1
athenahealth, inc.	athenaClinicals 9.15.1	
Community Computer Service, Inc.	Medent	Version 18
Connexin Software, Inc.	Office Practicum	8
eClinicalWorks	Unified EMR/PMS, Patient Portal, eEHX	EMR 8.0, PHR 3.0, EHX 2.0
GE Healthcare	Centricity Practice Solution	8
NextGen Healthcare Information Systems, Inc.	NextGen Electronic Medical Records	NextGen EMR
Health Systems Technology, Inc. (HST)	MedPointe	8
Sage Software Healthcare, Inc	Intergy EHR by Sage	v4.00.02
STI Computer Services Inc	ChartMaker Medical Suite	Version 3.0.7
Greenway	PrimeSuite	2008
Sequest	Tier Workflow System	5.7

In the fall version of this document, EHR Functional Requirements, Revision 1.0, requirements that were deemed “urgent”, “important”, and “feasible” were designated V1.0 requirements, meaning that they are expected to be implemented as soon as possible. V2.0 requirements were those that require further specification or development on the part of EHR vendors before they could be met.

In this and the previous version of the document, a timeline assignment was given to each requirement based upon CCHIT, vendor feedback in the spring (and the fall if applicable), and the urgency/importance of the requirement to the projects as determined by Clinical Priorities.

Timeline Assignments and Implementation Deadlines are as follows:

Timeline	Feature/Function must be available by:
11.01.08	November 2008 with slight modifications in January
11.01.08*	Requirements ideally met by the EHR applications, but RHIOs may choose to meet the objectives through other means.
08.31.09	September 2009
11.01.09	November 1, 2009 (a year after first approval)
04.01.10	April 1, 2010
Future	Future requirement

Requirements were assigned a flag depending upon the number of vendors that were able to meet this requirement; the grid below explains how these flags were assigned:

- All responding vendors are currently able to meet this requirement
- Most responding vendors are currently able to meet this requirement
- Few responding vendors are currently able to meet this requirement

EHR Functional Requirements

The following are EHR functional requirements that must be implemented by any EHR vendor being financed with HEAL 5 funding. During the fall process it was established that the foundational requirement for all EHR vendors was that they achieve and maintain CCHIT 2008 certification. Thus, most 11.01.08 requirements are also CCHIT 2008 requirements and many 08.31.09 requirements correlate to CCHIT 2009** requirements (recently renamed CCHIT Certified 2011).

The following policy has been established by the New York State Department of Health which all EHR vendors receiving HEAL 5 funding will be required to adhere to:

- (EHR vendor) intends that: (i) at least every other future major release of the (Vendor) ambulatory EMR will obtain the then-current year CCHIT certification, and (ii) a supported release of the ambulatory EMR will be available to HEAL 5 projects that is certified on the latest or immediately preceding CCHIT certification criteria. Preliminary 2011 ARRA will not be sufficient to receive HEAL 5 funds.
- New York State Department of Health will continue to review and evaluate the CCHIT certification process to ensure that it best supports the state strategy and policy guidance and reserves the right to change and require other certification requirements if they become more appropriate in the future.

The functional requirements have been broken into the following areas that correspond to EHR functional categories:

- Administration (including patient demographic and financial information)
- Clinical documentation
- Data export
- Data import
- Clinical decision support systems
- ePrescribing
- Orders management
- Reporting
- Results management
- Privacy protection and security

Each requirement contains a grid with information related to the functional requirements. The grid below provides a description of each item that came together to create the requirement:

Clinical/Policy Basis for Requirement	<p>This is the clinical requirement assigned by either the Clinical Priorities or Privacy and Security workgroup.</p> <p>In some cases, only a select portion of the clinical requirement was relevant to the functional requirement. In these cases the relevant phrase was underlined for clarity.</p>
Functional Requirement	This is the EHR functional requirement.
Use Cases	<p>Each requirement relates to one or more of the following use cases:</p> <ul style="list-style-type: none"> • Medication Management • Connecting NYers • Quality Reporting for Outcomes • Quality Reporting for Prevention • Immunization • Biosurveillance • Surveillance <ul style="list-style-type: none"> ○ Asthma ○ Influenza ○ Maternal, infant, and child health
Timeline	This indicates whether a requirement is 11.01.08, 11.01.08*, 08.31.09, 11.01.09, 04.01.10 and Future.
Vendor Flag	<p>One of three colored flags is assigned to each requirement.</p> <p>■ All responding vendors are currently able to meet this requirement</p> <p>■ Most responding vendors are currently able to meet this requirement</p> <p>■ Few responding vendors are currently able to meet this requirement</p>
Vendor Feasibility	This indicates whether all, most, or a few vendors are currently able to meet the requirement. Vendor feasibility corresponds with the vendor flag. (Vendor feasibility has not yet been determined for some of the requirements.)

Comments	If any additional information about a requirement was necessary, a comment was added.
CP WG/Policy Reference Number	This is the requirement number assigned by the Clinical Priorities workgroup or the document that the Privacy and Security workgroup published this requirement in.
EHR WG Reference Number	This is the requirement number assigned by the EHR Collaborative workgroup.
CCHIT Requirement Number	The requirement maps back to this 2008 (or future) requirement.
Each requirement has a link back to the EHR Functional Requirements Table	

Please note that requirements developed in the fall of 2008 are highlighted in gray (similar to the example above). Requirements developed in the spring of 2009 are highlighted in blue and requirements that combine elements from both the fall and spring are highlighted in green. The following tables map each EHR requirements to clinical use cases and a timeline. Privacy and security requirements are considered mandatory for all use cases and are all V1.0 (to be implemented as soon as possible). V11.01.08* indicates that while this requirement would ideally be met by the EHR applications, RHIOs may choose to meet the requirement through other means.

Use Case Key:

MMM – Medicare for Medication Management

CNY – Connecting New Yorkers

QRO – Quality Reporting for Outcomes

QRP – Quality Reporting for Prevention

BIO – Biosurveillance

IMM – Immunization

SUR – Surveillance (Asthma, Influenza, or Maternal, infant, and child health)

Requirement #	Category	Sub-Category	MMM	CNY	QRO	QRP	BIO	IMM	SUR	CCHIT 2008	CCHIT 2009** (2011)	Timeline
1.1	Administration	Eligibility	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
1.2	Administration	Patient demographic and financial information			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
1.3	Administration	Printing patient data			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		11.01.08
1.4	Administration	E&M Coding for Vaccines						<input checked="" type="checkbox"/>				08.31.09
1.5	Administration	Eligibility for VFC						<input checked="" type="checkbox"/>				08.31.09
1.6	Administration	Electronic determination of eligibility for VFC						<input checked="" type="checkbox"/>				Future
1.7	Administration	Required fields				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				11.01.09
1.8	Administration	Trigger for updated patient eligibility to be sent to Third party				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			Future
1.9	Administration	Access to Records							<input checked="" type="checkbox"/>			11.01.09
1.10	Administration	Create new record							<input checked="" type="checkbox"/>			Future
2.1	Clinical documentation	Document and view medication history	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		11.01.08
2.2	Clinical documentation	Treatment plan	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
2.3	Clinical documentation	Consult note	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>		11.01.08
2.4	Clinical documentation	Chief Complaint, Problems, Vital Sign, History, Visits, Medication List, Allergies	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
2.5	Clinical documentation	HPI/ROS/FH/medical Hx/surgical Hx/social Hx, and physical exam			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
2.6	Clinical documentation	Structured data			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08
2.7	Clinical documentation	Patient education materials			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
2.8	Clinical documentation	Documentation templates for clinical conditions			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
2.9	Clinical Documentation	Capture data in a form/template for PH data					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			08.31.09
2.10	Clinical Documentation	Data validation checking, field level edits (drop downs)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				08.31.09
2.11	Clinical Documentation	Record date vaccination Information Sheet (VIS) given						<input checked="" type="checkbox"/>				08.31.09
2.12	Clinical Documentation	Track VIS version and date						<input checked="" type="checkbox"/>				04.01.10

Requirement #	Category	Sub-Category	MMM	CNY	QRO	QRP	BIO	IMM	SUR	CCHIT 2008	CCHIT 2009* (2011)	Timeline
2.13	Clinical Documentation	VFC Lot Tracking						<input checked="" type="checkbox"/>				08.31.09
2.14	Clinical Documentation	Create and update patient data							<input checked="" type="checkbox"/>			11.01.09
2.15	Clinical Documentation	Record case of fatal influenza							<input checked="" type="checkbox"/>			Future
3.1	Data export	Export of Structured Medication Data	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	08.31.09
3.2	Data export	Export Clinical Data for sharing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.09/ 04.01.10
3.3	Data export	Referrals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		11.01.09
3.4	Data export	Message action		<input checked="" type="checkbox"/>								Future
3.5	Data export	Schedule acknowledgement		<input checked="" type="checkbox"/>								Future
3.6	Data export	Schedule confirmation		<input checked="" type="checkbox"/>								Future
3.7	Data export	File attachment		<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	04.01.10
3.8	Data export	Alert to another system about services provided			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						Future
3.9	Data export	Quality measure data			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						11.01.08
3.10	Data export	De-identified / Pseudonymize data			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		11.01.08
3.11	Data export	Quality Measure Results			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						11.01.09
3.12	Data Export	Create a link to a Web site					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			08.31.09/ 04.01.10
3.13	Data Export	Aggregate/ Pseudonymize and Format Data					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			04.01.10
3.14	Data Export	Public assistance eligibility data				<input checked="" type="checkbox"/>						04.01.10
3.15	Data Export	Respond to a Public Health Request					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
3.16	Data Export	Send link to PH on patient data set to allow additional data to be sent					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
3.17	Data Export	Alert sent from Public health Agency					<input checked="" type="checkbox"/>					Future
3.18	Data Export	Data transmission to DOH & PH on Newborn info							<input checked="" type="checkbox"/>			Future
4.1	Data import	Alert from another system		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					04.01.10
4.2	Data import	Data Aggregation		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
4.3	Data import	Import Discrete Clinical Data from Another Source		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	11.01.09

Requirement #	Category	Sub-Category	MMM	CNY	QRO	QRP	BIO	IMM	SUR	CCHIT 2008	CCHIT 2009* (2011)	Timeline
4.4	Data import	Import non-clinical data				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				Future
4.5	Data import	Message Action		<input checked="" type="checkbox"/>								04.01.10
4.6	Data import	Quality Measure Results			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						11.01.09
4.7	Data import	Receive Alerts with External Links			<input checked="" type="checkbox"/>							Future
4.8	Data import	Schedule Request		<input checked="" type="checkbox"/>								Future
4.9	Data import	Secure Messaging		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	11.01.09
4.10	Data import	Staging and Data Selection		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	04.01.10
4.11	Data Import	Structured Medication Data	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	11.01.09
4.12	Data Import	Import or incorporate DSS criteria					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			08.31.09
4.13	Data Import	Update case definitions					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
4.14	Data Import	Data Import/Export - Immunization registry data						<input checked="" type="checkbox"/>				04.01.10
4.15	Data Import	DSS Alert or receive PH advisories or look for PH outbreaks					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
4.16	Data Import	Import statistical data from PH					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
4.17	Data Import	Receive an alert with important PH information						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Future
4.18	Data Import	Receive an alert with important PH information						<input checked="" type="checkbox"/>				Future
4.19	Data Import	Receive and Incorporate alerts (trigger criteria semi-structured)					<input checked="" type="checkbox"/>					Future
5.1	Decision support system	Addition of discrete data elements			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08
5.2	Decision support system	Alert for change of life habit and documentation			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						11.01.09
5.3	Decision support system	Alert for preventive services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08
5.4	Decision support system	Alert or prompt for chronic disease		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		11.01.08
5.5	Decision support system	Alerts and reminders based on clinical guidelines		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		11.01.08
5.6	Decision support system	Alerts with description of alert	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>		11.01.08

Requirement #	Category	Sub-Category	MMM	CNY	QRO	QRP	BIO	IMM	SUR	CCHIT 2008	CCHIT 2009**	Timeline
5.7	Decision support system	Alerts for patients who qualify for measure			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						11.01.09
5.8	Decision support system	Ability to capture non-compliance			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	08.31.09
5.9	Decision support system	Correlate disease to ED visit			<input checked="" type="checkbox"/>							11.01.09
5.10	Decision support system	Data mining retrieve appropriate exams conducted based on condition			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			11.01.09
5.11	Decision support system	Discrete Data to Capture Provider Patient Discussion			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	11.01.09
5.12	Decision support system	Lab order set displayed based on diagnosis			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		11.01.08
5.13	Decision support system	Inform of Best Practices in DM			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		11.01.08
5.14	Decision support system	Longitudinal data trending			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		11.01.08
5.15	Decision support system	Patient compliant with follow-up			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		11.01.09
5.16	Decision support system	Recommendation for Type of Referral Based upon Clinical Condition			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.09
5.17	Decision support system	Reminder for Tracking Life Habits			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
5.18	Decision support system	Reminder to Follow-up with Patients			<input checked="" type="checkbox"/>							04.01.10
5.19	Decision support system	Track Advice			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		11.01.08
5.20	Decision support system	Incorporate DSS alerts and business rules provided by 3rd party			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
5.21	Decision support system	Alert for quality measure capture				<input checked="" type="checkbox"/>						04.01.10
5.22	Decision support system	Alert provider to quality action needed for a patient				<input checked="" type="checkbox"/>						04.01.10
5.23	Decision support system	Alert of a Public Health case or display a PH case based on semi-structured data					<input checked="" type="checkbox"/>					Future
5.24	Decision support system	Alert of a Public Health case or display a PH case based on structured data					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			11.01.09/Future

Requirement #	Category	Sub-Category	MMM	CNY	QRO	QRP	BIO	IMM	SUR	CCHIT 2008	CCHIT 2009**	Timeline
5.25	Decision support system	Alert of a Public Health case or display a PH case based on unstructured data					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
5.26	Decision support system	Alert to administer vaccine						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			08.31.09
5.27	Decision support system	Alert or prompt to guide treatment					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
5.28	Decision support system	Alert or prompt to follow treatment plans				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			08.31.09
5.29	Decision support system	Alert to notify patients of data sharing						<input checked="" type="checkbox"/>				04.01.10
5.30	Decision support system	Prompt to address, capture and monitor progress				<input checked="" type="checkbox"/>						04.01.10
5.31	Decision support system	Link to a post discharge automated reminder				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			04.01.10
5.32	Decision support system	Identify follow-up treatment for reportable diseases				<input checked="" type="checkbox"/>						Future
5.33	Decision support system	Patient eligibility for publically assisted programs				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
5.34	Decision support system	Standards based capture of quality information				<input checked="" type="checkbox"/>						Future
5.35	Decision support system	Rules based response to alert					<input checked="" type="checkbox"/>					Future
5.36	Decision support system	Update measures based on data entered				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			08.31.09
5.37	Decision support system	Next appointment entry							<input checked="" type="checkbox"/>			11.01.09
5.38	Decision support system	CDS criteria to prompt to schedule future appointments							<input checked="" type="checkbox"/>			11.01.09
5.39	Decision support system	Computed value for reporting flu prevalence							<input checked="" type="checkbox"/>			11.01.09
5.40	Decision support system	DSS criteria to prompt to administer questionnaire based on results							<input checked="" type="checkbox"/>			11.01.09
6.1	ePrescribing	Drug Database - Standards Based	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>		11.01.08
6.2	ePrescribing	Drug-drug, drug allergies, and other contraindication checking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
6.3	ePrescribing	Drug-drug, Drug Allergies, and other Contraindication	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.01.08

Requirement #	Category	Sub-Category	MMM	CNY	QRO	QRP	BIO	IMM	SUR	CCHIT 2008	CCHIT 2009**	Timeline
6.4	ePrescribing	Electronic prescribing using Surescripts network	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
6.5	ePrescribing	Payer Formularies	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>		11.01.08
7.1	Order management	Closed Loop Referral Tracking			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		11.01.09
7.2	Order management	Create order to be faxed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08
7.3	Order management	Electronic orders to multiple facilities and facility types	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
7.4	Order management	Order Tracking Through Internal ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						11.01.09
8.1	Reporting	Identify patients who meet Quality Reporting requirements			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						08.31.09
8.2	Reporting	Select and deselect members of a cohort			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		11.01.08
8.3	Reporting	Store Discrete Data for Quality			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	11.01.08
8.4	Reporting	Practice eligibility for publically assisted programs				<input checked="" type="checkbox"/>						Future
8.5	Reporting	Start and end date for reports and alerts					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			08.31.09
8.6	Reporting	Auto run report to ID new cases					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
8.7	Reporting	Calculate Measures				<input checked="" type="checkbox"/>						11.01.09
8.8	Reporting	Reporting to State, CDC Registry, and external sources				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			11.01.09
8.9	Reporting	Data aggregation and ID patient that meet case definitions					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			11.01.09
8.10	Reporting	Data Export - Retransmit failed report					<input checked="" type="checkbox"/>					11.01.09
8.11	Reporting	Data Export – Case Counts to DOH					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			11.01.09
8.12	Reporting	Display measure being captured				<input checked="" type="checkbox"/>						04.01.10
8.13	Reporting	Display trend data for Quality Reporting and Public Health				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
8.14	Reporting	Document patient inclusion/exclusion in Quality measures				<input checked="" type="checkbox"/>						04.01.10

Requirement #	Category	Sub-Category	MMM	CNY	QRO	QRP	BIO	IMM	SUR	CCHIT 2008	CCHIT 2009**	Timeline
8.15	Reporting	Identify additional patients meeting PH outbreak criteria					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			04.01.10
8.16	Reporting	Quality Reporting: List of compliant/non-compliant and overdue patients				<input checked="" type="checkbox"/>						11.01.09
8.17	Reporting	Notification of successful report delivery					<input checked="" type="checkbox"/>					Future
8.18	Reporting	Send public health summary report and Line List to DOH					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
8.19	Reporting	Mark a patient for a particular PH event					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			11.01.09
8.20	Reporting	Registry Function – Report Public Health patients marked					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			08.31.09
8.21	Reporting	Report for validating patient quality data				<input checked="" type="checkbox"/>						11.01.09
8.22	Reporting	Updates to quality parameters				<input checked="" type="checkbox"/>						Future
8.23	Reporting	Audit log of reports sent					<input checked="" type="checkbox"/>					11.01.09
8.24	Reporting	Alert if errors in transmission						<input checked="" type="checkbox"/>				Future
8.25	Reporting	Alert if immunization data not sent						<input checked="" type="checkbox"/>				08.31.09
8.26	Reporting	Data field for VFC status						<input checked="" type="checkbox"/>				08.31.09
8.27	Reporting	Data definitions for line list data elements					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Future
8.28	Reporting	Add or capture additional data elements for reporting purposes					<input checked="" type="checkbox"/>					Future
8.29	Reporting	Log files						<input checked="" type="checkbox"/>				08.31.09
8.30	Reporting	Reporting – submit notification of suspect cases					<input checked="" type="checkbox"/>					Future
8.31	Reporting	Alert for missing data						<input checked="" type="checkbox"/>				04.01.10
8.32	Reporting	Patient eligibility for publically assisted programs				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					Future
8.33	Reporting	Run a query to report Reason of Death is flu for young children							<input checked="" type="checkbox"/>			11.01.09

Requirement #	Category	Sub-Category	MMM	CNY	QRO	QRP	BIO	IMM	SUR	CCHIT 2008	CCHIT 2009**	Timeline
9.1	Results management	Flag abnormal labs			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
9.2	Results management	Lab results			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
9.3	Results management	LOINC codes			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.01.08
9.4	Results management	Radiology Results		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		11.01.08
9.5	Results management	Reminder of next test due			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		11.01.08
10.1	Privacy and security	Accessible and searchable log files	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08					
10.2	Privacy and security	Ability to shut down user access	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08					
10.3	Privacy and security	Comprehensive log capability	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08					
10.4	Privacy and security	Immutable audit logs	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08					
10.5	Privacy and security	Audit log retention	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08					
10.6	Privacy and security	Administrative and access controls	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08					
10.7	Privacy and security	Unique user IDs and passwords	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08					
10.8	Privacy and security	Password management	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08					
10.9	Privacy and security	Lock out users	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08					
10.10	Privacy and security	Logging-off inactive users	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08					
10.11	Privacy and security	Tracking consent	<input checked="" type="checkbox"/>		11.01.08							
10.12	Privacy and security	Tracking consent	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08*					
10.13	Privacy and security	Minor consent information	<input checked="" type="checkbox"/>				11.01.08*					
10.14	Privacy and security	Minors turning 18	<input checked="" type="checkbox"/>				11.01.08*					
10.15	Privacy and security	Level 1 consent data	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		11.01.08*					
10.16	Privacy and security	Level 2 consent data	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Future					
10.17	Privacy and Security	Alerts tied to User ID and role	<input checked="" type="checkbox"/>				Future					
10.18	Privacy and Security	Immunization Consent for Patients 19+						<input checked="" type="checkbox"/>				Future
10.19	Privacy and Security	Data retention						<input checked="" type="checkbox"/>				11.01.09
10.20	Privacy and Security	Secure transmission of reports					<input checked="" type="checkbox"/>					11.01.09

1.0 Administration Requirements

1.1 Eligibility

<p>Clinical Basis for Requirement</p>	<p>The system shall have the capability to capture all necessary billing information</p> <p>Appropriate clinical staff should document and/or update patient identifying and financial information, and verify insurance eligibility, taking advantage of SHIN-NY services via the EHR (PIX/PDQ, X12N 270/271). Commercial health insurance patients need to provide complete personal identifying information only once, upon initial contact with the health system (public insurance patients known to system already). Can verify and document patient eligibility (e.g., insurance information) and patient demographic information in EHR.</p> <p>Provide comprehensive benefit eligibility (health plan, Medicaid, Medicare, etc.) information, to include managed care information.</p>
<p>Functional Requirement</p>	<p>EHR will have ability to conduct eligibility checking for all commercial health plans and Medicaid from within the application using appropriate clearinghouse services and/or services that are provided through the SHIN-NY once they are available. The system can verify and document patient eligibility (e.g. insurance information) and patient demographic information.</p> <p>The system shall provide the ability to display medical eligibility obtained from patient's insurance carrier, populated either through data entry in the system itself or through an external application interoperating with the system.</p>
<p>Use Cases</p>	<p>Immunization Medication Management Quality Reporting for Outcomes Quality Reporting for Prevention MIH surveillance</p>
<p>Timeline</p>	<p>11.01.08</p>
<p>Vendor Flag</p>	<p>■</p>
<p>Vendor Feasibility</p>	<p>All responding vendors can meet requirement.</p>

Comments	Connection to the SHIN-NY for Medicaid eligibility either through the RHIO or directly through the SHIN-NY will be required once those services are available.
CP WG Reference Number	Immunization: Master Order # 3/Requirement # 3, Master Order # 18/Requirement # 18.6 Medication Management: Master Order # 2/Requirement # 2 Quality Reporting for Outcomes: Master Order # 1/Requirement # 1 Quality Reporting for Prevention: Master Order # 1/Requirement # 1.1
EHR WG Reference Number	IMM 3.1, IMM 18.6, CLI 2.1, QUAL 14.2, QUAL 14.3, PRE 26.2, PRE 26.3, FLU 2.1, MIH 2.1, MIH 3.1,
CCHIT Requirement Number	AM 11.01, AM 33.01, IO-AM 09.13, IO-AM 09.14
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1.2 Patient Demographic and Financial Information

Clinical Basis for Requirement	Appropriate clinical staff should document and/or update patient identifying and financial information, and verify insurance eligibility, taking advantage of SHIN-NY services via the EHR (PIX/PDQ, X12N 270/271). Commercial health insurance patients need to provide complete personal identifying information only once, upon initial contact with the health system (public insurance patients known to system already). Can verify and document patient eligibility (e.g., insurance information) and patient demographic information in EHR.
Functional Requirement	The system shall allow appropriate clinical staff to document and/or update <u>patient identifying and financial information</u> . The system should make available within the application all such services that are provided through the SHIN-NY once they are available.
Use Cases	Immunization Quality Reporting for Outcomes Quality Reporting for Prevention Influenza surveillance
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors can meet requirement.
Comments	
CP WG Reference Number	Immunization: Master Order #3/Requirement #3 Quality Reporting: Master Order #1/Requirement #1.1 Quality Reporting for Prevention: Master Order #1/Requirement #1.1
EHR WG Reference Number	IMM 3.1, QUAL 14.1, PRE 26.1, FLU 3.1
CCHIT Requirement Number	FN 01.01, FN 01.02
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1.3 Printing Patient Data

Clinical Basis for Requirement	Appropriate clinical staff can print out medication and diagnosis list and other applicable information for patient.
Functional Requirement	The system can print out medical summary including but not limited to a medication and diagnosis list.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors can meet requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #6/Requirement #6.3 Quality Reporting for Prevention: Master Order #6/Requirement #6.3
EHR WG Reference Number	QUAL 26.1, PRE 60.1
CCHIT Requirement Number	FN 04.04, FN 06.04
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1.4 E&M Coding - Administration Codes

Clinical Basis for Requirement	The system shall have the capability to access insurance information and determines proper billing codes to include administration codes.
Functional Requirement	The system shall have the capability to access insurance information from within the system and determines proper billing codes to include administration codes (i.e. vaccine, shots, etc.).
Use Cases	Immunization
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order # 17, Requirement 17.6
EHR WG Reference Number	IMM 17.6
CCHIT Requirement Number	NA
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1.5 Documenting eligibility for VFC

Clinical Basis for Requirement	The system shall allow a provider to document VFC (Vaccines for Children) eligibility
Functional Requirement	The system will have the ability to record if a patient is eligible for publicly funded (VFC) vaccinations.
Use Cases	Immunization
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order # 17, Requirement 17.2
EHR WG Reference Number	IMM 17.2
CCHIT Requirement Number	NA
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1.6 Electronic determination of eligibility for VFC

Clinical Basis for Requirement	The system shall determine the insurance [Vaccines For Children] eligibility for every child under the age of 19, determine the eligibility of publicly funded vaccines and notify central immunization registry of eligibility.
Functional Requirement	The system shall determine the insurance [Vaccines For Children] eligibility for every child under the age of 19, determine their eligibility for publicly funded vaccines and notify central immunization registry of eligibility.
Use Cases	Immunization
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order #17, Requirement 17.3
EHR WG Reference Number	IMM 17.3
CCHIT Requirement Number	NA
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1.7 Required Fields

Clinical Basis for Requirement	<p>The system shall include the ability to designate required or "must enter" fields.</p> <p>System shall validate that all required data set (see below) elements are present prior to submitting update to central immunization registry, or prior to saving immunization record for systems that submit via batch reporting (alternative is to have all data fields required by the immunization registry be "required fields")</p> <p>Immunization Data set elements:</p> <ol style="list-style-type: none"> 1. CDC Core Data Set for implementation in NYS outside NYC 2. CIR HL7 Web Service data element specifications for reporting in NYC
Functional Requirement	The system shall have the ability to designate certain fields as required fields that cannot be bypassed (for example needed for Quality or Public Health)
Use Cases	Immunization Quality Reporting Prevention
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	From the vendor perspective having required fields for a specific application or use (i.e. Immunization or Quality) can be disruptive to workflow. They would prefer to handle this through having the ability to configure which fields are required fields by the practice, which will take longer to develop.
CP WG Reference Number	Immunization: Master Order # 18, Requirement 18.3 Quality Reporting for Prevention: Master Order # A.1, Requirement A.1.6a
EHR WG Reference Number	PRE 10.1, IMM 18.3
CCHIT Requirement Number	NA
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1.8 Trigger for updated patient eligibility to be sent to third party

Clinical Basis for Requirement	Patient registration triggers a report that is sent to the payer or other applicable parties
Functional Requirement	If a flag is set, the system shall be able to have a patient registration event trigger a report to be sent to the payer or other applicable party with updated information
Use Cases	Quality Reporting for Prevention Influenza surveillance MIH surveillance
Timeline	Future
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order #1, Requirement 1.1a
EHR WG Reference Number	PRE 27.1, MIH 2.2, FLU 2.2
CCHIT Requirement Number	NA
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1.9 Access to Records

Clinical Basis for Requirement	The system shall allow for the appropriate clinical staff to access the patients record to confirm that the patient was told to make another appointment
Functional Requirement	The system shall allow for the appropriate clinical staff to access the patients record to confirm that the patient was informed about follow-ups and reminders and future appointments
Use Cases	Asthma Surveillance
Timeline	11.01.09
Vendor Flag	<input checked="" type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Asthma Surveillance: Master Order # 36, Requirement 36.1
EHR WG Reference Number	AST 36.1
CCHIT Requirement Number	NA
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1.10 Automatically create a new record

Clinical Basis for Requirement	The system automatically creates a new and separate medical record for newborn upon birth so that all subsequent information regarding the newborn is captured in his/her EMR
Functional Requirement	The system automatically creates a new and separate medical record for newborn upon birth so that all subsequent information regarding the newborn is captured in his/her EMR. A separate EHR is created for the infant; however information about the mother may be present. [Alternative: The system will allow creation of a record for a newborn and can capture information about the mother]
Use Cases	Asthma Surveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	Most vendor systems can manually create a new patient record or chart. The auto creation feature is what is driving the future date.
CP WG Reference Number	MIH Surveillance: Master Order # 20, Requirement 20.1
EHR WG Reference Number	AST 20.1
CCHIT Requirement Number	NA
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2.0 Clinical Documentation Requirements

2.1 Document and View Medication History

Clinical Basis for Requirement	Clinical staff can document patient medication history electronically from patient. Clinician shall confirm previous medications and prescribe any potential new medications or make dose changes. Clinician shall come up with treatment plan and creates any new orders. Clinician shall have the ability to create treatment plans and create and electronically submit orders such as labs, radiology, physical therapy, and other supportive services. Specialist can document consult note, recommendations and clearance. New medications or changes are ordered.
Functional Requirement	EHR will have the ability to perform basic clinical documentation, including medication history. Current, active medications are viewable on demand. The system shall have the ability to display a complete medication history from information available within the EHR.
Use Cases	Medication Management Connecting NYers
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	NA
CP WG Reference Number	Medication Management: Master Order # 5/Requirement # 5, Master Order #101/Requirement # 101, Master Order #178/Requirement # 178
EHR WG Reference Number	CLI 3.1, CLI 23.1, CLI 32.1, CNY 48.1
CCHIT Requirement Number	FN 06.06
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2.2 Treatment Plan

Clinical Basis for Requirement	The system shall allow the clinician to update the management plan. Clinician shall confirm previous medications and prescribe any potential new medications or make dose changes. Clinician shall come up with treatment plan and creates any new orders. [As part of the treatment plan, the clinician shall have the ability to electronically submit orders such as labs, radiology, physical therapy, and other supportive services.]
Functional Requirement	EHR will have the ability to perform basic clinical documentation. The system shall be able to document a treatment plan and create any new orders. As part of that treatment plan, clinician shall have the ability to confirm previous medications and prescribe any potential new medications or make dose changes, and the ability to electronically submit orders such as labs, radiology, physical therapy, and other supportive services. EHR will be able to create structured treatment plan as part of patient encounter.
Use Cases	Medication Management Quality Reporting for Outcomes Influenza surveillance Asthma surveillance
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Medication Management: Master Order # 59/Requirement # 59, Master Order #178/Requirement # 178 Quality Reporting: Master Order # 2/Requirement # 2.3
EHR WG Reference Number	CLI 13.1, CLI 32.2, QUAL 20.2, AST 21.4, FLU 8.1
CCHIT Requirement Number	AM 04.06, 03.01-03.11, 04.09-04.11, 06.01-06.06, 07.01, 08.01, 08.13, 08.19, 14.02
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2.3 Consult Note

Clinical Basis for Requirement	Specialist can document consult note, recommendations and clearance.
Functional Requirement	EHR will have the ability to perform basic clinical documentation features. The system can document a consult note with appropriate clinical information from the medical record, including a clinical recommendation, and surgical clearance.
Use Cases	Medication Management
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement
Comments	CCHIT requirement is very generic and is not specific to creating a consult note. It also does not include operative clearance.
CP WG Reference Number	Medication Management: Master Order #101/Requirement # 101
EHR WG Reference Number	CLI 23.1
CCHIT Requirement Number	AM 08.01
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2.4 Chief Complaint, Problems, Vital Sign, History, Visits, Medication List, Allergies

Clinical Basis for Requirement	<p>Appropriate clinical staff is able to document, review and update patient <u>problems</u>, <u>medications</u>, medication reconciliation, and <u>allergies/ADRs</u> in the EHR, which provides the ability to manage each of these list-types. List items come from a HITSP-identified coded vocabulary that enables computable uses of the patient information, such as for CDS. <u>Vital signs</u> data including T, P, R, BP, Ht, Wt, BMI, (head circ-peds) is available for review including longitudinal trending. VS data entry occurs via device interfaces or in structured fields so captured data is suitable for computable uses such as CDS.</p> <p>Clinical staff is able to perform medication reconciliation and update medication list and allergies/ADRs from available sources (patient, family, medication bottles, CCD-medical summary document or IHE encounter document via SHIN-NY, med Hx from SHIN-NY sources, etc.; including appropriate validation).</p> <p>Appropriate clinical staff can document <u>Chief Complaint</u>, <u>VS</u>, <u>new history</u>, <u>MD visits</u>, <u>problem list</u>, <u>med list electronically from patient</u>. Clinician shall have the opportunity to perform a verbal and visual (by counting the pills) medication reconciliation with the patient and shall be able to annotate the list so the information is ready for when the physicians visits the patient. A drop down menu of standard annotations could be available for example that would include the option to annotate whether the clinician was able to count the medications.</p>
Functional Requirement	<p>EHR will have the ability to perform basic clinical documentation features. Appropriate clinical staff can electronically document chief complaint (CC), vital signs (VS), reason for visit (RFV), new history, MD visits, problem list, and medication lists electronically. The system permits appropriate clinical staff to document, review and update patient problems, medications, and allergies/ADRs in the EHR, which provides the ability to manage each of these list-types.</p>

Use Cases	Medication Management Quality Reporting for Outcomes Quality Reporting form Prevention MIH surveillance Asthma surveillance
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Medication Management: Master Order #96/Requirement # 96 Quality Reporting for Outcomes: Master Order #1/Requirement # 1.2, Master Order #1/Requirement # 1.3, Master Order #12/Requirement # 12.2 Quality Reporting for Prevention: Master Order #1/Requirement # 1.2, Master Order #1/Requirement # 1.3
EHR WG Reference Number	CLI 22.1, QUAL 16.1, QUAL 17.1, QUAL 37.1, PRE 28.1, PRE 29.1, AST 16.1, MIH 5.1
CCHIT Requirement Number	AM 04.02,-04.06, 04.09-04.11, 05.02, FN 05.01-05.05, 16.01, IO-AM 09.02
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2.5 HPI/ROS/FH/Medical Hx/Surgical Hx/Social Hx and physical exam

Clinical Basis for Requirement	<p>The system shall allow the complete physical assessment, including all necessary examinations based on the current standards of care for the applicable condition, to be documented in a standardized manner with consistent nomenclature.</p> <p>Clinical staffs are able to document detailed HPI/ROS/FH/Medical Hx/Surgical Hx/Social Hx and physical exam findings as required.</p> <p>The system shall accommodate physician lab orders. Clinical staff is able to document detailed HPI/ROS/FH/Medical Hx/Surgical Hx/Social Hx and physical exam findings as required.</p>
Functional Requirement	The system will allow appropriate clinical staff to electronically record detailed history of present illness (HPI), review of systems (ROS), family history (FH), Medical history (Medical Hx), surgical history (Surgical Hx), Social history (Social Hx), and physical exam findings.
Use Cases	<p>Immunization</p> <p>Quality Reporting for Outcomes</p> <p>Quality Reporting for Prevention</p> <p>MIH surveillance</p> <p>Influenza surveillance</p>
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	<p>Immunization: Master Order #4/Requirement #4.1, Master Order #4/Requirement #4.2</p> <p>Quality Reporting for Outcomes: Master Order #2/Requirement #2.1</p> <p>Quality Reporting for Prevention: Master Order #23/Requirement #3.8</p>
EHR WG Reference Number	IMM 4.1, IMM 4.2, QUAL 18.2, PRE 47.2, MIH 8.2, FLU 6.1, FLU 7.1

CCHIT Requirement Number	AM 03.02
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2.6 Structured and Codified Data

Clinical Basis for Requirement	<p>The system shall allow the complete physical assessment, including all necessary examinations based on the current standards of care for the applicable condition, to be documented in a standardized manner with consistent nomenclature.</p> <p>Appropriate clinical staff is able to document, review and update patient problems, medications, medication reconciliation, and allergies/ADRs in the EHR, which provides the ability to manage each of these list-types. List items come from a HITSP-identified coded vocabulary that enables computable uses of the patient information, such as for CDS. Vital signs data including T, P, R, BP, Ht, Wt, BMI, (head circ-peds) is available for review including longitudinal trending. VS data entry occurs via device interfaces or in structured fields so captured data is suitable for computable uses such as CDS.</p>
Functional Requirement	The system supports clinical list items for problems, medications, allergies/ADR, and vital signs from a Healthcare Information Standards Panel (HITSP) identified coded vocabulary.
Use Cases	<p>Immunization</p> <p>Quality Reporting for Outcomes</p> <p>Quality Reporting for Prevention</p>
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement
Comments	Currently HITSP standards may not exist for all structured data types, in which case either the project or Interoperability WG should designate a standard.
CP WG Reference Number	<p>Immunization: Master Order #4/Requirement #4.1</p> <p>Quality Reporting for Outcomes: Master Order #1/Requirement #1.2</p> <p>Quality Reporting for Prevention: Master Order #1/Requirement #1.2</p>
EHR WG Reference Number	IMM 4.1, QUAL 16.2, PRE 28.2
CCHIT Requirement Number	AM 06.06, AM 08.18

2.7 Patient Educational Materials

Clinical Basis for Requirement	<p>The system shall provide printable and/or electronic patient education materials. Specific education materials to include Vaccine Information Sheets (VIS) produced by the CDC.</p> <p>The system shall allow the education of the patient and referral to other patient educators (e.g., dietitian, diabetes educator, nutritionist, counselor, etc.) based on the current standards of care for the applicable condition (specifically for this scenario, diabetes and asthma), to be documented in a standardized manner with nomenclature that is consistent with that provided in the patient education materials.</p>
Functional Requirement	The system shall have patient education material available within the application either from the application itself or from a third party solution.
Use Cases	<p>Immunization</p> <p>Quality Reporting for Outcomes</p> <p>Asthma surveillance</p>
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	<p>Immunization: Master Order #13/Requirement #13.1</p> <p>Quality Reporting for Outcomes: Master Order #15/Requirement #15</p>
EHR WG Reference Number	IMM 13.1, QUAL 46.1, AST 24.1
CCHIT Requirement Number	AM 10.01
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2.8 Documentation Templates for Clinical Conditions

<p>Clinical Basis for Requirement</p>	<p>The system shall allow the complete physical assessment, including all necessary examinations based on the current standards of care for the applicable condition to be documented using HITSP harmonized standards</p> <p>The system shall allow the complete physical assessment, including all necessary examinations based on the current standards of care for the applicable condition or disease, to be documented in a standardized manner with consistent nomenclature.</p> <p>Clinician assesses asthma control based on impairment and risk and enters results into EHR</p> <p>The system shall be able to incorporate asthma assessment results in standardized fields (assumes minimum data set for Asthma)</p> <p>The system shall be able to incorporate prenatal assessment results in standardized fields.</p>
<p>Functional Requirement</p>	<p>The system shall have basic template documentation functionality to enable standardized documentation with consistent nomenclature using standardized fields, for complete physical assessment, including all necessary examinations based on the current standards of care for the applicable condition.</p>
<p>Use Cases</p>	<p>Immunization, Asthma Surveillance Quality Reporting for Outcomes, MIH Surveillance Quality Reporting for Prevention</p>
<p>Timeline</p>	<p>11.01.09</p>
<p>Vendor Flag</p>	<p><input type="checkbox"/></p>
<p>Vendor Feasibility</p>	<p>Most responding vendors are currently able to meet this requirement</p>
<p>Comments</p>	<p></p>

CP WG Reference Number	<p>Immunization: Master Order #4/Requirement #4.1</p> <p>Quality Reporting for Outcomes: Master Order #14/Requirement #14.1</p> <p>Quality Reporting for Prevention: Master Order #3/Requirement #3.1</p> <p>Asthma Surveillance: Master Order #17/Requirement #17.1, Master Order #17/Requirement #17.2</p> <p>MIH Surveillance: Master Order #7/Requirement #7.2</p>
EHR WG Reference Number	<p>IMM 4.1, QUAL 39.1, PRE 39.1, AST 17.1, AST 17.2, MIH 7.2, MIH 6.5</p>
CCHIT Requirement Number	<p>AM 08.19, AM 08.20, AM 17.01 (not specific)</p>
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2.9 Capture data in a form/template for Public Health data

<p>Clinical Basis for Requirement</p>	<p>System shall collect structured data during registration to include the Patient/System/State Identifiers as enumerated in the CDC Recommended Core Data Set for Immunization Registries</p> <p>System shall collect structured data during registration to include the Patient/System/State Identifiers as enumerated in the sexual history questionnaire.</p> <p>The system shall be able to pre-populate reporting form for Clinician to review, edit, and submit (see PHCR Use Case – Action 7.1.2.2)</p> <p>The system shall have the ability to capture the following information when vaccine is administered -</p> <ol style="list-style-type: none"> 1. CDC Core Data Set for implementation in NYS outside NYC 2. CIR HL7 Web Service data element specifications for real-time reporting in NYC <p>Clinician assesses risk factors for pregnant patients using Prenatal Health Screen form (See Document 'Prenatal Health Screen Form') and enters results into EHR</p>
<p>Functional Requirement</p>	<p>System Shall have the ability to have a form/template that captures Public Health data (Immunization, STD, Case, Prenatal Health Screen, etc.) as specified by NYSDOH or NYC DOHMH. Data should be captured in discrete data fields that can be used for export or reporting. Each disease has an optimal and minimal data set.</p>
<p>Use Cases</p>	<p>Biosurveillance Immunization MIH Surveillance</p>
<p>Timeline</p>	<p>08.31.09</p>
<p>Vendor Flag</p>	<p><input type="checkbox"/></p>
<p>Vendor Feasibility</p>	<p>Most responding vendors are currently able to meet this requirement</p>
<p>Comments</p>	<p></p>

CP WG Reference Number	Biosurveillance: Master Order #4/Requirement #4.14 Immunization: Master Order #1/Requirement #1, Master Order #1/Requirement #1.1, Master Order #18/Requirement #18.2 MIH Surveillance: Master Order #7/Requirement #7.1
EHR WG Reference Number	BIO 4.14, IMM 1, IMM 1.1, IMM 1.1.1, IMM 18.2, MIH 7.1
CCHIT Requirement Number	NA
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2.10 Data validation checking, Field level edits (drop downs)

Clinical Basis for Requirement	System shall verify that immunization data are valid prior to submitting to central immunization registry, or prior to saving immunization record for systems that submit via batch reporting (e.g., immunization date is after pt DOB; pt DOB is after mother DOB, etc) The system shall have field (entry) level edits to minimize erroneous data for all required data elements for selected quality measures.
Functional Requirement	The system shall have field (entry) level edits and validation checking (i.e. Age > 0 based on DOB) to minimize erroneous data for all required data elements (Quality, PH)
Use Cases	Immunization Quality Reporting for Prevention
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order #18/Requirement #18.5, Quality Reporting for Prevention: Master Order #A.1/Requirement #A.1.6
EHR WG Reference Number	IMM 18.5, PRE 9.1
CCHIT Requirement Number	NA
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2.11 Record date Vaccination Information Sheet (VIS) given

Clinical Basis for Requirement	The provider shall be able to record the date the Vaccination Information Sheet was given (to a patient).
Functional Requirement	The system shall be able to record the date that the VIS [Vaccination Information Sheet] was given to the patient.
Use Cases	Immunization
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order #13/Requirement #13.2
EHR WG Reference Number	IMM 13.2
CCHIT Requirement Number	NA
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2.12 Track Vaccination Information Sheet (VIS) version and date

Clinical Basis for Requirement	The system shall be able to automatically incorporate the publication date of the current VIS, which appears at the bottom of the VIS, in the provider EHR.
Functional Requirement	The system shall have a table that tracks each VIS (Vaccination Information Sheet) and the published date of that VIS. Then the date is stamped on the VIS.
Use Cases	Immunization
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order #13/Requirement #13.3
EHR WG Reference Number	IMM 13.3
CCHIT Requirement Number	NA
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2.13 Vaccines for Children (VFC) Lot Tracking

Clinical Basis for Requirement	System shall be able to receive which stock the vaccine was taken from based upon VFC categories
Functional Requirement	The system shall be able to record which stock a vaccine was taken from, and indicate that the stock was for a VFC (or other specific patient-type) patient.
Use Cases	Immunization
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order #17/Requirement #17.4
EHR WG Reference Number	IMM 17.4
CCHIT Requirement Number	NA
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2.14 Create and update patient data

Clinical Basis for Requirement	The system shall have the functionality to document and update birth and newborn information Hospital clerk enters data from birth certificate worksheet into EHR
Functional Requirement	The system shall have the functionality to document and update birth and newborn information which includes data from the birth certificate worksheet.
Use Cases	MIH Surveillance
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	MIH Surveillance: Master Order #23/Requirement #23.1, Master Order #31/Requirement 31.1
EHR WG Reference Number	MIH 23.1, MIH 31.1
CCHIT Requirement Number	NA
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2.15 Record case of fatal influenza

Clinical Basis for Requirement	The system shall allow the capture of data to identify cases of fatal influenza illness in pediatric patients less than 18 years of age and any pediatric deaths resulting from an illness clinically compatible with influenza
Functional Requirement	The system shall allow the capture of data to identify cases of fatal influenza illness in pediatric patients less than 18 years of age and any pediatric deaths resulting from an illness clinically compatible with influenza using the states standard form. (See Death Information Form) The system shall be capable of marking or indicating in a patient record if the Reason For Death was "Influenza"
Use Cases	Influenza Surveillance
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	FLU Surveillance: Master Order #27.0/Requirement 27.1
EHR WG Reference Number	FLU 27.1
CCHIT Requirement Number	NA
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3.0 Data Export Requirements

3.1 Export of Structured Medication Data

Clinical Basis for Requirement	<p>Appropriate clinical staff can document (reconcile) patient medication history electronically with information provided by patient or from other sources such as HIE, PHR, SureScripts RxHub, and Medicaid data (See tab "Requirements Table_MMM" for Medication reconciliation requirements)</p> <p>Appropriate clinical staff is able to document CC/RFV and initial HPI in EHR. Clinical staff is able to perform medication reconciliation and update medication list and allergies/ADRs from available sources (patient, family, medication bottles, CCD-medical summary document or IHE encounter document via SHIN-NY, med Hx from SHIN-NY sources, etc.; including appropriate validation).</p> <p>The provider shall receive through their IT system a complete and accurate medication history from multiple data sources (including Medicaid) in a single-view. The medical history shall include the following in a clinically usable format: differences between acute/chronic medication, sample history, different drug programs, medication reconciliation, and medication renewal history/compliance. Medication Compliance to include:</p> <ul style="list-style-type: none">▪ What was prescribed? (Drug name, dose, route, duration)▪ Who was the prescriber?▪ Where was the prescription written?▪ When was it ordered?▪ Was the prescription actually filled?▪ Were chronic medications refilled?▪ Are there medication compliance trends by condition and medication type?▪ Is there a history of medication samples that were dispensed?▪ Is there evidence of prescriptions that were distributed through federal programs or for free from pharmaceutical companies? Is there a source for this
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	<p>data?</p> <ul style="list-style-type: none"> ▪ Is there a way to capture OTC medications and treatments stored at home? <p>Report on what actions were associated with PRODUR or other editing sources [Assumption: display of information will be customized at the local level]</p> <p>Clinical staff can document patient medication history electronically with information provided by patient or from other sources such as HIE, PHR.</p> <p>Clinician shall identify the most complete and accurate list of medications a patient is taking, using EHR, paper records, HIE, and any other source of medication history, along with verbal information from the patient and visual verification of pill bottles and pill counts. Any discrepancies should be brought to the treating physician's attention including duplication, omissions, interactions, name/dose/route confusion. Once treating physician has updated orders, updated list along with instructions should be printable in primary language of the patient.</p>
Functional Requirement	<p>EHR will capture and <u>export</u> structured data elements required for defined medication reconciliation.</p> <p>Ambulatory EHR can <u>export</u> required medication reconciliation data elements to the HIE or SHIN-NY It is <i>strongly</i> encouraged that EHRs immediately develop capability to export and import structured medical summary data, including medication histories, via the CCD C32 specification articulated in the Version 1.0 Medicaid Medication Management Specification.</p>
Use Cases	<p>Medication Management</p> <p>Quality Reporting for Outcomes</p> <p>Quality Reporting for Prevention</p>
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement

Comments	<p>Vendors can meet many of the items in this list, however if a vendor could not meet every requirement in the list, then they indicated they could not meet this requirement now. .</p> <p>CCHIT Roadmap: The system shall provide the ability to generate and format CCD documents with narrative sections and structured entries (discrete fields) and specified Terminology and value sets for medications (but not immunizations) per the HITSP IS03/C32 specification of the Medication and Immunization History-coded module subset.</p>
CP WG Reference Number	<p>Medication Management: Master Order #8/Requirement # 8.6, Master Order #126/Requirement # 126</p> <p>Quality Reporting for Outcomes: Master Order #1/Requirement # 1.3, Master Order #6/Requirement # 6.2, Master Order #11/Requirement # 11.2, Master Order #12/Requirement # 12.2</p> <p>Quality Reporting for Prevention: Master Order #1/Requirement # 1.3, Master Order #6/Requirement # 6.2</p>
EHR WG Reference Number	<p>CLI 10.1, CLI 27.1, QUAL 17.2, QUAL 25.1, PRE 29.2 , PRE 59.1</p>
CCHIT Requirement Number	<p>IO-AM 11.08 (2009)</p>
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3.2 Export Clinical Data for sharing

<p>Clinical Basis for Requirement</p>	<p>The system shall allow the physician to put their notes in a format that can be <u>shared</u> with other physicians and the system shall allow the relevant clinical information to be <u>sent</u> to other clinicians.</p> <p>The system shall automatically update the patient's PHR data as received from the EHR, to reflect the changes made at the visit.</p> <p>The HIE shall accept updates from the EHR and may route them to the PHR.</p>
<p>Functional Requirement</p>	<p>EHR will export required clinical data elements in a standard CCD C32 format. Ambulatory EHR can export, test results, medication lists, etc. to the HIE or SHIN-NY.</p> <p>The EHR is able to export either batch or real-time updated patient data and route to the appropriate system with specifications determined by the Interoperability WG. Recommend that vendors use a CCD C32 or other HITSP/C83 content module depending on data types required by the RHIO.</p>
<p>Use Cases</p>	<p>Medication Management Connecting NYers Quality Reporting for Outcomes Immunization</p>
<p>Timeline</p>	<p>11.01.09 / 04.01.10</p>
<p>Vendor Flag</p>	<p>■</p>
<p>Vendor Feasibility</p>	<p>Most responding vendors are currently able to meet this requirement</p>

Comments	CCHIT Roadmap: For consults, the system shall provide the ability to retrieve, display, store, and create a HITSP C84 Consultation Note document. The system shall be a Content Creator for the following HITSP/C83 content modules: Active Problems, Advance Directives, Allergies, Current Meds, History of Present Illness, Person Information, Plan of Care (being developed), and Reason for Referral, including the required data elements. It shall use the vocabularies as specified in HITSP C80 for the required data elements specified in HITSP C83 for those content modules
CP WG Reference Number	Medication Management: Master Order #15/Requirement # 15, Master Order #72/Requirement #72, Master Order #109/Requirement #109 Connecting NYers: Master Order #68/Requirement #68, Master Order #32/Requirement #32 Quality Reporting: Master Order #50/Requirement #50.1 Immunization: Master Order #19/Requirement #19.4
EHR WG Reference Number	CLI 12.1, CLI 14.1, CLI 24.1, CNY 51.2, QUAL 56.2, CNY 32.1, IMM 19.4
CCHIT Requirement Number	IO-AM 11.08, IO-AM 09.04
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3.3 Referrals

<p>Clinical Basis for Requirement</p>	<p>The system shall allow the physician to put his notes in a format that can be shared with other physicians. The EHR shall allow for electronic referrals and be accessible through the HIE. The EHR shall allow for electronic referrals to route through the HIE (transactional).The system shall support sending and receiving all necessary referrals and consultation requests (e.g., eye exams, smoking cessation counseling) electronically according to the emerging interoperability specifications for specific quality indicators/measures. This information shall be captured in a discrete field that is easily retrievable or based on text mining that the pertinent examinations were conducted.</p> <p>The system shall support sending and receiving all necessary referrals and consultation requests (e.g., eye exams, smoking cessation counseling) electronically according to the emerging interoperability specifications for specific quality indicators/measures.</p>
<p>Functional Requirement</p>	<p>EHR will allow VS, History & Physical, office notes, <u>and referrals</u> to be exported and imported for data sharing in a HITSP standard format to be reviewed by the Interoperability WG. <u>The system shall support sending referrals and consultation requests electronically with specific quality indicators/measures as structured data in a HITSP approved form.</u></p>
<p>Use Cases</p>	<p>Medication Management Connecting NYers Quality Reporting for Outcomes Quality Reporting for Prevention</p>
<p>Timeline</p>	<p>11.01.09</p>
<p>Vendor Flag</p>	<p>■</p>
<p>Vendor Feasibility</p>	<p>Few responding vendors are currently able to meet this requirement</p>

Comments	<u>CCHIT Roadmap: The system shall provide the ability to retrieve, display, store, and create a HITSP C48 Referral Summary document. The system shall be a Content Creator for the following content modules: Person Information, Reason for Referral, History of Present Illness, Active Problems, Current Meds, Allergies, Plan of Care, Advance Directives, and Patient Administrative Identifiers, including the required data elements. It shall use the vocabularies as specified in HITSP C80 for the required data elements specified in HITSP C83 for those content modules.</u>
CP WG Reference Number	Medication Management: Master Order #14/Requirement # 14, Master Order #109/Requirement #109 Connecting NYers: Master Order #40/Requirement #40, Master Order #54/Requirement #54 Quality Reporting for Outcomes: Master Order #14/Requirement #14.3 Quality Reporting for Prevention: Master Order #3/Requirement #3.3
EHR WG Reference Number	CLI 11.1, CLI 24.1, CNY 37.1, CNY 44.1, QUAL 41.1, PRE 41.1
CCHIT Requirement Number	IO-AM 09.04, AM 21.01, PC 01.04
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3.4 Message Action

Clinical Basis for Requirement	A patient logs into their PHR and notices that certain data is incorrect. The patient will send a message to the source system (EHR) suggesting a modification to the incorrect data.
Functional Requirement	If as a result of a message received from another system (i.e. PHR), a modification is made to the EHR, the system will be able to transmit the change to another system (HIE, PHR) in a format determined by the RHIO and or standards developed by the SCP.
Use Cases	Connecting NYers
Timeline	Future
Vendor Flag	NA
Vendor Feasibility	Vendor feasibility is still being determined.
Comments	National standards for this type of transaction are not yet developed.
CP WG Reference	Connecting NYers: Master Order #13/Requirement #13
EHR WG Reference	CNY 16.3
CCHIT	NA
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3.5 Acknowledge Receipt of a Schedule Request

Clinical Basis for Requirement	The system shall have the ability to confirm the appointment and/or send the pre-visit questionnaire.
Functional Requirement	The EHR system shall have the ability to acknowledge the receipt of an electronic scheduling request in a format determined by the RHIO or Interoperability WG.
Use Cases	Connecting NYers
Timeline	Future
Vendor Flag	NA
Vendor Feasibility	Vendor feasibility is still being determined.
Comments	National standards for this type of transaction are not yet developed.
CP WG Reference Number	Connecting NYers: Master Order #25/Requirement #25
EHR WG Reference Number	CNY 28.1
CCHIT Requirement Number	NA
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3.6 Schedule Confirmation

Clinical Basis for Requirement	The system shall have the ability to confirm the appointment and/or send the pre-visit questionnaire.
Functional Requirement	The EHR system will have the ability to send a scheduling confirmation to the requesting system/user in a format determined by the RHIO or Interoperability WG.
Use Cases	Connecting NYers
Timeline	Future
Vendor Flag	NA
Vendor Feasibility	Vendor feasibility is still being determined.
Comments	National standards for this type of transaction are not yet developed.
CP WG Reference Number	Connecting NYers: Master Order #25/Requirement #25
EHR WG Reference Number	CNY 28.2
CCHIT Requirement Number	NA
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3.7 File attachment

Clinical Basis for Requirement	A patient sends an electronic request to the EHR, requesting an appointment. The practice, via the EHR sends an electronic notification back to the originating system confirming the appointment and/or sending a pre-visit questionnaire.
Functional Requirement	The EHR system will have the ability to attach a file or link to a file when sending a scheduling confirmation.
Use Cases	Connecting NYers
Timeline	04.01.10
Vendor Flag	NA
Vendor Feasibility	Vendor feasibility is still being determined.
Comments	National standards for this type of transaction are not yet developed.
CP WG Reference Number	Connecting NYers: Master Order #25/Requirement #25
EHR WG Reference Number	CNY 28.3
CCHIT Requirement Number	IO-AM 12.01 - 12.04 (all 2009 and 2010 requirements)
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3.8 Alert to another system about services provided

Clinical Basis for Requirement	The system shall allow the electronic notification to the appropriate state and local registries or health departments, when applicable, of patients visit and the care administered (e.g., appropriate childhood immunizations administered, shall be reported to the immunization registries) [See PHPSG Immunization and Biosurveillance requirements] A provider modifies a patient record as part of a visit. The data is then transmitted to the HIE to note changes, and updates to the clinical record.
Functional Requirement	The EHR system shall allow real time electronic notification of clinical services i.e., additions, changes, deletions from clinical data elements administered (to a patient), to the HIE.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #56/Requirement #56.1 Quality Reporting for Prevention: Master Order #7/Requirement #7
EHR WG Reference Number	QUAL 56.1, PRE 61.1
CCHIT Requirement Number	NA
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3.9 Quality Measure Data

<p>Clinical Basis for Requirement</p>	<p>The system shall allow export of standardized patient level data to support third party calculation of quality measures (e.g., quality and public health).</p> <p>The system shall have the capability to receive and store measure information, including general measure information, numerator/denominator/exclusion statements for each measure and code information in an exchangeable / interoperable format. The system shall allow export of standardized patient level data to support third party calculation of quality measures.</p>
<p>Functional Requirement</p>	<p>The system shall allow export of standardized patient level data to support the third party calculation of quality measures, including structured clinical data to support numerator/denominator calculation, numerator/dominator counts, and exclusion criteria. Initially the export can be in an Excel or CSV file, however in the future the system shall provide the ability to send encounter-based Quality report data from the patient, problem, diagnosis and medications data elements to a Quality system using one of the following:</p> <ol style="list-style-type: none"> 1) HITSP C34 - Patient Level Quality Data Message Component or 2) HITSP C38 - Patient Level Quality Data Document Using IHE Medical Summary (XDS-MS) Component (v1.1)
<p>Use Cases</p>	<p>Quality Reporting for Outcomes Quality Reporting for Prevention</p>
<p>Timeline</p>	<p>11.01.08</p>
<p>Vendor Flag</p>	<p><input type="checkbox"/></p>
<p>Vendor Feasibility</p>	<p>Most responding vendors are currently able to meet this requirement.</p>

Comments	Vendor representation of feasibility is generally based upon common quality measures. Feasibility will depend on quality measures and associated data elements that need to be exported. Update: The state has published a list of required quality measures to be reported.
CP WG Reference Number	Quality Reporting for Outcomes : Master Order #A.1/Requirement #A.1.1, Master Order #A.1/Requirement #A.1.8 Quality Reporting for Prevention: Master Order #A.1/Requirement #A.1.8
EHR WG Reference Number	QUAL 1.4, QUAL 8.1, PRE 12.1
CCHIT Requirement Number	AM 39.01. IO-AM 14.03 (2010R)
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3.10 De-identified/Pseudonymize Data

Clinical Basis for Requirement	<p>As appropriate, pseudonymize or de-identify the patient-level data which are being readied for transmission. Pseudonymization allows for data to be re-linked if requested by an authorized entity.</p> <p>The system shall be able to aggregate, anonymize, and format surveillance data according to appropriate standards (see assumptions for Biosurveillance Use Case – Events 1.1.2.0-1.1.3.0)</p> <p>The system shall be able to anonymize data with pseudonymized data linker.</p>
Functional Requirement	As appropriate, pseudonymize or de-identify patient-level data prior to transmission to the HIE and/or UPHN. To be aligned with standards defined by HITSP V 2.1 2007 IS-02 (T34 and TP22) and NHIN Pseudonymization Specification.
Use Cases	<p>Biosurveillance</p> <p>Quality Reporting for Outcomes</p> <p>Quality Reporting for Prevention</p>
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	<p>Quality Reporting for Outcomes: Master Order #A.1/Requirement #A.1.7</p> <p>Biosurveillance: Master Order #1/Requirement #1.5, Master Order #15/Requirement #15.11</p>
EHR WG Reference Number	BIO 15.8, PRE 11.1, QUAL 7.1, BIO 1.5.1
CCHIT Requirement Number	AM 30.04
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3.11_Quality Measure Results

Clinical Basis for Requirement	<p>The system shall allow export of quality measure results in the format required by the third party collecting quality measure data (e.g. NYSDOH, public and private payers, public health agencies).</p> <p>The system allow export of numerator counts and denominator counts, and number of cases to NYSDOH and other parties to support third party display of quality measure results.</p>
Functional Requirement	The system allows export of numerator counts and denominator counts to support a third party display of quality measure results. The system shall allow export of quality measure results. Quality measures have been defined by DOH.
Use Cases	<p>Quality Reporting for Outcomes</p> <p>Quality Reporting for Prevention</p>
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	If the EHR system is able to compute quality measures based upon data captured those results will be transmitted or exported to an external system.
CP WG Reference Number	<p>Quality Reporting for Outcomes: Master Order #A.1/Requirement #A.1.9, Master Order #A.1/Requirement #A.1.12</p> <p>Quality Reporting for Prevention: Master Order #A.1/Requirement #A.1.9, Master Order #A.1/Requirement #A.1.12</p>
EHR WG Reference Number	QUAL 9.1, QUAL 12.1, PRE 14.1, PRE 18.1
CCHIT Requirement Number	NA
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3.12 Create a link to a Web site

Clinical Basis for Requirement	<p>The Clinician shall be able to link to the public health system to view relevant information on their involved patient.</p> <p>The system shall be able to access the central immunization registry from within the system.</p>
Functional Requirement	The system provides a (web) link embedded in the EHR to any public health system which will allow the provider to view relevant information.
Use Cases	<p>Biosurveillance</p> <p>Immunization</p> <p>MIH surveillance</p> <p>Influenza surveillance</p>
Timeline	08.31.09/04.01.10 (see comment)
Vendor Flag	
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	If the content is available via a web site, then this is a 08.31.09 requirement. However if there is a need to link directly to a non web-enabled application it is 04.01.10
CP WG Reference Number	<p>Biosurveillance: Master Order #22/Requirement #22.3</p> <p>Immunization: Master Order #14/Requirement #14.2, Master Order #14/Requirement #14.3</p>
EHR WG Reference Number	<p>BIO 22.4</p> <p>IMM 14.2, IMM 14.3, AST 39.8, MIH 38.8, FLU 25.8</p>
CCHIT Requirement Number	NA
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3.13 Aggregate/ Pseudonymize and Format Data

Clinical Basis for Requirement	<p>The system shall allow Clinician to monitor for public health advisories, warnings, or notices of symptom clusters. The system shall be able to aggregate, anonymize, and format surveillance data according to appropriate standards (see assumptions for Biosurveillance Use Case – Events 1.1.2.0-1.1.3.0)</p> <p>The system shall be able to send counts of cases meeting case definition for syndromes under surveillance, aggregated anonymized data and data linkers to DOH, and LHD (via UPHN) (see assumptions for Biosurveillance Use Case 1.1.1.0, PHCR Use Case – Action 7.1.2.2.)</p>
Functional Requirement	<p>The system can accept a list of data fields that will need to be pulled for every patient meeting the case definition for the current disease or syndrome under surveillance.</p> <p>The system shall be able to aggregate, de-identify (anonymize/pseudonymize) and format surveillance data according to standards defined by HITSP V 2.1 2007 IS-02 (T34 and TP22) and NHIN Pseudonymization Specification.</p> <p>The system shall be able to send aggregated anonymized data and data linkers (i.e. internal patient ID) as part of a data file to NYS - DOH, and LHD (via UPHN) (see assumptions for Biosurveillance Use Case 1.1.1.0, PHCR Use Case – Action 7.1.2.2.)</p>
Use Cases	<p>Biosurveillance Asthma surveillance Influenza surveillance MIH surveillance</p>
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Biosurveillance: Master Order #1/Requirement #1.5, Master Order #1/Requirement #1.7, Master Order #15/Requirement #15.12
EHR WG Reference Number	BIO 1.5.2, BIO 1.7.1, BIO 15.1, MIH 31.5, MIH 38.9, AST 39.9, AST 30.8, FLU 17.10 , FLU 25.9

CCHIT Requirement Number	NA
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3.14 Public assistance eligibility data

Clinical Basis for Requirement	The system shall automatically create the information needed to access publicly funded prevention programs such as mammography and colonoscopy.
Functional Requirement	The state will define the data elements necessary to access public health programs in the state. The system will capture and transmit the necessary data to the funding sources system to enable patient access to the service. Data export to be achieved by CCD export assuming all identified data elements can be contained in a parsable CCD field.
Use Cases	Quality Reporting for Prevention
Timeline	04.01.10
Vendor Flag	
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order #A.1/Requirement #A.1.14
EHR WG Reference Number	PRE 22.1
CCHIT Requirement Number	NA
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3.15 Respond to a Public Health Request for Additional Data

Clinical Basis for Requirement	The system shall be able to receive and respond to additional information requested by DOH, including re-identifying patients from a pseudonymized data linker
Functional Requirement	The system shall be able to receive and respond to additional information requested by DOH, including re-identifying patients from a pseudonymized data linker
Use Cases	Biosurveillance Asthma surveillance Influenza surveillance MIH surveillance
Timeline	Future
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Biosurveillance: Master Order #19/Requirement #19.2
EHR WG Reference Number	BIO 19.2, MIH 37.1, AST 32.2, FLU 22.1
CCHIT Requirement Number	NA
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3.16 Send a data link to a Public Health system containing a patient data set

Clinical Basis for Requirement	The system shall be able to assemble an electronic line list of patients from surveillance data using data linkers provided by EHRs as requested from DOH. From data linker, the system is able to provide name of patient and other relevant demographic data (e.g., address, telephone, etc) needed for follow-up investigation.
Functional Requirement	The system needs to assemble a list of patients that meet the criteria for the outbreak under surveillance and send a data link back to DOH which will allow them to query for additional data items The system shall be able to generate a patient summary document with data elements necessary for case investigation.
Use Cases	Biosurveillance Asthma surveillance Influenza surveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Biosurveillance: Master Order #15/Requirement #15.6, Master Order #15/Requirement #15.9
EHR WG Reference Number	BIO 15.4, BIO 15.6, MIH 38.6, AST 39.4, AST 39.6, FLU 25.4, FLU 25.6
CCHIT Requirement Number	NA
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3.17 Alert sent to Public Health agency

Clinical Basis for Requirement	The system shall allow the Clinician to electronically notify the health department of a reportable disease with a priority message
Functional Requirement	If the clinician identifies a suspect case, or is alerted through a trigger that a case is present, the system will allow them to send an alert message with the appropriate data to the NYS - DOH or LHD (Local Health Department) - transmission using a CCR or other HITSP defined standard. The system shall provide a link to the CDC's influenza sentinel provider Internet reporting system (http://www2.ncid.cdc.gov/flu) to be able to report ILI (Influenza Like Illnesses)
Use Cases	Biosurveillance Influenza
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order #12/Requirement #12
EHR WG Reference Number	BIO 12.1, FLU 10.1
CCHIT Requirement Number	NA
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3.18 Data transmission to DOH & PH on Newborn info

Clinical Basis for Requirement	EHR sends automatic feed update (timeline TBD) to NYSDOH Office of Vital Statistics, local MIH partners and other public health authorities
Functional Requirement	When newborn information is recorded in the system, and the EHR sends automatic feed update (timeline TBD) to NYSDOH Office of Vital Statistics, local MIH partners and other public health authorities
Use Cases	MIH Surveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	MIH Surveillance: Master Order #31.0/Requirement 31.2
EHR WG Reference Number	MIH 31.2
CCHIT Requirement Number	NA
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4.0 Data Import Requirements

4.1 Alert from Another System

<p>Clinical Basis for Requirement</p>	<p>The system shall be able to receive and incorporate Public health alerts based upon emerging diseases in real time (see PHCR Use Case – Action 7.1.1.2).</p> <p>The physician shall receive email alerts/messages directing her/him to a Care Consideration regarding one of her/his patients. A PHR system uses CDSS to create a set of Care Considerations for a patient. An alert can be sent either to the HIE or directly to the EHR that contains a link to the PHR for the provider to view the CC document.</p> <p>A provider in the ED sees a patient with a chronic illness. The Hospital system shall allow for ED information to be exchanged real-time with the PCP's office and an "alert" is sent to care management program or to a provider's care manager (would apply to other systems besides ED as well) that the patient was seen in the emergency room.</p>
<p>Functional Requirement</p>	<p>The EHR shall import alerts from an external system or from the HIE as per standards determined by the RHIO or the Interoperability WG.</p> <p>The system shall transmit an "alert" to a care management program (external to the EHR) or receive an alert from an external system to an internal care manager (would apply to other systems besides ED as well).</p>
<p>Use Cases</p>	<p>Biosurveillance Connecting NYers Quality Reporting for Outcomes</p>
<p>Timeline</p>	<p>Future</p>
<p>Vendor Flag</p>	<p></p>
<p>Vendor Feasibility</p>	<p>Few responding vendors are currently able to meet this requirement.</p>
<p>Comments</p>	<p>Depends on availability by the HIE.</p>

CP WG Reference Number	Biosurveillance: Master Order #22/Requirement #22, Master Order #22/Requirement #22.5 Connecting NYers: Master Order #68/Requirement #68 Quality Reporting for Outcomes: Master Order #31/Requirement #31.3
EHR WG Reference Number	BIO 22.1, CNY 52.1, QUAL 55.2, BIO 22.6
CCHIT Requirement Number	AM 23.10 (2010) - Note this is for a patient but could be for a provider
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4.2 Data Aggregation

Clinical Basis for Requirement	<p>The EHR is able to retrieve (manual or automatic) aggregate clinical data to review. System may have the capacity of incorporating and transmitting patient assessment tool data to EHR and patient's other providers and will assist with clinical decision support.</p> <p>System may have the capacity of incorporating and transmitting patient assessment tool, based on severity assessment, to EHR and patient's other providers and will assist with clinical decision support.</p> <p>Clinician creates and discusses treatment plan and needed medications with patients and updated EHR.</p>
Functional Requirement	<p>The EHR is able to retrieve (manual or automatic) aggregate clinical data to review. The system shall have the ability to incorporate standardized data from another remote system's assessment tool data (asthma, MIH, etc.) based on NYS DOH standardized guidelines. It is <i>strongly</i> encouraged that EHRs immediately have capability to export and import structured medical summary data via the CCD C32 specification articulated in the Version 1.0 Medicaid Medication Management Specification.</p>
Use Cases	<p>Connecting NYers Quality Reporting for Outcomes Asthma Surveillance MIH Surveillance</p>
Timeline	<p>11.01.08</p>
Vendor Flag	<p><input type="checkbox"/></p>
Vendor Feasibility	<p>Most responding vendors are currently able to meet this requirement.</p>
Comments	
CP WG Reference Number	<p>Connecting NYers: Master Order #30/Requirement #30.1 Quality Reporting for Outcomes: Master Order #5/Requirement #5 Asthma Surveillance: Master Order #9/Requirement #9.1 MIH Surveillance: Master Order #9/Requirement #9.1</p>

EHR WG Reference Number	CNY 30.1, QUAL 23.1, AST 9.1, MIH 9.1, FLU 11.1
CCHIT Requirement Number	IO-AM 09.02
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4.3 Import Discrete Clinical Data from Another Source or System

Clinical Basis for Requirement	<p>The clinician shall have the option to select which information can be downloaded from the RHIO/HIE/PHR directly into their EHR or review it through a separate process outside the EHR. Data (For example, but not limited to: The medication record, problem list, notes from recent visit, and medication list, lab and procedure information) shall be incorporated directly into the EHR (with the option of automatically loading the data). (See tab "Requirements Table_MMM" for Medication MGMT Use Case requirements 6 and 8)</p> <p>System shall allow user to reconcile central immunization registry history with the immunization history within the EHR and allow user to select immunizations to import into patient EHR record</p> <p>As a clinician looks for information on a patient, they have the option to import the clinical information from the HIE or to view only.</p> <p>The system shall allow the electronic notification to the PCP of patient's admission to the ED via a clinical summary document, including electronic copies of recent lab work, medication history including new Rx, lab tests, problem lists, and radiology procedures.</p> <p>The providers shall have the option to select which information can be downloaded directly into their EHR or review it through a separate process outside the EHR. <u>The medication record, problem list, notes from a recent ED visit, and medication list shall be incorporated directly into the EHR (with the option of automatically loading the data).</u></p> <p>The system shall allow for ED information to be exchanged real-time with the PCP's office and an "alert" is sent to care management program or to internal care manager (would apply to other systems besides ED as well).</p> <p>The system queries EHR/UPHN/RHIO for influenza vaccine history/status and prompts clinician to question patient on status</p>
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<p>Functional Requirement</p>	<p>The system (EHR) has the ability to import discrete clinical data from an HIE or other system. Examples include:</p> <ul style="list-style-type: none"> • Data import from an ED or Hospital System • Data import from an Immunization or other Public Health Registry • Clinical data import directly from an HIE • Data import from a PHR either directly or via an HIE • Influenza vaccine history/status <p>Hospital ED: The system will accept an electronic notification from the ED of pts admission to the ED via a clinical summary document (CCD). In addition the system shall be able to import documentation from an ED, including electronic copies of recent lab work, medication history including new Rx, lab tests, problem lists, and radiology procedures. The system can import the medication record, problem list, notes, and immunizations from a recent ED or ambulatory visit, and medication list shall be incorporated directly into the EHR (with the option of automatically loading the data).</p> <p>Immunization: System shall allow user to import and reconcile central immunization registry history with the immunization history within the EHR and allow user to select immunizations to import into patient EHR record</p> <p>It is <i>strongly</i> encouraged that EHRs immediately develop capability to export and import structured medical summary data via the HITSP CCD C32 specification articulated in the Version 1.0 Medicaid Medication Management Specification.</p>
<p>Use Cases</p>	<p>Connecting NYers Immunization Quality Reporting for Outcomes Quality Reporting for Prevention Asthma Surveillance</p>
<p>Timeline</p>	<p>11.01.09</p>
<p>Vendor Flag</p>	<p></p>

Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Connecting NYers: Master Order #30/Requirement #30.2 Immunization: Order #14/Requirement #14.4 Quality Reporting for Outcomes: Master Order #8/Requirement #8, Master Order #13/Requirement #13, Master Order #31/Requirement #31.3 Quality Reporting for Prevention: Master Order #2/Requirement #2.4 Asthma Surveillance: Master Order #22/Requirement #22.1
EHR WG Reference Number	CNY 31.2, IMM 14.4, QUAL 31.1, QUAL 31.2, QUAL 38.2, QUAL 55.1, PRE 38.1, AST 22.1
CCHIT Requirement Number	AM 06.05, AM 39.02, IO-AM 09.02 (2009), IO-AM 11.02 (2009)
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**4.4 Import non-clinical data using a CCD from various external sources
mark data as being from an external source**

Clinical Basis for Requirement	<p>PHR shall seamlessly integrate with system whether internal or external (Google, MSFT) to the system.</p> <p>The system shall have the capability to receive and store measure information-includes general measure information, numerator/denominator/exclusion statements for each measure, including term definitions (which include identifying codes that define inclusions and exclusions)</p> <p>The system shall allow for frequent updates to the list of required data elements and numerator/denominator/exclusion statements for each measure.</p>
Functional Requirement	<p>The system shall have the ability to import and update discrete non-clinical data from an external source system using a HITSP CCD C32</p> <p>Examples include data from PHRs, PHR data passed via the RHIO, and quality system data such as measure information, including general measure information, numerator/denominator/exclusion statements for each measure including term definitions (which include identifying codes that define inclusions and exclusions)</p> <p>For PHR data, it should be flagged as "patient entered data".</p>
Use Cases	<p>Immunization Quality Reporting for Prevention</p>
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order #2/Requirement # 2, Quality Reporting for Prevention: Master Order #A.1/Requirement # A.1.1
EHR WG Reference Number	IMM 2.1, PRE 1.2, PRE 1.3, PRE 3.2
CCHIT Requirement Number	NA
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4.5 Message Action

Clinical Basis for Requirement	A patient logs into their PHR and notices that certain data is incorrect. The patient will send a message to the source system (EHR) suggesting a modification to the incorrect data.
Functional Requirement	The source system/practice/entity can receive a data request from the PHR to modify data.
Use Cases	Connecting NYers
Timeline	04.01.10
Vendor Flag	NA
Vendor Feasibility	Vendor feasibility is still being determined.
Comments	National standards for this type of transaction have not yet been developed.
CP WG Reference Number	Connecting NYers: Master Order #13/Requirement #13
EHR WG Reference Number	CNY 16.2
CCHIT Requirement Number	IO-AM 13.01 (2010)
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4.6 Quality Measure Results

Clinical Basis for Requirement	The system shall allow import of quality measure results (e.g., benchmarking, import from immunization registry). If an external system has calculated quality measures, then the provider should be able to view the quality measure results once imported into the EHR.
Functional Requirement	The system shall allow import of quality measure results.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	National standards for this type of transaction are still being developed.
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #A.1/Requirement #A.1.13 Quality Reporting for Prevention: Master Order #A.1/Requirement #A.1.13
EHR WG Reference Number	QUAL 13.1, PRE 19.1
CCHIT Requirement Number	NA
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4.7 Receive Alerts with External Links

Clinical Basis for Requirement	A provider receives an alert from an external system (PHR, HIE) with a link attached. The provider is able to follow the link to the relevant data.
Functional Requirement	The EHR system shall facilitate an easy way to link to RHIO web services to receive alerts.
Use Cases	Quality Reporting for Outcomes
Timeline	Future
Vendor Flag	NA
Vendor Feasibility	Vendor feasibility is still being determined.
Comments	National standards for this type of transaction are still being developed.
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #50/Requirement #50.8
EHR WG Reference Number	QUAL 63.1
CCHIT Requirement Number	NA
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4.8 Schedule Request

Clinical Basis for Requirement	The patient shall be able to request an appointment with a physician through the PHR.
Functional Requirement	The system should provide access to a scheduling system or allow the patient to initiate a request to a practice to schedule an appointment.
Use Cases	Connecting NYers
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	National standards for this type of transaction are still being developed.
CP WG Reference Number	Connecting NYers: Master Order #23/Requirement #23
EHR WG Reference Number	CNY 27.1
CCHIT Requirement Number	IO-AM 15.05, IO-AM 15.06 (both 2010)
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4.9 Secure Messaging

Clinical Basis for Requirement	<p>The system shall facilitate communication between clinician EHR and UPHN/RHIO (See tab "Requirements Table_MMM" for Medication MGMT Use Case requirements 6 and 8)</p> <p>The system shall create a means for physicians to securely communicate with other providers for the benefit of the patient. The system shall facilitate communication between ED physician and PCP.</p>
Functional Requirement	The system supports secure messaging. The system allows secure electronic communication between the EHR users and a remote clinician (i.e. HIS system).
Use Cases	<p>Connecting NYers</p> <p>Quality Reporting for Outcomes</p> <p>Quality Reporting for Prevention</p>
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	<p>Practices and RHIOs that are compliant with NYeC policies and procedures should be able to conduct secure messaging that is HIPAA Privacy Rule and Security Rule Compliant as well as compliant with NYS.</p> <p>CCHIT Roadmap: The system shall support secure electronic messaging with patients. HITSP IS12 v1.0 Patient – Provider Secure Messaging Interoperability Specification</p>
CP WG Reference Number	<p>Connecting NYers: Master Order #58/Requirement #58a</p> <p>Quality Reporting for Outcomes: Master Order #3/Requirement #3</p> <p>Quality Reporting for Prevention: Master Order #2/Requirement #2.1</p>
EHR WG Reference Number	CNY 46.1, QUAL 21.1, PRE 35.1
CCHIT Requirement Number	PC 12.01 (2009), IO-AM 13.01
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4.10 Staging and Data Selection

Clinical Basis for Requirement	<p>System shall allow user to reconcile central immunization registry history with the immunization history within the EHR and <u>allow user to select immunizations to import into patient EHR record</u></p> <p>The clinician has the option to import the clinical information from HIE or view only. The providers shall <u>have the option to select which information</u> can be downloaded directly into their EHR or review it through a separate process outside the EHR. The medication record, problem list, notes from recent ED visit, and medication list shall be incorporated directly into the EHR (with the option of automatically loading the data).</p>
Functional Requirement	<p>The system shall provide the ability to display CCD documents, using a subset of the HITSP C32 specification for the Medication and Immunization History module, file them as intact documents in the EHR, and import the discrete data from one or more of the entries in a structured form into the patient record. The clinician can trigger or select which data gets imported into an EHR. The system can incorporate the selected medication record, problem list, immunizations and notes directly into the EHR.</p>
Use Cases	<p>Connecting NYers Immunization Quality Reporting for Outcomes</p>
Timeline	04.01.10
Vendor Flag	
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	<p>Connecting NYers: Master Order #30/Requirement #30.2 Immunization: Master Order #14/Requirement #14.4 Quality Reporting for Outcomes: Master Order</p>
EHR WG Reference Number	IMM 14.4, CNY 31.6, QUAL 38.2
CCHIT Requirement Number	IO-AM 09.02 (2009), IO-AM 11.06 (2010)

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4.11 Structured Medication Data

Clinical Basis for Requirement	Medication history shall be incorporated directly into the EMR (automatically loaded) and/or staged through an HIE. If the information is staged, then the providers shall have the option to select which information can be downloaded directly into their EMR or review it through a separate process outside the EMR. The medication list shall capture the necessary information needed for a clinician to conduct a medication reconciliation of a patient's medication list. At minimum this list would include: a. the source of the medication entry (i.e.: Patient, HIE, RxHub), b. a timestamp for when the medication was added, c. the clinician's id who performed the reconciliation and d. a comment field for annotating the medication entry. It could also include information needed to assess a patient's compliance with their medication adherence such as the number of pills taken.
Functional Requirement	EHR will have ability to import structured medication history information from an HIE. It is <i>strongly</i> encouraged that EHRs immediately develop capability to export and import structured medical summary data via the CCD C32 specification articulated in the 11.01.08 Medicaid Medication Management Specification.
Use Cases	Medication Management MIH surveillance
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Medication Management: Master Order #8/Requirement # 8.1, Master Order #79/Requirement # 79, Master Order#96/Requirement # 96
EHR WG Reference Number	CLI 5.1, CLI 15.1, CLI 22.2, MIH 4.1
CCHIT Requirement Number	AM 39.02, IO-AM 09.02 (2009), 11.01, 11.05
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4.12 Import or incorporate DSS criteria to monitor for PH cases

<p>Clinical Basis for Requirement</p>	<p>The system shall be able to receive and incorporate case definitions for syndromes under surveillance and diseases that are reportable to DOH and LHD (see Biosurveillance Use Case – Event 1.3.1.0). These definitions may include trigger criteria based upon chief complaint, problem list, medication history, assessment, orders, tests, results, diagnosis, LOINC, SNOMED, CPT (see PHCR Use Case – Event 7.1.1)</p> <p>The System shall be able to receive and incorporate case definitions based on defined business rules for timeliness</p> <p>The system shall update the influenza reporting period annually based on the dates of the flu season. The system shall accept an alert from DOH, which includes the start date for the current year influenza period. The system shall incorporate this date into a data field which will be used as the start date for any influenza reporting required.</p>
<p>Functional Requirement</p>	<p>The system shall be able to import or incorporate DSS criteria (i.e. case definitions) for syndromes or diseases under surveillance.</p> <p>The system shall be able to import or incorporate DSS criteria (i.e. case definitions) based on business rules for timeliness (i.e. the start date of the influenza reporting period for the given year) for reporting syndromes or diseases under surveillance.</p>
<p>Use Cases</p>	<p>Biosurveillance Asthma Surveillance Influenza Surveillance</p>
<p>Timeline</p>	<p>08.31.09</p>
<p>Vendor Flag</p>	<p>■</p>
<p>Vendor Feasibility</p>	<p>Most responding vendors are currently able to meet this requirement</p>
<p>Comments</p>	

CP WG Reference Number	Biosurveillance: Master Order #1/Requirement # 1.1, Master Order #1/Requirement # 1.2, Master Order #4/Requirement # 4.12 Influenza: Master Order #16/Requirement # 16
EHR WG Reference Number	BIO 1.1, BIO 1.2, BIO 4.12, FLU 16.1, MIH 38.1, AST 30.3, AST 30.4, FLU 5.1, FLU 17.1, FLU 17.5,
CCHIT Requirement Number	NA
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4.13 Update case definitions (manually or via import)

Clinical Basis for Requirement	<p>The system shall be able to update case definition automatically or with minimal effort according to new reporting requirements.</p> <p>The system shall be able to receive an electronic line list definition from the NYSDOH or NYCDOHMH.</p> <p>The system shall automatically update CDS for determining asthma severity and associated treatment plans in accordance with any changes made to the NYSDOH Asthma Clinical Guidelines</p> <p>The system shall either through staff entry or automatically, update CDS for determining pregnancy risks and any necessary prenatal and/or prenatal care</p>
Functional Requirement	<p>The system shall be able to update case definition automatically or with minimal effort according to new reporting requirements and NYS DOH Clinical Guidelines.</p> <p>The system can accept a list of data fields that will need to be pulled for every patient meeting the case definition for the current disease or syndrome under surveillance.</p>
Use Cases	<p>Biosurveillance Asthma Surveillance MIH Surveillance</p>
Timeline	Future
Vendor Flag	<input checked="" type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	<p>Biosurveillance: Master Order #4/Requirement # 4.8, Master Order #15/Requirement # 15 Asthma Surveillance: Master Order #17/Requirement # 17.3</p>
EHR WG Reference Number	BIO 4.8, BIO 15.1 , AST 17.3
CCHIT Requirement Number	NA
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4.14 Data Import/Export - Immunization registry data

Clinical Basis for Requirement	Interface shall exist between system and the Central immunization registry System shall also be able to exchange data between system and central immunization registry besides real-time (i.e., EHRs with no full-time internet connection)
Functional Requirement	System shall be able import and export up-to-date Immunization Registry information between the EHR either from the CIR into the system using a standard data interface protocol. The system shall have the ability to import and export data to and from the immunization registry using a batch process.
Use Cases	Immunization
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	Both the NYSDOH and the NYC immunization registry systems had identified interface specifications.
CP WG Reference Number	Immunization: Master Order #14/Requirement # 14.1, Master Order #15/Requirement # 15.1, Master Order #15/Requirement # 15.1
EHR WG Reference Number	IMM 14.1 IMM 15.1A IMM 15.1.1
CCHIT Requirement Number	NA
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4.15 DSS Alert or receive PH advisories or look for PH outbreaks

Clinical Basis for Requirement	The system shall allow Clinician to monitor for public health advisories, warnings, or notices of symptom clusters The system shall be able to incorporate Public Health advisory/guidance message to suggest next appropriate actions (e.g. test order, follow-up procedure, etc.)
Functional Requirement	The system shall allow a provider to receive or be alerted to public health advisories, warning, or notices or symptom clusters. This can be through the messaging module. The system shall receive an alert or reminder that will remind providers/practices to be proactively looking for new outbreaks.
Use Cases	Biosurveillance Influenza surveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order #11/Requirement # 11, Master Order #22/Requirement # 22.2
EHR WG Reference Number	BIO 11.1, BIO 22.3, FLU 17.4
CCHIT Requirement Number	NA
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4.16 Import statistical data from PH

Clinical Basis for Requirement	The system shall be able to Receive aggregate reports from the NYSDOH or NYCDOHMH.
Functional Requirement	The system shall be able to receive as discrete data, de-identified statistical data for a region so a provider can compare their data to data in the region
Use Cases	Biosurveillance Asthma Surveillance Influenza Surveillance MIH Surveillance
Timeline	Future
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order #15/Requirement # 15.14
EHR WG Reference Number	BIO 15.11, MIH 38.11, AST 39.11, FLU 25.11
CCHIT Requirement Number	NA
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4.17 Receive an alert with immunization status

Clinical Basis for Requirement	The system shall receive a patient-level alert from the central immunization registry regarding required immunizations indicated/due/overdue for patient, based on age and medical history in an actionable format to allow the provider to order the recommended vaccine.
Functional Requirement	The system shall receive a patient-level alert from the central immunization registry regarding required immunizations indicated/due/overdue for patient, based on age and medical history in an actionable format to allow the provider to 1) order the recommended vaccine. 2) notify the patient
Use Cases	Immunization Asthma surveillance Influenza Surveillance
Timeline	Future
Vendor Flag	
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order #15/Requirement # 15.1,
EHR WG Reference Number	IMM 15.1, AST 39.1, FLU 25.1
CCHIT Requirement Number	NA
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4.18 Receive an alert with important PH information

Clinical Basis for Requirement	The system shall be able to receive from the Central Immunization Registry a notification that a new Vaccine Information Statement (VIS) is available. The system shall receive notifications of product recalls from the central immunization registry.
Functional Requirement	The system shall be able to receive an alert from an external system (CIS) with a notification that there is important information (i.e. new VIS)
Use Cases	Immunization
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order #14/Requirement # 14.7, Master Order #15/Requirement # 15.3
EHR WG Reference Number	IMM 14.7, IMM 15.3
CCHIT Requirement Number	NA
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4.19 Receive and Incorporate alerts (trigger criteria semi-structured)

Clinical Basis for Requirement	The system shall be able to receive and incorporate DOH alert message that may include trigger criteria based upon unstructured data (e.g. chief complaint, triage note) , semi-structured data (e.g. reason of visit), and structured data (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.).
Functional Requirement	The system shall be able to receive and incorporate DOH alert message that may include trigger criteria based upon semi-structured data (e.g. reason of visit)
Use Cases	Biosurveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order #23/Requirement # 23.2
EHR WG Reference Number	BIO 23.2.1
CCHIT Requirement Number	NA
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4.20 Receive and Incorporate alerts (trigger criteria structured)

Clinical Basis for Requirement	The system shall be able to receive and incorporate DOH alert message that may include trigger criteria based upon unstructured data (e.g. chief complaint, triage note) , semi-structured data (e.g. reason of visit), and structured data (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.).
Functional Requirement	The system shall be able to receive and incorporate DOH alert message that may include trigger criteria based upon structured or codified data (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.). SNOMED will be required in the future.
Use Cases	Biosurveillance
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order #23/Requirement # 23.2
EHR WG Reference Number	BIO 23.2.2
CCHIT Requirement Number	NA
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4.21 Receive and Incorporate alerts (trigger criteria unstructured)

Clinical Basis for Requirement	The system shall be able to receive and incorporate DOH alert message that may include trigger criteria based upon unstructured data (e.g. chief complaint, triage note) , semi-structured data (e.g. reason of visit), and structured data (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.).
Functional Requirement	The system shall be able to receive and incorporate DOH alert message that may include trigger criteria based upon unstructured data (e.g. chief complaint, triage note)
Use Cases	Biosurveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order #23/Requirement # 23.2
EHR WG Reference Number	BIO 23.2
CCHIT Requirement Number	NA
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4.22 Receive quality data from external source

Clinical Basis for Requirement	Physician queries UPHN/RHIO using denominator / numerator information to discover if patient is compliant. (See tab "Requirements Table_MMM" for Medication MGMT Use Case requirements 6 and 8)
Functional Requirement	The system can query the HIE/RHIO to discover if a patient is compliant for eligible quality measures (using denominator / numerator information)
Use Cases	Quality Reporting for Prevention
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order #2/Requirement # 2.2
EHR WG Reference Number	PRE 36.1
CCHIT Requirement Number	NA
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4.23 Medication Reconciliation

Clinical Basis for Requirement	<p>Appropriate clinical staff is able to document CC/RFV and initial HPI in EHR. Clinical staff is able to perform medication reconciliation and update medication list and allergies/ADRs from available sources (patient, family, medication bottles, CCD-medical summary document or IHE encounter document via SHIN-NY, med Hx from SHIN-NY sources, etc.; including appropriate validation).</p>
Functional Requirement	<p>EHR will both capture and export structured data elements required for defined medication reconciliation. The system is able to perform manual <u>medication reconciliation (view of imported data and stored data to determine appropriate data to import)</u> and then update medication list and allergies/ADRs from available sources (including manual entry and electronic capture according to standards defined by local RHIO and/or SHIN-NY services). It is <i>strongly</i> encouraged that EHRs immediately develop capability to export and import structured medical summary data, including medication histories, via the CCD C32 specification articulated in the Version 1.0 Medicaid Medication Management Specification. This shall include reconciliation functionality that allows CCD data to be compared with existing data and selectively imported into a list.</p>
Use Cases	<p>Medication Management Quality Reporting for Outcomes</p>
Timeline	<p>08.31.09</p>
Vendor Flag	<p><input type="checkbox"/></p>
Vendor Feasibility	<p>Most responding vendors are currently able to meet this requirement</p>
Comments	<p>This function depends on availability of medication reconciliation data and/or service from HIE or SHIN-NY. Performance of medication reconciliation is manual – system can present medication information from multiple sources and render in human readable form for manual review and reconciliation.</p>

CP WG Reference Number	Quality Reporting for Outcomes: Master Order #1/Requirement # 1.3 Quality Reporting for Prevention: Master Order #1/Requirement # 1.3
EHR WG Reference Number	QUAL 17.2, PRE 29.2
CCHIT Requirement Number	IO-AM 09.03 (2010)
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5.0 Decision Support System Requirements

5.1 Addition of discrete data elements

Clinical Basis for Requirement	The system shall allow for frequent updates to the list of required data elements and numerator/denominator/exclusion statements for each measure. .
Functional Requirement	The system will allow additional required data elements to be added to the system based on enhancements to measures.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #A.1/Requirement #A.1.2 Quality Reporting for Prevention: Master Order #A.1/Requirement #A.1.2
EHR WG Reference Number	QUAL 2.1, PRE 3.1
CCHIT Requirement Number	AM 29.01(Quality reporting), AM 08.16
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5.2 Alert for change of life habit and documentation

Clinical Basis for Requirement	<p>The system shall populate the EHR so that when a patient history of applicable life habit (nutrition, obesity, alcohol consumption, etc.) is documented, the indicator to advise the patient to stop behavior is automatic.</p> <p>The system shall populate the EHR so that when a patient history of smoking is documented, the indicator to advise the patient to stop smoking is automatic and there is a standard field with structured nomenclature for the documentation of advice.</p> <p>The system shall populate the EHR so that when a patient history of applicable life habit (nutrition, obesity, alcohol consumption, etc.) is documented, the indicator to advise the patient to stop behavior is automatic and there is a standard field with structured nomenclature for the documentation of advice.</p>
Functional Requirement	When a patient history of an applicable life habit (nutrition, obesity, alcohol consumption, smoking, etc.) is documented, the system shall automatically produce an alert or indicator to notify the clinician to advise the patient to stop or modify the behavior, There is a standard field with structured nomenclature for the documentation of advice given.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #7/Requirement #.7.1, Master Order #7/Requirement #7.2 Quality Reporting for Prevention: Master Order #7/Requirement #.7.1, Master Order #5/Requirement #5.4
EHR WG Reference Number	QUAL 28.1, QUAL 29.1, PRE 55.1

CCHIT Requirement Number	AM 23.09 (2010+)
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5.3 Alert for preventive services

<p>Clinical Basis for Requirement</p>	<p>The system shall facilitate prevention, wellness, disease management and other health education through a clinical decision support service, which monitors and evaluates HIE, EHR and PHR clinical information including clinical data sources such as patient entered data, and claims based data.</p> <p>The system shall prompt the staff to a diagnosis of diabetes, standardized lab order set is displayed, order set advises required lab work per quality indicators (A1c, Lipid panel).</p> <p>The system shall have a CDS that informs provider of best practices in diabetes care.</p> <p>The system shall automatically generate actionable alerts to allow for patient immunization orders</p> <p>The system shall receive a practice-level reminder from the central immunization registry regarding required immunizations indicated/due/overdue for the patient population, based on age and medical history in an actionable format to allow the provider to contact patients in need of immunization</p>
<p>Functional Requirement</p>	<p>The system shall support clinical decision support which will alert a provider to identify prevention services needed. This may include data aggregated and imported from multiple sources. The system shall have a CDS feature that informs provider of best practices for that chronic disease (i.e. diabetes care.)</p> <p>The system shall automatically generate actionable alerts to allow for patient immunization orders.</p>
<p>Use Cases</p>	<p>Connecting NYers Immunization Quality Reporting</p>
<p>Timeline</p>	<p>11.01.08</p>
<p>Vendor Flag</p>	<p>■</p>
<p>Vendor Feasibility</p>	<p>All responding vendors are currently able to meet this requirement.</p>

Comments	
CP WG Reference Number	Connecting NYers: Master Order #69/Requirement #69 Immunization: Master Order #17/Requirement #17.5a Quality Reporting: Master Order #16/Requirement #16.1, Master Order #16/Requirement #16.3
EHR WG Reference Number	CNY 53.1, CNY 53.2, CNY 53.3, IMM 15.2, IMM 17.5.1, QUAL 47.1, QUAL 49.1
CCHIT Requirement Number	AM 23.02
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5.4 Alert or Prompt for Chronic Disease and Health Maintenance and Disease Management triggers

<p>Clinical Basis for Requirement</p>	<p>The system shall facilitate prevention, wellness, disease management and other health education through a clinical decision support service, which monitors and evaluates HIE, EHR and PHR clinical information including clinical data sources such as patient entered data, and claims based data. The system shall provide a prompt to alert staff to diagnosis of diabetes, standardized lab order set is displayed, order set advises required lab work per quality indicators (A1c, Lipid panel).</p> <p>The system shall have the capability for clinical decision alerts/messages.</p> <p>The system shall prompt the staff to a diagnosis of diabetes, standardized lab order set is displayed, and order set advises required lab work per quality indicators (A1c, Lipid panel).</p>
<p>Functional Requirement</p>	<p>The system shall support clinical decision support which will alert a provider to a diagnosis of a chronic disease (i.e. diabetes) based on structured data entered or imported into the system.</p> <p>The system shall support alerts and reminders about Health Maintenance and Disease Management based on appropriate triggers.</p>
<p>Use Cases</p>	<p>Connecting NYers Quality Reporting for Outcomes</p>
<p>Timeline</p>	<p>11.01.08</p>
<p>Vendor Flag</p>	<p>■</p>
<p>Vendor Feasibility</p>	<p>All responding vendors are currently able to meet this requirement.</p>
<p>Comments</p>	
<p>CP WG Reference Number</p>	<p>Connecting NYers: Master Order #69/Requirement #69, Master Order #70/Requirement #70 Quality Reporting: Master Order #2/Requirement #2.2, Master Order #16/Requirement #16.1</p>

EHR WG Reference Number	CNY 53.3, QUAL 19.1, CNY 54.1, QUAL 47.1
CCHIT Requirement Number	AM 22.03, AM 23.04, AM 22.11, AM 23.01
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5.5 Alerts and Reminders Based on Clinical Guidelines

Clinical Basis for Requirement	<p>The system shall know, based on a patient's diagnosis (or denominator/numerator criteria), what the QI indicator/recommended guideline limit for their condition is (e.g., for diabetes the indicator/recommended guideline sets the limit at 140/80) and prompt the clinician on the appropriate indicator/recommended guideline actions based on abnormal results.</p> <p>The EHR shall (if required under certification) include alerts and reminders about routine processes of care for the clinician. The system shall know that with a dx of diabetes the QI sets the limit at 140/80, so this BP is normal and no action is required. However, if the BP was greater than 140/80 the system shall alert to further actions to be taken.</p>
Functional Requirement	The system is able to provide alerts and reminders based on predefined clinical guidelines. The system shall have DSS capabilities to alert a clinician when certain criteria (i.e. diabetic with an elevated BP) are met.
Use Cases	<p>Connecting NYers</p> <p>Quality Reporting for Outcomes</p> <p>Quality Reporting for Prevention</p>
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	<p>Connecting NYers: Master Order #35/Requirement #35.1</p> <p>Quality Reporting for Outcomes: Master Order #4/Requirement #4</p> <p>Quality Reporting for Prevention: Master Order #4/Requirement #4</p>
EHR WG Reference Number	CNY 34.1, QUAL 22.1, PRE 51.1
CCHIT Requirement Number	AM 22.01, AM 22.02, AM 22.03
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5.6 Alert with Description of Alert

Clinical Basis for Requirement	The system shall have decision support capabilities.
Functional Requirement	The system shall have decision support capabilities and alerts that identify the reason for the alert, relevant trigger data, severity/risk.
Use Cases	Medication Management
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Medication Management: Master Order #203a/Requirement # 203a.1
EHR WG Reference Number	CLI 34.4
CCHIT Requirement Number	FN 12.05
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5.7 Alerts for Patients who Qualify for Measure

Clinical Basis for Requirement	<p>The system shall notify the provider that a patient may qualify for a measure population. This notification should include the measure numerator, denominator, and exclusion statements.</p> <p>The system shall have the capability to notify the clinician that a patient may qualify for a measure population and present options for care to meet measure requirements. This notification should include the measure numerator, denominator, and exclusion statements.</p>
Functional Requirement	The system shall notify the provider that a patient may qualify for a measure population. This notification should include the measure numerator, denominator, and exclusion statements.
Use Cases	<p>Quality Reporting for Prevention</p> <p>Quality Reporting for Outcomes</p>
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	<p>Quality Reporting for Prevention: Master Order #A.1/Requirement #A.1.5</p> <p>Quality Reporting for Outcomes: Master Order #A.1/Requirement #A.1.5</p>
EHR WG Reference Number	QUAL 5.1, PRE 8.1
CCHIT Requirement Number	NA
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5.8 Ability to Capture Non-compliance

Clinical Basis for Requirement	<p>The system shall be able to collect non-compliance / refusal / lack of completion data (exam stopped early), where available. This data can be captured via discrete fields.</p> <p>The system shall be able to capture and report the required data set elements for Immunization Registries to capture vaccines, <u>as well as medical contraindications and patient refusals.</u> Data set elements: 1. CDC Core Data Set for implementation in NYS outside NYC 2. CIR HL7 Web Service data element specifications for reporting in NYC</p> <p>Clinician enters vaccine administration into EHR</p>
Functional Requirement	The system shall be able to collect non-compliance / refusal / lack of completion data, where available for specific recommended treatments, medications, and tests.
Use Cases	<p>Immunization</p> <p>Quality Reporting for Outcomes</p> <p>Quality Reporting for Prevention</p>
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	<p>Immunization: Master Order #18/Requirement #18.1</p> <p>Quality Reporting for Outcomes: Master Order #14/Requirement #14.4</p> <p>Quality Reporting for Prevention: Master Order #3/Requirement #3.4</p>
EHR WG Reference Number	IMM 18.1.2, QUAL 42.1, PRE 43.1, AST 22.4
CCHIT Requirement Number	AM 18.01 (2009)
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5.9 Correlate disease to ED visit

Clinical Basis for Requirement	The system shall identify pt as having a history of diabetes with multiple ED visits, the recent ED visit generates a "flag" that patient may benefit from participating in a disease management program offered by provider or payer.
Functional Requirement	The system shall identify patients as having a history of a chronic illness or disease and flag that they have had multiple ED visits. When an ED visit type is recorded in the system, and the patient has a history of a chronic illness, it generates a "flag" that patients may benefit from participating in a disease management program offered by provider or payer.
Use Cases	Quality Reporting for Outcomes
Timeline	11.01.09
Vendor Flag	NA
Vendor Feasibility	Vendor feasibility is still being determined.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #31/Requirement #31.2
EHR WG Reference Number	QUAL 54.1, QUAL 54.2,
CCHIT Requirement Number	NA
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5.10 Data Mining to Retrieve Appropriate Exams Based Upon Condition

Clinical Basis for Requirement	<p>The system shall capture in a discrete field that is easily retrievable that the appropriate exams were conducted.</p> <p>The system shall capture in a discrete field that is easily retrievable or based on text mining that the appropriate and pertinent exams were conducted.</p> <p>The system shall captured referral and consultation information in a discrete field that is easily retrievable or based on text mining that the pertinent examinations were conducted.</p> <p>Patient either never scheduled their appointment or missed their appointment or are overdue for necessary tests</p>
Functional Requirement	The system shall capture in a discrete field that is easily retrievable or based on text mining that the appropriate exams were conducted based on diagnosis or clinical condition.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #14/Requirement #14.2, Master Order #14/Requirement #14.3 Quality Reporting for Prevention: Master Order #3/Requirement #3.2, Master Order #3/Requirement #3.7
EHR WG Reference Number	QUAL 40.1, QUAL 41.2, PRE 40.1, PRE 42.1, AST 34.1
CCHIT Requirement Number	NA
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5.11 Discrete Data to Capture Provider Patient Discussion

Clinical Basis for Requirement	<p>The provider and the patient have a discussion about smoking cessation and provider recommends smoking cessation therapy (or other life habit change). The provider captures in a discrete field that, this conversation has occurred. This data field is easily retrievable based on text mining searching for the field that smoking cessation medication therapy was discussed with the patient. This event must be captured that it happened at least once (not ongoing) at the PCP – patient combination.</p> <p>The system shall allow for the appropriate clinical staff to note that they followed up with the patient and the appropriate arrangements were made</p>
Functional Requirement	The system shall capture in a discrete field that is easily retrievable based on text mining that a patient discussion occurred (i.e. smoking cessation medication therapy was discussed with the patient, etc.), date of discussion, and outcomes if applicable. This event must be captured that it happened at least once (not ongoing) as a “PCP – patient” conversation.
Use Cases	Quality Reporting for Outcomes Asthma Surveillance
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #24/Requirement #24 Asthma Surveillance: Master Order #37.0/Requirement #37.1
EHR WG Reference Number	QUAL 53.1 AST 37.1
CCHIT Requirement Number	AM 06.08 (2009)
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5.12 Lab Order Set Displayed Based on Diagnosis

Clinical Basis for Requirement	<p>The system shall be able to incorporate actionable order sets for recommended diagnostic and treatment recommendations, as well as required reporting.</p> <p>The system shall provide a prompt to alert staff to diagnosis of diabetes, standardized lab order set is displayed, order set advises required lab work per quality indicators (A1c, Lipid panel).</p>
Functional Requirement	The system shall provide a prompt to alert staff to a diagnosis of a chronic disease, (i.e.) diabetes. Based on the diagnosis or other criteria a standardized lab order set is displayed, order set advises required lab work per quality indicators (A1c, Lipid panel)
Use Cases	Biosurveillance Quality Reporting for Outcomes
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	This requirement should be applicable to other chronic diseases
CP WG Reference Number	Biosurveillance: Master Order #26/Requirement #26.2 Quality Reporting for Outcomes: Master Order #2/Requirement #2.2, Master Order #16/Requirement #16.1
EHR WG Reference Number	BIO 26.2, QUAL 19.2, QUAL 47.2
CCHIT Requirement Number	FN 10.03, AM 22.03 (includes labs in future years)
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5.13 Inform provider of Best Practices in Disease Management

Clinical Basis for Requirement	The system shall have a CDS that informs the provider of best practices in smoking cessation and highlights relevant quality measures.
Functional Requirement	The system shall have a CDS that informs the provider of best practices in a disease and life habit and highlights relevant measures.
Use Cases	Quality Reporting for Outcomes
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #16/Requirement #16.4
EHR WG Reference Number	QUAL 50.1
CCHIT Requirement Number	AM 17.01 (general access to care plans, and clinical guidelines)
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5.14 Longitudinal Data Trending

Clinical Basis for Requirement	Appropriate clinical staffs are able to document, review and update patient problems, medications, medication reconciliation, and allergies/ADRs in the EHR, which provides the ability to manage each of these list-types. List items come from a HITSP-identified coded vocabulary that enables computable uses of the patient information, such as for CDS. Vital signs data including T, P, R, BP, Ht, Wt, BMI, (head circ-peds) is available for review <u>including longitudinal trending</u> . VS data entry occurs via device interfaces or in structured fields so <u>captured data is suitable for computable uses such as CDS</u> .
Functional Requirement	The system can capture vital signs data including T, P, R, BP, Ht, Wt, BMI, (head circ-peds) which is available for review <u>including longitudinal trending</u> .
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #1/Requirement #1.2 Quality Reporting for Prevention: Master Order #1/Requirement #1.2
EHR WG Reference Number	QUAL 16.3, QUAL 16.4, PRE 28.3, PRE 28.4
CCHIT Requirement Number	AM 08.13
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5.15 Patient Compliant with Follow-up

Clinical Basis for Requirement	The system facilitates the review of which patients are compliant with follow-up examinations.
Functional Requirement	The system facilitates the review of which patients are compliant with follow-up examinations.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #14/Requirement #14.7 Quality Reporting for Prevention: Master Order #14/Requirement #14.7
EHR WG Reference Number	QUAL 45.1, PRE 46.1
CCHIT Requirement Number	AM 23.01
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5.16 Recommendation for Type of Referral Based upon Clinical Condition

Clinical Basis for Requirement	<p>The system shall allow the education of the patient and referral to other patient educators (e.g., dietitian, diabetes educator, nutritionist, counselor, etc.) based on the current standards of care for the applicable condition (specifically for this scenario, diabetes and asthma), to be documented in a standardized manner with consistent nomenclature.</p> <p>The system shall prompt the physician to provide any appropriate referrals to WIC, SCHIP, and Medicaid programs</p>
Functional Requirement	The system shall suggest type of referral needed (e.g., to dietitian, diabetes educator, nutritionist, counselor, state and federal programs, etc.) based on the current standards of care for the applicable condition (specifically for this scenario, diabetes and asthma).
Use Cases	Quality Reporting for Outcomes MIH Surveillance
Timeline	11.01.09
Vendor Flag	NA
Vendor Feasibility	Vendor feasibility is still being determined.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #15/Requirement #15 MIH Surveillance: Master Order #13/Requirement #13.3
EHR WG Reference Number	QUAL 46.2, MIH 13.3
CCHIT Requirement Number	AM 22.05
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5.17 Reminder for Tracking Life Habits

Clinical Basis for Requirement	<p>The provider initiates a discussion with the patient about changing a life habits (i.e. smoking, alcohol, etc.). The provider sets an alert to provide advice every six months or as determined applicable by provider and the life habit.</p> <p>Patient either never scheduled their appointment or missed their appointment or are overdue for necessary tests</p>
Functional Requirement	The system shall allow for a reminder to be set based on the provider initiating a discussion of life habits to provide advice every six months or as determined applicable by provider and the life habit.
Use Cases	Quality Reporting for Outcomes
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #20/Requirement #20.1
EHR WG Reference Number	QUAL 51.1, MIH 32.1
CCHIT Requirement Number	AM 23.05, AM 22.11, AM 26.03
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5.18 Reminder to Follow-up with Patients

Clinical Basis for Requirement	The system shall link the system with the appointment scheduling feature that has a reminder and tracking function to call/follow-up with patient. Staff shall have the ability to check scheduling with PCP.
Functional Requirement	The system shall link with an appointment scheduling feature that has a reminder and tracking function to call/follow-up with patient.
Use Cases	Quality Reporting for Outcomes
Timeline	04.01.10
Vendor Flag	NA
Vendor Feasibility	Vendor feasibility is still being determined.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #22/Requirement #22
EHR WG Reference Number	QUAL 52.1
CCHIT Requirement Number	AM 23.10 (2010)
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5.19 Track Advice

Clinical Basis for Requirement	The system shall allow the education of the patient and referral to other patient educators (e.g., dietitian, diabetes educator, nutritionist, counselor, etc.) based on the current standards of care for the applicable condition (specifically for this scenario, diabetes and asthma), to be documented in a standardized manner with consistent nomenclature.
Functional Requirement	The system shall be able to document in a standardized manner with consistent nomenclature, education provided to patient, and referral(s) given to patient,
Use Cases	Quality Reporting for Outcomes
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #15/Requirement #15
EHR WG Reference Number	QUAL 46.3
CCHIT Requirement Number	AM 10.05 (does not specify that it needs to be done in a standardized manner)
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5.20 Incorporate DSS alerts and business rules provided by 3rd party

Clinical Basis for Requirement	<p>The system shall be able to implement business rules for disease reporting such as alerting a Clinician to call immediately for suspect case of a severe disease (small pox) or report at regular interval for routine conditions according to NYSDOH or NYCDOHMH policies and procedures.</p> <p>The system shall include flexibility to include the functionality to incorporate standardized and customized alerts based on requirements provided by the state health department.</p> <p>The system alerts the appropriate clinical staff to follow up with the patient</p>
Functional Requirement	<p>The system shall be able to define DSS rules which will alert a provider to perform an action based on NYSDOH or LHD criteria (i.e. report a suspect case of a reportable disease)</p> <p>The system shall be able to incorporate standardized and customized CDS alerts based on requirements provided by the state health department.</p>
Use Cases	<p>Biosurveillance Quality Reporting for Prevention</p>
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	<p>Biosurveillance: Master Order #4/Requirement #4.5 Quality Reporting for Prevention: Master Order #A.1/Requirement #A.1.17</p>
EHR WG Reference Number	BIO 4.5, PRE 25.1, AST 35.1
CCHIT Requirement Number	NA
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5.21 Alert for care to meet quality measure

Clinical Basis for Requirement	<p>The system shall have the capability to notify the clinician that a patient may qualify for a measure population and present options for care to meet measure requirements. This notification should include the measure numerator, denominator, and exclusion statements.</p> <p>The system shall notify the physician, in real time, when any trigger for the denominator is selected that a quality indicator is required.</p>
Functional Requirement	<p>If a patient may be qualified for a measure, the system shall present options for care to meet measure requirements.</p> <p>The system shall notify the physician, in real time, when any trigger for the denominator is selected that a quality indicator is required.</p>
Use Cases	Quality Reporting for Prevention
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # A.1/Requirement # A.1.5, Master Order #5/Requirement #5.3
EHR WG Reference Number	PRE 8.2, PRE 54.1
CCHIT Requirement Number	NA
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5.22 Alert provider to quality action needed for a patient

Clinical Basis for Requirement	The system will use specific denominator and numerator information to notify the provider, at the point of care, that there is a potential quality action that the provider may need to take for a specific patient.
Functional Requirement	The system will use specific denominator and numerator information to notify the provider, at the point of care, that there is a potential quality action that the provider may need to take for a specific patient.
Use Cases	Quality Reporting for Prevention
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # 1/Requirement # 1.5
EHR WG Reference Number	PRE 33.1
CCHIT Requirement Number	NA
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5.23 Alert of a Public Health case or display a PH case based on semi-structured data

<p>Clinical Basis for Requirement</p>	<p>The system shall be able to detect cases of reportable disease and notify Clinician of need to report to LHD based on semi-structured data</p> <p>The system shall be able to display message to alert Clinician of potential suspected cases according the currently active alerts based on semi-structured data</p> <p>The system shall be able to present an alert to clinician that this is a notifiable case and needs to be reported to DOH based on trigger criteria after positive laboratory report is received by system (see Biosurveillance Use Case – Event 1.3.1.0, (see PHCR Use Case – Event 7.1.2)). These definitions may include trigger criteria based upon unstructured data (e.g. chief complaint, triage note), semi-structured data (e.g. reason of visit), and structured data (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.). (see PHCR Use Case – Event 7.1.1)</p> <p>The system shall be able to define case based on unstructured data (e.g. chief complaint, triage note), semi-structured data (e.g. reason of visit), and structured data (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.)</p>
<p>Functional Requirement</p>	<p>The system shall present an alert to a provider that there is a notifiable case that needs to be reported to the NYSDOH or LHD base on trigger criteria being met. The notification should indicate if a call is required. These definitions may include trigger criteria based upon semi-structured data</p> <p>The system shall be able to identify and display a PH case based on semi-structured data (e.g. reason of visit),</p>
<p>Use Cases</p>	<p>Biosurveillance</p>
<p>Timeline</p>	<p>Future</p>
<p>Vendor Flag</p>	<p>■</p>
<p>Vendor Feasibility</p>	<p>Few responding vendors are currently able to meet this requirement</p>
<p>Comments</p>	<p></p>

CP WG Reference Number	Biosurveillance: Master Order #1/Requirement # 1.3, Master Order # 4/Requirement # 4.1, Master Order # 4/Requirement # 4.2
EHR WG Reference Number	BIO 4.1.1, BIO 1.3.1, BIO 4.2,
CCHIT Requirement Number	NA
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5.24 Alert of a Public Health case or display a PH case based on structured data

<p>Clinical Basis for Requirement</p>	<p>The system shall be able to detect severe diseases according diagnosis and test results and display message to Clinician to report such case immediately via telephone.</p> <p>The system shall be able to present an alert to clinician that this is a notifiable case and needs to be reported to DOH based on trigger criteria after positive laboratory report is received by system (see Biosurveillance Use Case – Event 1.3.1.0, (see PHCR Use Case – Event 7.1.2)). These definitions may include trigger criteria based upon unstructured data (e.g. chief complaint, triage note), semi-structured data (e.g. reason of visit), and structured data (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.) (see PHCR Use Case – Event 7.1.1)</p> <p>The system shall be able to receive and incorporate case definitions for syndromes under surveillance and diseases that are reportable to DOH and LHD (see Biosurveillance Use Case – Event 1.3.1.0). These definitions may include trigger criteria based upon chief complaint, problem list, medication history, assessment, orders, tests, results, diagnosis, LOINC, SNOMED, CPT (see PHCR Use Case – Event 7.1.1)</p> <p>The system shall be able to define case based on unstructured data (e.g. chief complaint, triage note), semi-structured data (e.g. reason of visit), and structured data (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.)</p>
<p>Functional Requirement</p>	<p>The system shall present an alert to a provider that there is a notifiable case that needs to be reported to the DOH or LHD base on trigger criteria being met. The system shall be able to use the following data fields as alert triggers related to PH case definitions: structured and codified data including (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.)</p> <p>The notification should indicate if a call is required. These definitions may include trigger criteria based upon structured or codified data</p>

Use Cases	Biosurveillance Influenza surveillance
Timeline	11.01.09/Future **
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	The ability to have alert triggers and display PH cases based on structured data is 11.01.09. Alert actions based on triggers are 04.01.10
CP WG Reference Number	Biosurveillance: Master Order #1/Requirement # 1.1, Master Order #1/Requirement # 1.3, Master Order # 4/Requirement # 4.1, Master Order #15/Requirement # 15.7
EHR WG Reference Number	BIO 1.1.1, BIO 1.3.2, BIO 4.1.2, BIO 15.14, FLU 4.1, FLU 17.2, FLU 25.14
CCHIT Requirement Number	NA
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5.25 Alert of a Public Health case or display a PH case based on unstructured data

<p>Clinical Basis for Requirement</p>	<p>The system shall be able to define case based on unstructured data (e.g. chief complaint, triage note), semi-structured data (e.g. reason of visit), and structured data (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.)</p> <p>The system shall be able to display message to alert The system shall be able to present an alert to clinician that this is a notifiable case and needs to be reported to DOH based on trigger criteria after positive laboratory report is received by system (see Biosurveillance Use Case – Event 1.3.1.0, (see PHCR Use Case – Event 7.1.2)). These definitions may include trigger criteria based upon unstructured data (e.g. chief complaint, triage note), semi-structured data (e.g. reason of visit), and structured data (diagnoses (ICD9), procedures (CPT), lab orders (CPT), results (LOINC), ICD9 coded problem list, SNOMED, or NDC coded medications.). (see PHCR Use Case – Event 7.1.1)</p> <p>Clinician of potential suspected cases according the currently active alerts</p>
<p>Functional Requirement</p>	<p>The system shall be able to identify and display a PH case based on unstructured data (e.g. chief complaint, triage note)</p> <p>The system shall present an alert to a provider that there is a notifiable case that needs to be reported to the DOH or LHD based on trigger criteria being met. The notification should indicate if a call is required. These definitions may include trigger criteria based upon unstructured data</p>
<p>Use Cases</p>	<p>Biosurveillance, Influenza surveillance, Asthma surveillance</p>
<p>Timeline</p>	<p>Future</p>
<p>Vendor Flag</p>	<p></p>
<p>Vendor Feasibility</p>	<p>Few responding vendors are currently able to meet this requirement</p>
<p>Comments</p>	<p></p>

CP WG Reference Number	Biosurveillance: Master Order #1/Requirement # 1.3, Master Order # 4/Requirement # 4.1, Master Order #18/Requirement # 18, Master Order #25/Requirement # 25
EHR WG Reference Number	BIO 1.3, BIO 4.1, BIO 18.1, BIO 25.1, MIH 38.14, FLU 17.6, FLU 18.1, AST 39.14
CCHIT Requirement Number	NA
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5.26 Alert to administer vaccine

Clinical Basis for Requirement	<p>The system shall be able to capture information that patient may receive a HPV vaccine at her next appointment</p> <p>The system shall prompt clinician to administer influenza vaccine</p> <p>The system shall prompt clinician to administer Vitamin K, eye ointment (antibiotic), and hepatitis B vaccine if appropriate</p>
Functional Requirement	The system shall be able to create an alert/reminder or note that appears in the patient chart that indicates that an immunization/vaccine should be administered at the next visit.
Use Cases	<p>Immunization</p> <p>Asthma Surveillance</p> <p>MIH Surveillance</p>
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	<p>Immunization: Master Order # 13/Requirement # 13.5</p> <p>Asthma Surveillance: Master Order # 22/Requirement # 22.2</p> <p>MIH Surveillance: Master Order # 20/Requirement # 20.2</p>
EHR WG Reference Number	IMM 13.5, AST 22.3, MIH 20.2, MIH 38.14, FLU 17.6, AST 39.14
CCHIT Requirement Number	NA
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5.27 Alert or prompt to guide treatment

Clinical Basis for Requirement	<p>The system shall be able to incorporate Public Health advisory/guidance message to suggest next appropriate actions (e.g. test order, follow-up procedure, etc.)</p> <p>The system shall prompt clinician to discuss methods to reduce exposure to relevant allergens and irritants</p> <p>The system shall automatically update CDS for determining asthma severity and associated treatment plans in accordance with any changes made to the NYSDOH Asthma Clinical Guidelines</p> <p>The system shall prompt the physician to conduct additional tests, as necessary, to identify the health of the mother and child</p> <p>The system shall prompt the clinician to administer step up and step down treatment based on CDS</p>
Functional Requirement	<p>The system shall receive an alert, and based on the type of alert, the providers will get a pop-up to guide treatment/follow-up (based on the case type) for a Public Health condition under Surveillance</p> <p>.</p>
Use Cases	<p>Biosurveillance Asthma Surveillance MIH Surveillance</p>
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	<p>Biosurveillance: Master Order # 22/Requirement # 22.2</p> <p>Asthma Surveillance: Master Order # 17/Requirement # 17.3, Master Order # 23.0/Requirement # 23.1, Master Order # 20/Requirement # 20.1</p> <p>MIH Surveillance: Master Order #7, Requirement # 7.4</p>
EHR WG Reference Number	BIO 22.2, AST 23.1, AST 17.3, AST 20.1, MIH 7.4, MIH 38.14, FLU 17.6, AST 39.14
CCHIT Requirement Number	NA

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5.28 Alert or prompt to follow treatment plans

Clinical Basis for Requirement	System shall prompt clinician to provide appropriate patient counseling and will assist with clinical decision support. The system shall prompt the physician to administer influenza vaccine to patient if pregnancy occurs during flu season [check]
Functional Requirement	System shall prompt clinician to counsel patients on behavior such as following treatment plans and taking medications and will assist with clinical decision support.
Use Cases	Biosurveillance Quality Reporting for Prevention MIH Surveillance
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # 5/Requirement # 5.1 MIH Surveillance: Master Order # 7/Requirement # 7.5
EHR WG Reference Number	PRE 52.1, MIH 7.5
CCHIT Requirement Number	NA
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5.29 Alert to notify patients of data sharing

Clinical Basis for Requirement	The system shall prompt provider to notify the parent of a child less than 19 years of age that the patient information will be shared with the central immunization registry.
Functional Requirement	Prior to administering a new vaccine, if a patient is under 19, the system will prompt the provider to inform the parent/child that their immunization information will be shared with a NYSDOH or NYC immunization registry.
Use Cases	Immunization
Timeline	04.01.10
Vendor Flag	<input checked="" type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order # 16/Requirement # 16.2a
EHR WG Reference Number	IMM 16.5
CCHIT Requirement Number	NA
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5.30 Prompt to address, capture and monitor progress of patient goals

Clinical Basis for Requirement	System shall be able to capture patient goals and monitor progress System shall prompt clinician to address patient self management goals.
Functional Requirement	System shall prompt clinician to address, to capture and to monitor progress of patient self management goals.
Use Cases	Quality Reporting for Prevention
Timeline	04.01.10
Vendor Flag	
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # 5/Requirement # 5.1a , Master Order # 5/Requirement # 5.1b,
EHR WG Reference Number	PRE 52.2, PRE 52.3
CCHIT Requirement Number	NA
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5.31 Reminders using a Post discharge automated reminder system

Clinical Basis for Requirement	The system shall be linked to a Post discharge surveillance automated reminder (PDS) based reminder system for follow up in one year (or appropriate time frame for condition/exam) (such as colonoscopies, eye exams, etc). The clinician enters necessary PDS information into the EHR system
Functional Requirement	The system shall be able to be linked to a Post discharge surveillance automated reminder (PDS) system, be able to provide the provider with a reminder for follow up in one year (or appropriate time frame for condition/exam) (such as colonoscopies, eye exams, etc). Clinicians can enter the anticipated date of the next appointment into the EHR which will be used in the post discharge surveillance automated reminder system (PDS)
Use Cases	Quality Reporting for Prevention Asthma Surveillance MIH Surveillance
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # 3/Requirement # 3.6, AST Surveillance: Master Order #27.0/Requirement 27.1 MIH Surveillance: Master Order #12/Requirement #12.1
EHR WG Reference Number	PRE 45.1, AST 27.1, MIH 12.1
CCHIT Requirement Number	NA
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5.32 Identify follow-up treatment for reportable diseases

Clinical Basis for Requirement	The system shall enable reporting to local public health agencies and streamline receipt of reports and feedback on nursing and other public health interventions such as home care referral management, TB follow up and treatment and follow-up of STD contacts.
Functional Requirement	The system shall provide CDS capability to identify and report to local Health Departments follow-up provided for certain treatable conditions and public health interventions (such as required home care referrals provided, TB follow-up care, follow-up of STD contacts)
Use Cases	Quality Reporting for Prevention
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # A.1/Requirement # A.1.16
EHR WG Reference Number	PRE 24.1
CCHIT Requirement Number	NA
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5.33 Patient eligibility for publicly assisted programs

<p>Clinical Basis for Requirement</p>	<p>The system shall identify, alert clinicians and generate ad hoc reports to eligibility for publicly funded programs and provide periodic updates to the eligibility criteria</p> <p>The system shall improve access to public benefit programs such as enrollment into Medicaid, CHP, EPIC, and PCAP; referral to cancer screening and follow-up programs for uninsured; access to State DOH programs-NYS Smoker's Quit line, diabetes programs, early Intervention.</p> <p>The system shall be able to implement business rules for disease reporting such as routing to the proper health department based on location of patient and/or Clinician.</p> <p>The system shall be linked to a Post discharge surveillance automated reminder (PDS) based reminder system for follow up appointment in 3-4 weeks (or appropriate time frame determined by clinician) and any necessary follow up tests in appropriate time frames</p>
<p>Functional Requirement</p>	<p>The system shall identify, and alert clinicians to eligibility of specific patients for publicly funded programs based on CDS criteria defined in the system. The system will allow periodic updates to the eligibility criteria.</p> <p>The system shall have the ability to create Clinical Decision Support statements, that will allow the practice to input (or the state to download) criteria which will allow the system to identify what public funding programs a patient is eligible for, and to provide the information to the clinician on how a patient can access those services. Data items will be defined by the state that will trigger identification</p> <p>The system shall be able to notify the provider which health department a report should be sent to based on patient demographics. Reports should go to the local health department associated with the patient's home address.</p>
<p>Use Cases</p>	<p>Biosurveillance Quality Reporting for Prevention</p>
<p>Timeline</p>	<p>Future</p>
<p>Vendor Flag</p>	<p>■</p>
<p>Vendor Feasibility</p>	<p>Few responding vendors are currently able to meet this requirement</p>

Comments	
CP WG Reference Number	Biosurveillance: Master Order # 4/Requirement # 4.7 Quality Reporting for Prevention: Master Order # A.1/Requirement # A.1.13b, Master Order # A.1/Requirement # A.1.15
EHR WG Reference Number	BIO 4.7, PRE 21.1, PRE 23.1, MIH 11.1, MIH 33.1
CCHIT Requirement Number	NA
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5.34 Standards based capture of quality information

Clinical Basis for Requirement	<p>The system shall have a standard field with structured nomenclature using HITSP harmonized standards for the documentation of completion of necessary quality actions.</p> <p>The system shall include a standard field with structured nomenclature using HITSP harmonized standards for the documentation of advice.</p>
Functional Requirement	<p>The system shall have a standard field with structured nomenclature using HITSP harmonized standards for the documentation of completion of necessary quality actions.</p> <p>The system shall include a standard field with structured nomenclature using HITSP harmonized standards for the documentation of advice.</p>
Use Cases	Quality Reporting for Prevention
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # 1/Requirement # 1.5a, Master Order # 3/Requirement # 3.11, Master Order # 5/Requirement # 5.4a
EHR WG Reference Number	PRE 34.1, PRE 50.1, PRE 56.1
CCHIT Requirement Number	NA
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5.35 Rules based response to an alert

Clinical Basis for Requirement	The system shall be able to set status on alerts based on defined business rules
Functional Requirement	The system shall be able to allow the clinician to respond to Public Health alerts presented and set a status before closing the alert window - Status would include Done, and Not Done. If the clinician clicks "Not Done" then the alert will reappear based upon urgency criteria established by the DOH/LHD (i.e. every day, once a week) until "Done" is clicked
Use Cases	Biosurveillance
Timeline	Future
Vendor Flag	<input checked="" type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order # 23/Requirement # 23.3
EHR WG Reference Number	BIO 23.3
CCHIT Requirement Number	NA
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5.36 Update measures based on data entered

Clinical Basis for Requirement	System shall update patient and practice level measures and measure reports based on documentation of counseling provided to patient The system shall automatically populate or update indicators based on prescription fill data.
Functional Requirement	System shall allow the provider to update or will automatically update patient and practice level quality measures and measure reports based on actions performed such as documentation of counseling provided to patient and prescription fill data.
Use Cases	Quality Reporting for Prevention
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # 5/Requirement # 5.2, Master Order # 9/Requirement # 9.2
EHR WG Reference Number	PRE 53.1 , PRE 64.1
CCHIT Requirement Number	NA
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5.37 Prompt to ask about vaccine status

Clinical Basis for Requirement	The system queries EHR/UPHN/RHIO for influenza vaccine history/status and prompts clinician to question patient on status The system shall be able to define line list data elements according to NYSDOH or NYCDOHMH policies and procedures.
Functional Requirement	Using the vaccine information in the system or available through the UPHN/RHIO the system prompts clinician to question patient on vaccine status
Use Cases	Asthma Surveillance
Timeline	04.01.10
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Asthma Surveillance: Master Order # 22/Requirement # 22.1
EHR WG Reference Number	AST 22.1, MIH 38.2
CCHIT Requirement Number	NA
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5.38

Prompt to schedule future appointments

Clinical Basis for Requirement	<p>The system shall prompt the clinician to arrange subsequent appointments as appropriate (First Trimester: 3-4 weeks; Second Trimester: 3-4 weeks; Third Trimester: 2-3 weeks or more frequent as needed)</p> <p>The system shall prompt the clinician to schedule a post-partum visit in the appropriate time frame of TBD number of weeks</p> <p>The system shall prompt the clinician to schedule follow up visits for the child and necessary vaccinations corresponding to the ACIP/CDC vaccine schedule</p> <p>The system shall have a standard field with structured nomenclature using HITSP harmonized standards for the documentation of completion of necessary quality actions.</p>
Functional Requirement	The system shall prompt a clinician to schedule appropriate follow up exams in the appropriate timeframes based on the clinical condition
Use Cases	MIH Surveillance
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	MIH Surveillance: Master Order # 16.0 Requirement # 16.2, Master Order # 26/Requirement # 26.2, Master Order # 27/Requirement # 27.1
EHR WG Reference Number	MIH 16.2, MIH 26.2, MIH 27.1, MIH 8.5
CCHIT Requirement Number	NA
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5.39 Computed value for reporting flu prevalence

Clinical Basis for Requirement	The system shall calculate counts of ILI patients weekly using the four digit data code (e.g., 0840 (October 4, 2008)) by age group (0-4, 5-24, 25-64, 64+) and calculate the total number of patients seen. Total number of patients is calculated by non-ILI +ILI = Total Patients seen for any reason
Functional Requirement	The system shall calculate counts of ILI (Influenza Like Patients) patients weekly using the four digit data code (e.g., 0840 (October 4, 2008)) by age group (0-4, 5-24, 25-64, 64+) and calculate the total number of patients seen
Use Cases	Influenza Surveillance
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	FLU Surveillance: Master Order # 10.0 Requirement # 10.2
EHR WG Reference Number	FLU 10.2
CCHIT Requirement Number	NA
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5.40 Prompt to administer questionnaire based on assessment results

Clinical Basis for Requirement	The system shall prompt the clinician to administer questionnaires to assess impairment based on CDS
Functional Requirement	The system shall receive an alert, and based on the type of alert, the providers will get a pop-up to guide patient assessment (based on the case type) for a Public Health condition under Surveillance
Use Cases	Asthma Surveillance
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Asthma Surveillance: Master Order # 19.0 Requirement # 19.1
EHR WG Reference Number	AST 19.1
CCHIT Requirement Number	NA
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6.0 ePrescribing Requirements

6.1 Drug Database - Standards Based

Clinical Basis for Requirement	The system shall have decision support capabilities.
Functional Requirement	EHR has standardized drug database (ex: FDB, Multum) with allergy dictionary. Drug codes from the dictionary will be stored for each medication order in order to allow effective decision support.
Use Cases	Medication Management
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Medication Management: Master Order #203a/Requirement # 203a.1
EHR WG Reference Number	CLI 34.1
CCHIT Requirement Number	IO-AM 09.14
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6.2 Drug-drug, Drug Allergies, and other Contraindication Checking

<p>Clinical Basis for Requirement</p>	<p>EHR shall support eRx capability according to standard protocols, and drug-allergy and drug interaction checking, with real-time feedback to ordering clinician.</p> <p>Technology allows cardiologist to determine if prescription drug is on formulary of patient's insurance plan. Formulary information provided through EMR or passed through the HIE by the RHIO. <u>Decision support within EMR should alert cardiologist of potential drug interactions.</u> Cardiologist records new prescription in EMR.</p> <p>The system <u>shall have decision support capabilities around eprescribing.</u> The physician shall have access to complete medication history in an <u>eprescribing or EHR system that has alerts for contraindications.</u> EHR shall support eRx capability according to standard protocols, <u>and drug-allergy and drug interaction checking, with real-time feedback to ordering clinician.</u> Appropriate clinical staff is able to document Chief Complaint/RFV and initial HPI in EHR. Clinical staff is able to perform medication reconciliation and update medication list and <u>allergies/ADRs from available sources</u> (patient, family, medication bottles, CCD-medical summary document or IHE encounter document via SHIN-NY, med Hx from SHIN-NY sources, etc.; including appropriate validation). The system will capture a clinician's documented reason for overriding a decision support alert.</p> <p>The system shall be able to capture and report the required data set elements for Immunization Registries to capture vaccines, as well as medical contraindications and patient refusals.</p>
<p>Functional Requirement</p>	<p>EHR has Rx decision support for drug-drug interactions and allergy checking and has mandatory alerting for drug-drug interactions, and allergies in the ePrescribing process. The system shall have the ability to alert the provider to medication contraindications. The system shall support eRx capability according to standard protocols, and drug-allergy and drug interaction checking, with real-time feedback to ordering clinician. The system shall be capable of allowing a physician to verify known patient allergies prior to completion of a</p>

	prescription. The system shall be able to capture Immunization medical contraindications.
Use Cases	Medication Management Connecting NYers Quality Reporting for Outcomes Quality Reporting for Prevention Immunization
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Medication Management: Master Order #83/Requirement # 83, Master Order #203a/Requirement # 203a.1 Connecting NYers: Master Order #61/Requirement # 61 Quality Reporting: Master Order #6/Requirement # 6.1, Master Order #1/Requirement # 1.3 Quality Reporting: Master Order #6/Requirement # 6.1 Immunization:
EHR WG Reference Number	CLI 17.2, CLI 34.3, CNY 48.2, QUAL 24.1, QUAL 17.2, PRE 58.1, IMM 18.1.1, MIH 10.1
CCHIT Requirement Number	AM 19.01, FN 12.01, AM 19.08
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6.3 Drug-drug, Drug Allergies, and other Contraindication Checking- Structured Data to Drive Alerts

Clinical Basis for Requirement	The system shall have decision support capabilities around medication alerts. The system shall be capable of allowing ED physician to verify known patient allergies prior to completion of ED prescription.
Functional Requirement	The system shall have decision support capabilities and structured fields to drive alerts (allergies, current medications). The system shall be capable of allowing a physician to verify known patient allergies prior to completion of a prescription.
Use Cases	Medication Management Quality Reporting for Outcomes
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Medication Management: Master Order #203a/Requirement # 203a.1 Quality Reporting for Outcomes: Master Order #6/Requirement # 6.4
EHR WG Reference Number	CLI 34.2, QUAL 27.1
CCHIT Requirement Number	AM 19.01, AM 04.07 (2009), FN 06.06, FN 07.06 (2009)
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6.4 Electronic prescribing using Surescripts/RxHub

<p>Clinical Basis for Requirement</p>	<p>The system shall be able to receive confirmation of filled prescriptions from the pharmacy or claims data</p> <p>The system shall confirm using SureScripts RxHub and Medicaid data that patient is filling his applicable prescribed medication. (See tab "Requirements Table_MMM" for Medication MGMT Use Case requirements)</p> <p>System allows cardiologist to send prescription to pharmacy electronically or to print for patient.</p> <p>Provider shall be able to electronically submit prescription information from the EHR to the pharmacy, PHR, HIE, and other authorized physicians.</p> <p>Appropriate clinical staff shall confirm previous medications and prescribe any potential new medications or make dose changes. Clinician shall come up with treatment plan and creates any new orders. Clinician shall have the ability to submit electronic or written orders such as labs, radiology, physical therapy, and other supportive services. Electronic submission includes full electronic communication of orders and submission of orders. The system shall confirm using SureScripts RxHub and Medicaid data that patient is filling his applicable prescribed medication.</p> <p>System allows pharmacy to receive prescription electronically. Pharmacy shall document electronically that med was dispensed so the message can be returned to the ordering clinician and PCP in a useful fashion.</p> <p>EHR shall support eRx capability according to standard protocols, and drug-allergy and drug interaction checking, with real-time feedback to ordering clinician.</p>
<p>Functional Requirement</p>	<p>ePrescribing function within EHR, documents and stores physician and patient info, SIG, substitutes and can electronically submit valid script to pharmacy. Provider shall be able to electronically submit prescription information from the EHR to the pharmacy, PHR, HIE, and other authorized physicians. The system shall permit clinicians to confirm previous</p>

	medications and prescribe any potential new medications or make dose changes. The system shall be certified by Surescripts/RxHub and will provide to each end-user ALL functions and features for ALL payers and channels available by Surescripts/RxHub, including eRX transactions (both pharmacy and mail order), e-refills, RxHistory, eligibility, and formulary. When Surescripts/RxHub and Medicaid are available as a state-level service, the system shall be certified for all available transactions through the state-level service and shall execute ALL Surescripts/RxHub and Medicaid transactions through the state-level service when it is available as per SCP Version 1.0 Medicaid Medication Management specifications.
Use Cases	Medication Management Connecting NYers Quality Reporting for Prevention Quality Reporting for Outcomes Influenza surveillance
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement or will be required to meet this requirement
Comments	SureScripts/RxHub will be provided as a state-level service through the SHIN-NY as part of V 1.0
CP WG Reference Number	Medication Management: Master Order #86/Requirement # 86 Connecting NYers: Master Order #65/Requirement # 65 Quality Reporting for Outcomes: Master Order #2/Requirement # 2.3, Master Order #7/Requirement # 7.3, Master Order #9/Requirement # 9.1, Master Order #11/Requirement # 11.2 Quality Reporting for Prevention: Master Order #5/Requirement # 5.5, Master Order #9/Requirement # 9.1
EHR WG Reference Number	CLI 18.1, CNY 50.1, QUAL 20.1, QUAL 30.1, QUAL 32.1, QUAL 38.1, PRE 57.1, PRE 63.1, FLU 12.1, FLU 13.1, AST 21.1
CCHIT Requirement Number	IO-AM 9.06 (generic ePrescribing, not specific to Surescripts)

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6.5 Payer Formularies

Clinical Basis for Requirement	Technology allows user to determine if prescription drug is on formulary of patient's insurance plan. Formulary information provided through EMR, RHIO, and/or state-level service (i.e., SHIN-NY).
Functional Requirement	EHR system is certified for RxHub and makes available to the end-user ALL payer eligibility information and formularies provided by RxHub. EHR system will interface to Medicaid state-level service as specified by SCP Version 1.0 Medicaid Medication Management requirements when the service becomes available.
Use Cases	Medication Management
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Medication Management: Master Order #83/Requirement # 83
EHR WG Reference Number	CLI 17.1
CCHIT Requirement Number	IO-AM 09.14
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7.0 Order Management Requirements

7.1 Closed Loop Referral Tracking

Clinical Basis for Requirement	<p>The system must capture and track the referral and track that the appointment was kept, results reviewed and sent to clinician and that the clinician has communicated with the patient, and where available include reasons for lack of completion (exam stopped early).</p> <p>The system must capture and track the referral and track that the appointment was kept, results reviewed and sent to PCP and that the PCP has communicated with the patient, and where available include reasons for lack of completion. The EHR shall allow for electronic referrals and be accessible through the HIE. Vendor would maintain referring physician table with phone numbers.</p>
Functional Requirement	The system must capture and track the referral and track that the appointment was kept, results reviewed and sent to PCP and that the PCP has communicated with the patient, and where available include reasons for lack of completion. The EHR shall allow for electronic referrals. Vendor would maintain referring physician table with phone numbers.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #14/Requirement #14.5 Quality Reporting for Prevention: Master Order #14/Requirement #14.5
EHR WG Reference Number	QUAL 43.1, CNY 37.3, PRE 44.1
CCHIT Requirement Number	AM 14.08 [not covered entirely]
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7.2 Create Order to be Faxed

Clinical Basis for Requirement	<p>The system shall allow for the provider to manually generate a patient specific order for the immunization.</p> <p>Clinician shall confirm previous medications and prescribe any potential new medications or make dose changes. Clinician shall come up with treatment plan and creates any new orders. Clinician shall have the ability to electronically submit orders such as labs, radiology, physical therapy, and other supportive services.</p>
Functional Requirement	If electronic ordering is not functional in the EHR, the system can create customized order forms to electronically fax from within the EHR to the relevant facility.
Use Cases	<p>Immunization</p> <p>Medication Management</p> <p>Connecting NYers</p>
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	<p>Immunization: Master Order #17/Requirement # 17.5</p> <p>Medication Management: Master Order #178/Requirement # 178</p> <p>Connecting NYers: Master Order #40/Requirement # 40</p>
EHR WG Reference Number	CLI 32.4, IMM 17.5
CCHIT Requirement Number	AM 12.01, AM 12.05, FN.10.03
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7.3 Electronic Orders to Multiple Facilities and Facility Types

<p>Clinical Basis for Requirement</p>	<p>Clinician shall have the ability to submit electronic or written orders such as labs, radiology, physical therapy, and other supportive services. <u>Electronic submission includes full electronic communication of orders and submission of orders.</u></p> <p>Clinician shall confirm previous medications and prescribe any potential new medications or make dose changes. <u>Clinician shall come up with treatment plan and creates any new orders. Clinician shall have the ability to electronically submit orders such as labs, radiology, physical therapy, and other supportive services.</u></p> <p><u>The system shall accommodate physician lab orders.</u> Clinical staffs are able to document detailed HPI/ROS/FH/Medical Hx/Surgical Hx/Social Hx and physical exam findings as required. <u>The system shall accommodate data entry for laboratory orders with electronic transmission of orders and return delivery of results over electronic system interfaces.</u></p> <p>Appropriate clinical staff shall confirm previous medications and prescribe any potential new medications or make dose changes. Clinician shall come up with treatment plan and creates any new orders. Clinician shall have the ability to submit electronic or written orders such as labs, radiology, physical therapy, and other supportive services. <u>Electronic submission includes full electronic communication of orders and submission of orders.</u></p> <p>Clinician shall be able to electronically order tests to be performed</p>
<p>Functional Requirement</p>	<p>System shall be able to create new orders based on a treatment plan. The system shall have the ability to electronically submit orders such as labs, radiology, physical therapy, and other supportive services and has electronic order entry module capable of managing orders to multiple facility-types and multiple facilities within each type. The system shall accommodate data entry for laboratory orders with electronic transmission of orders and return delivery of results over electronic system interfaces. Electronic submission includes full</p>

	electronic communication of orders and submission of orders.
Use Cases	Biosurveillance Medication Management Quality Reporting for Outcomes Quality Reporting for Prevention Asthma surveillance Influenza surveillance MIH surveillance
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Biosurveillance: Master Order #10/Requirement #10 Medication Management: Master Order #178/Requirement # 178 Quality Reporting for Outcomes: Master Order #2/Requirement # 2.1, Master Order #2/Requirement # 2.3 Quality Reporting for Prevention: Master Order #2/Requirement # 1.4, Master Order #2/Requirement # 1.4b, Master Order #3/Requirement # 3.9
EHR WG Reference Number	CLI 32.3, QUAL 18.1, QUAL 20.2, QUAL 20.3, BIO 10.1, PRE 47.1, PRE 48.1, FLU 6.1, FLU 7.1, AST 21.2, AST 21.3, MIH 8.1, MIH 8.3
CCHIT Requirement Number	AM 12.01, AM 12.05, FN.10.03
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7.4 Order Tracking Through Internal ID

Clinical Basis for Requirement	<p>The system must capture and track the referral and track that the appointment was kept, results reviewed and sent to clinician and that the clinician has communicated with the patient, and where available include reasons for lack of completion (exam stopped early).</p> <p>Clinician shall confirm previous medications and prescribe any potential new medications or make dose changes. Clinician shall come up with treatment plan and creates any new orders. <u>Clinician shall have the ability to electronically submit orders such as labs, radiology, physical therapy, and other supportive services.</u></p> <p>The EHR shall allow for <u>electronic referrals</u> and be accessible through the HIE. Vendor would maintain referring physician table with phone numbers.</p>
Functional Requirement	When electronic ordering is enabled the system can generate relevant requisition numbers, registration numbers, etc. to enable closed-loop tracking with relevant source system. System should also include a transaction identifier that would enable tracking across other systems.
Use Cases	Medication Management Connecting NYers Quality Reporting for Prevention
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	Referrals should be treated as closed loop orders as well and therefore need internal id numbers.
CP WG Reference Number	Medication Management: Master Order #178/Requirement # 178 Connecting NYers: Master Order #40/Requirement # 40 Quality Reporting for Prevention: Master Order #3/Requirement # 3.5
EHR WG Reference Number	CLI 32.5, CNY 37.3, PRE 44.1
CCHIT Requirement Number	NA

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8.0 Reporting Requirements

8.1 Identify Patients who Meet Quality Reporting Requirements

Clinical Basis for Requirement	The system shall have the capability to automatically identify patients who meet denominator requirements of each quality measure.
Functional Requirement	The system shall have the capability to automatically identify patients who meet denominator requirements of each quality measure. This can be done either through DSS alerts or embedded reporting functionality.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	The NYS-DOH has identified quality measures and source definition for these use cases.
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #A.1/Requirement #A.1.14 Quality Reporting for Prevention: Master Order #A.1/Requirement # A.1.3
EHR WG Reference Number	QUAL 4.1, PRE 5.1
CCHIT Requirement Number	NA
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8.2 Select and De-select Members of a Cohort

Clinical Basis for Requirement	The system shall have the capability for the provider to manually select/deselect a patient as part of a panel of patients who are relevant/not relevant and qualified/not qualified for specific quality measures;
Functional Requirement	The system shall have the capability for the provider to manually select/deselect a patient as part of a panel of patients who are relevant/not relevant and qualified/not qualified for specific quality measures. Panel can be selected using ad hoc or embedded reporting functionality.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #A.1/Requirement #A.1.1, Master Order #A.1/Requirement #A.1.3 Quality Reporting for Prevention: Master Order #A.1/Requirement # A.1.4
EHR WG Reference Number	QUAL 1.2, QUAL 3.2, PRE 6.2
CCHIT Requirement Number	AM 22.01, AM 29.03, AM 29.04, AM 01.04, 02.01, 29.01, AM 29.02, AM 29.04, AM 29.07, AM 29.08
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8.3 Store Discrete Data for Quality Reporting

<p>Clinical Basis for Requirement</p>	<p>The system shall have the capability for the clinician to manually select/deselect a patient as part of a panel of patients who are relevant/not relevant and qualified/not qualified for specific quality measures; and will include an audit trail of all changes that are made to patient records.</p> <p>The system shall have the capability to receive and store measure information-includes general measure information, numerator/denominator/exclusion statements for each measure, including term definitions (which include identifying codes that define inclusions and exclusions)</p> <p>The system shall have the capability <u>to receive and store measure information either documented from within the EHR or from an external source, including general measure information, numerator/denominator/exclusion statements for each measure and code information in an exchangeable / interoperable format.</u></p> <p>The system shall have the capability for the provider to manually select/deselect a patient as part of a panel of patients who are relevant/not relevant and qualified/not qualified for specific quality measures; <u>in order to extract data, it must be stored in a discrete codified manner;</u> the system will include an audit trail of all changes that are made to patient records.</p>
<p>Functional Requirement</p>	<p>The EHR shall have the ability to store discrete values that will be used to compute quality measures.</p>
<p>Use Cases</p>	<p>Quality Reporting for Outcomes Quality Reporting for Prevention</p>
<p>Timeline</p>	<p>11.01.08</p>
<p>Vendor Flag</p>	<p><input type="checkbox"/></p>
<p>Vendor Feasibility</p>	<p>Most responding vendors are currently able to meet this requirement.</p>
<p>Comments</p>	<p>Specific quality measures need to be determined.</p>

CP WG Reference Number	Quality Reporting for Outcomes: Master Order #A.1/Requirement #A.1.1, Master Order #A.1/Requirement #A.1.3 Quality Reporting for Prevention: Master Order #A.1/Requirement #A.1.1, Master Order #A.1/Requirement # A.1.4
EHR WG Reference Number	PRE 1.1, PRE 6.1 QUAL 1.1, QUAL 3.1
CCHIT Requirement Number	AM 08.18 (2009) , IO-AM 14.03 (2010)
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8.4 Practice eligibility for publicly assisted programs

Clinical Basis for Requirement	The system shall identify, alert clinicians and generate ad hoc reports to eligibility for publicly funded programs and provide periodic updates to the eligibility criteria.
Functional Requirement	The system shall generate ad hoc reports showing practice eligibility for publicly funded programs based on CDS criteria defined in the system
Use Cases	Quality Reporting for Prevention
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order #A.1/Requirement #A.1.13b
EHR WG Reference Number	PRE 21.2
CCHIT Requirement Number	NA
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8.5 Start and end date for reports and alerts

Clinical Basis for Requirement	The system shall be able to restrict case definition to certain time intervals as the last day, week, or month. The system shall be able to restrict a patient summary document for a certain time frame such as last 48 hours.
Functional Requirement	The system shall be able to limit the time interval (i.e. last day, week, month) for pulling relevant cases, or have a start and end case date prior to retrieving potential Public Health cases
Use Cases	Biosurveillance Asthma surveillance Influenza surveillance
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Biosurveillance: Master Order #1/Requirement #1.4, Master Order #15/Requirement #15.10
EHR WG Reference Number	BIO 1.4, BIO 15.7, MIH 38.7, AST 30.5, AST 39.7, FLU 17.7, FLU 25.7, AST 32.1
CCHIT Requirement Number	NA
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8.6 Auto run a report to identify new cases

Clinical Basis for Requirement	<p>The system shall be able to schedule surveillance reporting at regular intervals.</p> <p>The system runs automatic query and alerts clinician that over the past week, several patients have presented with [asthma symptoms including, but not limited to: dyspnea, cough and/or wheezing, especially nocturnal, difficulty breathing or chest tightness.] conditions and symptoms to a specific disease under surveillance</p> <p>Based on predefined case definitions the system will automatically run a query and provide alerts to the clinician that over the past week, several patients have presented with similar influenza symptoms including, but not limited to: Fever (usually high), Headache, Tiredness (can be extreme), Cough, Sore throat, Runny or stuffy nose, Body aches, Diarrhea and vomiting</p>
Functional Requirement	The system shall be able to run a report on a pre-defined schedule that would identify new cases based on case definitions and alerts clinicians of new cases.
Use Cases	<p>Biosurveillance</p> <p>Asthma Surveillance</p> <p>Influenza Surveillance</p>
Timeline	Future
Vendor Flag	<input checked="" type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	<p>Biosurveillance: Master Order #15/Requirement #15.6</p> <p>Asthma Surveillance: Master Order #30/Requirement #30.1a</p> <p>Influenza Surveillance: Master Order #17/Requirement #17.1a</p>
EHR WG Reference Number	BIO 15.13, AST 30.2, FLU 17.3, MIH 38.13, AST 39.13, FLU 25.13
CCHIT Requirement Number	NA
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8.7 Calculate Measures

Clinical Basis for Requirement	The system shall calculate quality measures according to measure-developer supplied algorithms, reflecting all updates to measure definitions that are provided as part of ongoing support agreements
Functional Requirement	The system shall correctly calculate quality measures according to measure-developer supplied algorithms, reflecting all updates to measure definitions that are provided as part of ongoing support agreements
Use Cases	Quality Reporting for Prevention
Timeline	11.01.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # A.1/Requirement # A.1.11
EHR WG Reference Number	PRE 16.1
CCHIT Requirement Number	NA
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8.8 Reporting to State, CDC Registry, and external sources

<p>Clinical Basis for Requirement</p>	<p>The system shall send a report to the central immunization registry that immunization was administered and include at a minimum the</p> <ol style="list-style-type: none"> 1. CDC Core Data Set for implementation in NYS outside NYC 2. CIR HL7 Web Service data element specifications for reporting in NYC <p>The system shall be able to capture and report the required data set elements for Immunization Registries to capture vaccines, as well as medical contraindications and patient refusals.</p> <p>Data set elements:</p> <ol style="list-style-type: none"> 1. CDC Core Data Set for implementation in NYS outside NYC 2. CIR HL7 Web Service data element specifications for reporting in NYC <p>The system will have the capability to send quality reports to all practices and NYSDOH on a regular TBD (annual) basis.</p> <p>The System shall enable electronic transmission of lab reports to the Department of Health via the RHIO</p> <p>The system shall be able to send MIH data and reports to consumers and the public through the NYSDOH for increasing awareness of local MIH conditions in order to assist with interventions.</p>
<p>Functional Requirement</p>	<p>The EHR shall be able to capture data, run a report and transmit that report. Reports types and recipients include:</p> <ol style="list-style-type: none"> 1. Either to the NYS DOH or the Citywide Immunization Registry that an immunization was administered and shall include the following minimum data. <ol style="list-style-type: none"> a. CDC Core Data Set for implementation in NYS outside NYC or b. CIR HL7 Web Service data element specifications for reporting in NYC 2. NYSDOH on a regular (i.e. annual) basis or to all practices, quality reports 3. to NYS DOH transmission of lab results and reports as needed for public health investigation (i.e. MIH data) <p>Transmission can be via data export to a file and then e-</p>

	mail.
Use Cases	Immunization Quality Reporting for Prevention Biosurveillance MIH Surveillance
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order # 18/Requirement # 18.1, Master Order # 19/Requirement # 19.1 Quality Reporting for Prevention: Master Order # A.1/Requirement # A.1.13a Biosurveillance: Master Order #3/Requirement #3.1 MIH Surveillance: Master Order #39/Requirement #39.1
EHR WG Reference Number	IMM 18.1, IMM 19.1, PRE 20.1, PRE 20.2, BIO 3.2, MIH 13.2, FLU 9.2
CCHIT Requirement Number	NA
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8.9 Data aggregation and ID patient that meet case definitions

Clinical Basis for Requirement	The system shall be able to aggregate, anonymize, and format surveillance data according to appropriate standards (see assumptions for Biosurveillance Use Case – Events 1.1.2.0-1.1.3.0) The system shall be able to assemble a line list of all patients meeting the case definition (e.g. all patients with smallpox or pregnant patients).
Functional Requirement	The system shall be able to aggregate patient data and run a report that identifies all patients that meet the current case definition or outbreak. The report will include data elements necessary for case investigation.
Use Cases	Boisurveillance Asthma surveillance Influenza surveillance MIH surveillance
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order #1/Requirement # 1.5, Master Order #15/Requirement # 15.4
EHR WG Reference Number	BIO 1.5, BIO 15.3, MIH 38.3, AST 30.6, FLU 17.8, MIH 31.3, FLU 19.1, AST 39.3, FLU 25.3
CCHIT Requirement Number	NA
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8.10 Data Export - Retransmit failed report

Clinical Basis for Requirement	The system shall be able to re-transmit a report in the event of failure either at the Clinician or NYSDOH/NYCDOHMH
Functional Requirement	The system shall be able to re-transmit a report in the event of failure either at the clinician end (EHR) or NYSDOH/NYCDOHMH end
Use Cases	Boisurveillance
Timeline	11.01.09
Vendor Flag	
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order #4/Requirement # 4.10
EHR WG Reference Number	BIO 4.10
CCHIT Requirement Number	NA
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8.11 Data Export – Case Counts to DOH

Clinical Basis for Requirement	<p>The system shall be able to send counts of cases meeting case definition for syndromes under surveillance, aggregated anonymized data and data linkers to DOH, and LHD (via UPHN) (see assumptions for Biosurveillance Use Case 1.1.1.0, PHCR Use Case – Action 7.1.2.2.)</p> <p>The system shall be able to generate an aggregate count of patients meeting the case definition.</p>
Functional Requirement	The system shall be able to send counts of cases meeting case definitions for syndromes under surveillance as part of a data file to the DOH/LHD (via the HIE or SHIN-NY)
Use Cases	<p>Boisurveillance</p> <p>Influenza surveillance</p> <p>Asthma surveillance</p> <p>MIH surveillance</p>
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order #1/Requirement # 1.7, Master Order #15/Requirement # 15.13
EHR WG Reference Number	BIO 1.7, BIO 15.10, MIH 38.10, AST 39.10, MIH 31.5, AST 30.8, FLU 17.10, FLU 23.1, FLU 25.10, AST 33.1
CCHIT Requirement Number	NA
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8.12 Display quality measures being captured

Clinical Basis for Requirement	The system shall have the capability to inform clinicians of the quality measures that are being collected for each practice. This functionality should be optional.
Functional Requirement	The system shall be able to show the provider which quality measures are being collected for that practice. [For example in a multi-specialty practice, providers should know what measures are being collected for each specialty]
Use Cases	Quality Reporting for Prevention
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order #A.1/Requirement # A.1.1a
EHR WG Reference Number	PRE 2.1
CCHIT Requirement Number	NA
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8.13 Display trend data for Quality Reporting and Public Health

Clinical Basis for Requirement	<p>The system shall be able to graph, tabulate or allow simple manipulation of data received from NYSDOH or NYCDOH.</p> <p>The system should provide the ability at each level- local, regional, and state- to group results by clinician, practice site, team, geographic region, payer class, ethnicity, etc using a simple and straightforward process.</p>
Functional Requirement	<p>The system shall be able to display data in a graphical or tabular form</p> <p>Data presented shall include:</p> <ul style="list-style-type: none"> • Regional public health outbreak data vs. practice data • Quality data at each level (local, regional, and state) grouping results by provider, practice site, team, geographic region, payer class, ethnicity, etc using a simple and straightforward process. <p>The system should provide the ability at each level- (local, regional, and state) to group results by provider, practice site, team, geographic region, payer class, ethnicity, etc using a simple and straightforward process.</p>
Use Cases	<p>Biosurveillance Quality Reporting for Prevention Asthma surveillance Influenza surveillance MIH surveillance</p>
Timeline	Future
Vendor Flag	
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order # 15/Requirement # 15.5 Quality Reporting for Prevention: Master Order # A.1/Requirement # A.1.2, Master Order # A.1/Requirement # A.1.8a
EHR WG Reference Number	BIO 15.12, PRE 13.1, MIH 38.12, AST 39.12, FLU 25.12
CCHIT Requirement Number	NA
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8.14 Document patient inclusion/exclusion in Quality measures

Clinical Basis for Requirement	The system shall have the capability to document rationale for exclusion of patients from numerator compliance or denominator inclusion.
Functional Requirement	The system shall have the ability to document at the patient level why a patient has been excluded from the numerator or included in the denominator as part of an override of the criteria
Use Cases	Quality Reporting for Prevention
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # A.1/Requirement # A.1.4a
EHR WG Reference Number	PRE 7.1
CCHIT Requirement Number	NA
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8.15 Identify additional patients meeting PH outbreak criteria

Clinical Basis for Requirement	The system shall be able to report (add) additional suspect cases to a prior reported outbreak electronically The systems shall capture whether or not the data reported is a revision of data reported on an earlier date
Functional Requirement	The system shall be able to run a query to identify additional information that might be included as part of the current outbreak (based on case definitions), newly identified patients are added into the report and resent to DOH. The report will highlight or mark new additions.
Use Cases	Biosurveillance Influenza surveillance
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order # 23/Requirement # 23
EHR WG Reference Number	BIO 23.1, FLU 10.3
CCHIT Requirement Number	NA
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8.16 Quality Reporting: List of compliant/non-compliant and overdue patients

Clinical Basis for Requirement	The system shall have the capability to generate patient-level lists of patients who did and did not meet numerator requirements. The system shall have a method for the physician to receive a list of all patients in their practice that are overdue. (See tab "Requirements Table_MMM" for Medication MGMT Use Case requirements 6 and 8)
Functional Requirement	The system shall have the capability to generate patient-level lists of patients who did and did not meet numerator requirements. (i.e. at point of care show if patient is compliant for a measure, once a month shows all patients not compliant for a certain measure, etc.) The system shall have a method for the physician to receive a list of all patients in their practice that are overdue.
Use Cases	Quality Reporting for Prevention
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # A.1/Requirement # A.1.11a, Master Order # 2/Requirement # 2.3
EHR WG Reference Number	PRE 17.1, PRE 37.1
CCHIT Requirement Number	NA
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8.17 Notification of successful report delivery

Clinical Basis for Requirement	The system shall be able to receive confirmation of successful report submission with report number for follow-up or message to resubmit if transmission failed.
Functional Requirement	The system shall be able to receive confirmation of successful report submission to DOH/LHD with a unique report tracking number provided to follow-up or message to resubmit if transmission failed.
Use Cases	Biosurveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order # 4/Requirement # 4.9
EHR WG Reference Number	BIO 4.9
CCHIT Requirement Number	NA
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8.18 Send public health summary report and Line List to DOH

<p>Clinical Basis for Requirement</p>	<p>System shall be able to report all required cases with all elements drawn from existing data that relate to data elements that can be collected to include: Last name, first name, MI, Suffix, Maiden, home phone number, work phone number, Address, DOB, Age, Units (Days, months, years, unknown), Occupational setting (food service, day care, health care, student/school, inmate, other, correctional work, unknown), race (white, black, amer. ind./alaskan, asian, native hawaiian/pacific islander, other, unknown), ethnicity (hispanic or latino, not hispanic or latino, unknown), sex (male, female, unknown), pregnant (yes, no, unknown), hospitalized (yes, no; date, discharge), deceased (date of death), Hospital, Chart #, Disease, Dates: First symptom, Diagnosis, of Report; Source (MD, PH Nurse, Lab, Hospital, School Nurse, Other county HD, Other State HD, Unknown, Other), clinician Name, clinician call back number, clinician address, Reporting individual, reporting individual phone, reporting lab, Dates: DOH389 received, Report received by LHD, Investigation started; case year, outbreak related (sporadic case, cluster [2], outbreak [>2], unknown), Case status (confirmed, probable, suspected, unknown), date report received by LHD</p> <p>The system shall be able to submit the summary report and line listing of suspected cases based on selected case definition and time frame (e.g. hour, day, week, etc.) with required data elements and pseudonymized data linker</p> <p>The system shall be able to transmit a line list to DOH.</p>
<p>Functional Requirement</p>	<p>System shall be able to report all required cases with all elements drawn from existing data that relate to data elements that can be collected to include: Last name, first name, MI, Suffix, Maiden, home phone number, work phone number, Address, DOB, Age, Units (Days, months, years, unknown), Occupational setting (food service, day care, health care, student/school, inmate, other, correctional work, unknown), race (white, black, amer. ind./alaskan, asian, native hawaiian/pacific islander, other, unknown), ethnicity (hispanic or latino, not hispanic or latino, unknown), sex (male, female, unknown), pregnant (yes, no, unknown), hospitalized (yes, no; date, discharge), deceased (date of death), Hospital, Chart #, Disease, Dates: First symptom,</p>

	<p>Diagnosis, of Report; Source (MD, PH Nurse, Lab, Hospital, School Nurse, Other county HD, Other State HD, Unknown, Other), clinician Name, clinician call back number, clinician address, Reporting individual, reporting individual phone, reporting lab, Dates: DOH received, Report received by LHD, Investigation started; case year, outbreak related (sporadic case, cluster [2], outbreak [>2], unknown), Case status (confirmed, probable, suspected, unknown), date report received by LHD</p> <p>The system shall be able to submit the summary report and line listing of suspected cases based on selected case definition and time frame (e.g. hour, day, week, etc.) with <u>required data elements</u> and pseudonymized data linker</p>
Use Cases	<p>Biosurveillance Influenza surveillance MIH surveillance Asthma surveillance</p>
Timeline	Future
Vendor Flag	<input checked="" type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order # 4/Requirement # 4.3, Master Order # 15/Requirement # 15.8, Master Order # 20/Requirement # 20
EHR WG Reference Number	BIO 4.3, BIO 15.5, BIO 20.1, MIH 38.5, FLU 25.5, AST 33.1, FLU 23.1, AST 39.5
CCHIT Requirement Number	NA
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8.19 Mark a patient for a particular PH event

Clinical Basis for Requirement	The system shall include patients counts with data linkers so that DOH is able to trace back counts to get line lists of patients in an event an unusual cluster is detected. (see Biosurveillance Use Case – Events 1.1.1.0 to 1.1.5.0)
Functional Requirement	The system shall have a data field where a provider can mark a patient as being suspect for a particular disease or syndrome.
Use Cases	Biosurveillance MIH surveillance Asthma surveillance Influenza surveillance
Timeline	11.01.09
Vendor Flag	
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order # 1/Requirement # 1.6
EHR WG Reference Number	BIO 1.6, MIH 31.4, AST 30.7, FLU 17.9
CCHIT Requirement Number	NA
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8.20 Registry Function – Report Public Health patients marked

Clinical Basis for Requirement	<p>The system shall include patients counts with data linkers so that DOH is able to trace back counts to get line lists of patients in an event an unusual cluster is detected. (see Biosurveillance Use Case – Events 1.1.1.0 to 1.1.5.0)</p> <p>Identified cases of fatal influenza illness in pediatric patients less than 18 years of age and any pediatric deaths resulting from an illness clinically compatible with influenza shall be reported to the LHD</p>
Functional Requirement	The system shall be able to pull up and report a list of patients that have been marked as suspect for a particular disease or syndrome
Use Cases	Biosurveillance Influenza
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Biosurveillance: Master Order # 1/Requirement # 1.6 Influenza Surveillance: Master Order #27, Requirement #27.3
EHR WG Reference Number	BIO 1.6.1, MIH 31.4, AST 30.7, FLU 17.9, FLU 27.3
CCHIT Requirement Number	NA
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8.21 Report for validating patient quality data

Clinical Basis for Requirement	The system and process shall facilitate validation and correction of data elements required for quality measurement. This may be done by producing edit-able patient level lists that can easily be checked against internal records.
Functional Requirement	The system shall facilitate validation and correction of data elements required for quality measurement. This may be done by producing edit-able patient level lists that can easily be checked against internal records.
Use Cases	Quality Reporting for Prevention
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # A.1/Requirement # A.1.10
EHR WG Reference Number	PRE 15.1
CCHIT Requirement Number	NA
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8.22 Updates to quality parameters

Clinical Basis for Requirement	The system shall allow comparisons over time of quality indicator performance both at the patient and practice level.
Functional Requirement	The system shall allow comparisons over time of quality indicator performance both at the patient and practice level.
Use Cases	Quality Reporting for Prevention
Timeline	Future
Vendor Flag	
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Quality Reporting for Prevention: Master Order # 8/Requirement # 8
EHR WG Reference Number	PRE 62.1
CCHIT Requirement Number	NA
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8.23 Audit log of reports sent

Clinical Basis for Requirement	The system shall be able to log the reporting for later retrieval and summary report generation
Functional Requirement	The system shall keep a log of all report transmissions. The report is retrievable and can be viewed as a summary report
Use Case	Biosurveillance
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	NA
CP WG Reference Number	Biosurveillance: Master Order #4/Requirement #4.11
EHR WG Reference Number	BIO 4.11
CCHIT Requirement Number	NA
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8.24 Alert if errors in transmission

Clinical Basis for Requirement	System shall alert user regarding any errors detected by the central immunization registry and of any immunization record updates rejected by central immunization registry
Functional Requirement	When transmitting a real-time or batch file from the EHR to the Immunization registry, the system will send a real-time alert or notification and/or a log file will be generated after a file transmission from the EHR has completed indicating that there were errors in receiving Immunization data.
Use Cases	Immunization
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order #19/Requirement #19.2
EHR WG Reference Number	IMM 19.2
CCHIT Requirement Number	NA
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8.25 Alert if immunization data not sent

Clinical Basis for Requirement	System shall maintain log of all immunization records successfully submitted to central immunization registry and <u>notify user of any immunization records not submitted to registry within 14 days of administration or capture in the EHR</u>
Functional Requirement	System shall notify user or create a batch file of any immunization records not submitted to registry within 14 days of administration.
Use Cases	Immunization
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	There was a vendor split on this requirement with half indicating green and half indicating red. This requirement was accelerated due to feedback from Clinical Priorities and review by vendors.
CP WG Reference Number	Immunization: Master Order #19/Requirement #19.3
EHR WG Reference Number	IMM 19.3.1
CCHIT Requirement Number	NA
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8.26 Data field for VFC status

Clinical Basis for Requirement	The system shall allow for the VFC status to automatically be determined and stored for reporting purposes
Functional Requirement	The provider practice will determine the VFC (Vaccine for Children) status, the system will store and record VFC status in a structured data field that can be used for reporting. A provider can also enter certain criteria (form) that captures the state defined criteria and then can flag VFC status.
Use Cases	Immunization
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Immunization: Master Order # 17/Requirement # 17.1
EHR WG Reference Number	IMM 17.1
CCHIT Requirement Number	NA
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8.27 Data definitions for line list data elements

Clinical Basis for Requirement	The system shall be able to define line list data elements according to NYSDOH or NYCDOHMH policies and procedures.
Functional Requirement	The system can accept data definitions for line list data elements as defined by NYS or NYC
Use Cases	Biosurveillance Asthma surveillance Influenza surveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order # 15/Requirement # 15.2
EHR WG Reference Number	BIO 15.2, AST 39.2, FLU 25.2
CCHIT Requirement Number	NA
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8.28 Add or capture additional data elements for reporting purposes

Clinical Basis for Requirement	<p>The system shall be able to capture additional available/relevant clinical history and other clinical information as outlined by the case questionnaire being use by the LHD (Local Health Department) and/or NYS DOH from the Clinician (e.g., lab tests ordered, employment, etc.) as defined by health department for reporting purposes.</p> <p>The system shall be able to capture additional available/relevant clinical history from Clinician (e.g., food history, employment, etc.) as defined by health department for reporting purposes.</p>
Functional Requirement	<p>If the system has identified and alerted a provider to a potential suspect case based on currently active alerts, the provider can capture in the system additional information as required by DOH as defined for the current case. (Assume that additional fields can be added to the system and that provider captures them manually. Automatic import/capture is future version.) Additional data elements are able to be reported on.</p>
Use Cases	Biosurveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order #22/Requirement #22.4, Master Order #26/Requirement #26
EHR WG Reference Number	BIO 22.5, BIO 26.1
CCHIT Requirement Number	NA
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8.29 Log files

Clinical Basis for Requirement	System shall maintain log of all immunization records successfully submitted to central immunization registry and notify user of any immunization records not submitted to registry within 14 days of administration or capture in the EHR
Functional Requirement	The system shall have a log of all (immunization) records successfully submitted to the central immunization registry or other remote system.
Use Cases	Immunization
Timeline	08.31.09
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	There was a vendor split on this requirement with half indicating green and half indicating red. This requirement was accelerated due to feedback from Clinical Priorities and review by vendors.
CP WG Reference Number	Immunization: Master Order #19/Requirement #19.3
EHR WG Reference Number	IMM 19.3
CCHIT Requirement Number	NA
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8.30 Reporting - Submit notification of suspect cases using standard forms

Clinical Basis for Requirement	The system shall be able to submit electronic notification of suspect cases to DOH when initiated by Clinician using standardized reporting forms (see PHCR Use Case – Event 7.1.4). See TB Form, STD Form, and General Communicable Disease for worksheets for list of data elements for standard reporting form to DOH.
Functional Requirement	The system shall be able to submit electronic notification of suspect cases to DOH when initiated by Clinician using standardized reporting forms (see PHCR Use Case – Event 7.1.4). See TB Form, STD Form, and General Communicable Disease worksheets for list of data elements for standard reporting form to DOH.
Use Cases	Biosurveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Biosurveillance: Master Order #4/Requirement #4.13
EHR WG Reference Number	BIO 4.13
CCHIT Requirement Number	NA
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8.31 Alert for missing data

Clinical Basis for Requirement	System shall notify user if required fields are missing
Functional Requirement	Prior to a data file or a message being sent to a recipient system [i.e. to an immunization registry] an alert will notify user of missing data element. This may be logged to file.
Use Cases	Immunization
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Immunization: Master Order #18/Requirement #18.4
EHR WG Reference Number	IMM 18.4
CCHIT Requirement Number	NA
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8.32 Patient eligibility for publically assisted programs

Clinical Basis for Requirement	The system shall be able to implement business rules for disease reporting such as routing to the proper health department based on location of patient and/or Clinician.
Functional Requirement	The system shall be able to notify the provider which health department a report should be sent to based on patient demographics. Reports should go to the local health department associated with the patient's home address.
Use Cases	Biosurveillance Quality Reporting for Prevention
Timeline	Future
Vendor Flag	<input checked="" type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Biosurveillance: Master Order # 4/Requirement # 4.7
EHR WG Reference Number	BIO 4.7
CCHIT Requirement Number	NA
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8.33 Run a query to report to track specific tracked outcome

Clinical Basis for Requirement	The system shall query for pediatric influenza-associated death for a on a case by case basis
Functional Requirement	The system shall be able to query and report on patients flagged as have a Reason for Death as Influenza. The report shall have a customizable start and end date.
Use Cases	Influenza Surveillance
Timeline	11.01.09
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement
Comments	
CP WG Reference Number	Influenza Surveillance: Master Order # 27.0/Requirement # 27.2
EHR WG Reference Number	FLU 27.2
CCHIT Requirement Number	NA
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9.0 Results Management Requirements

9.1 Flag Abnormal Labs

Clinical Basis for Requirement	<p>The system shall send the lab request electronically. <u>Lab results are populated electronically into the EHR with flags for abnormal results</u>, reminder is set in EHR for recommended time frame for next lab test</p> <p>All lab vendors must provide compendium with mapping to LOINC, SNOMED, pathology, lab and pap smear terminology, and must send LOINC and other mappings in HL7 result messages, when available.</p> <p>All lab vendors must provide compendium with mapping to LOINC, and must send LOINC mappings as determined by the RHIO.</p>
Functional Requirement	Lab results are populated (imported) electronically into the EHR with flags for abnormal results.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #16/Requirement #16.2 Quality Reporting for Prevention: Master Order #3/Requirement #3.10
EHR WG Reference Number	QUAL 48.2, PRE 49.2, MIH 8.4
CCHIT Requirement Number	AM 14.01
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9.2 Lab Results

Clinical Basis for Requirement	<p>The system shall send the lab request electronically. Lab results are populated electronically into the EHR with flags for abnormal results, reminder is set in EHR for recommended time frame for next lab test</p> <p>All lab vendors must provide compendium with mapping to LOINC, SNOMED, pathology, lab and pap smear terminology, and must send LOINC and other mappings in HL7 result messages or as determined by the RHIO, when available.</p> <p>System shall be able to receive electronic lab reports</p> <p><u>The system shall send the lab request electronically.</u> Lab results are populated electronically into the EHR with flags for abnormal results; reminder is set in EHR for recommended time frame for next lab test.</p>
Functional Requirement	The EHR must accept electronically delivered lab results.
Use Cases	<p>Biosurveillance</p> <p>Quality Reporting for Outcomes</p> <p>Quality Reporting for Prevention</p>
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	<p>Biosurveillance: Quality Reporting: Master Order #3/Requirement #3</p> <p>Quality Reporting for Outcomes: Master Order #16/Requirement #16.2</p> <p>Quality Reporting for Prevention: Master Order #3/Requirement #3.10</p>
EHR WG Reference Number	BIO 3.1, QUAL 48.1, PRE 49.1, FLU 9.1, MIH 13.1, AST 18.4, MIH 8.4
CCHIT Requirement Number	AM 09.02
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9.3 LOINC Codes

Clinical Basis for Requirement	The system shall send the lab request electronically. Lab results are populated electronically into the EHR with flags for abnormal results; reminder is set in EHR for recommended time frame for next lab test. <u>All lab vendors must provide compendium with mapping to LOINC, and must send LOINC mappings as determined by the RHIO.</u>
Functional Requirement	The EHR must accept LOINC-mapped electronic lab results if available from the source lab.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #16/Requirement #16.2 Quality Reporting for Prevention: Master Order
EHR WG Reference Number	QUAL 48.4, PRE 49.4, MIH 8.4
CCHIT Requirement Number	IO-AM 07-01, IO-AM 07-04
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9.4 Radiology Results

Clinical Basis for Requirement	The ordering physician shall have the capability to electronically receive the ordered radiology report so they can verbally notify the patient.
Functional Requirement	The system shall accept radiology results and reports electronically from imaging centers or through the HIE
Use Cases	Connecting NYers
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Connecting NYers: Master Order #52/Requirement #52
EHR WG Reference Number	CNY 41.1
CCHIT Requirement Number	AM 09.07
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9.5 Reminder of Next Test Due

Clinical Basis for Requirement	The system shall send the lab request electronically. Lab results are populated electronically into the EHR with flags for abnormal results; <u>reminder is set in EHR for recommended time frame for next lab test.</u> All lab vendors must provide compendium with mapping to LOINC, and must send LOINC mappings as determined by the RHIO.
Functional Requirement	The system will set a reminder for recommended time frame for next lab test.
Use Cases	Quality Reporting for Outcomes Quality Reporting for Prevention
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	
CP WG Reference Number	Quality Reporting for Outcomes: Master Order #16/Requirement #16.2 Quality Reporting: Master Order #3/Requirement #3.10
EHR WG Reference Number	QUAL 48.3, PRE 49.3
CCHIT Requirement Number	AM 23.01, AM 23.02
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10.0 Privacy and Security Requirements

10.1 Accessible and Searchable Log Files

Policy Basis for Requirement	In the event that a RHIO becomes aware of any actual or suspected privacy and/or security breach, either through notification by a Participant or otherwise, the RHIO shall immediately investigate (or cause the applicable Participant to investigate) the scope and magnitude of such actual or suspected breach, and promptly identify the root cause of the breach. Physician practices have a parallel requirement to investigate the scope, magnitude, and root causes of suspected breaches.
Functional Requirement	The system must permit a person with administrative access to log into the system to investigate a potential breach. The system must have ad hoc query capability to search log files and other relevant data to assist in investigating potential breaches.
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	All CCHIT-certified EHR systems have system logs, but such logs may not be easily accessible or searchable. This requirement specifies that the log file should be easily accessible by an authorized administrative user, and that such user can employ basic query tools to search the log.
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PR 1.1, PR 1.2
CCHIT Requirement Number	SC 01.01, PC 13.01
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10.2 Ability to Shut-down User Access

Policy Basis for Requirement	In the event of a privacy and/or security breach, the RHIO shall mitigate (or cause the applicable Participant to mitigate) to the extent practicable, any harmful effect of such privacy and/or security breach that is known to the RHIO or the Participant.
Functional Requirement	They system must allow an administrator to terminate all users' access to a specific patient's data, or discontinue a user's access to the system in the event of a breach.
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	In the event of a breach, authorized administrators need to have the ability to quickly shut down user access to the system.
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 2.2
CCHIT Requirement Number	SC 01.04
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10.3 Comprehensive Log Capability

Policy Basis for Requirement	<p>Each RHIO shall maintain audit logs that document all access of health information through the RHIO and include at a minimum the following information:</p> <ul style="list-style-type: none"> ▪ The identity of the individual whose health information was accessed ▪ The identity of the individual accessing the health information ▪ The type of health information or record accessed ▪ The date and time of access ▪ The source of the health information (i.e., the Participant from whose records the accessed health information was derived) <p>EHR systems have a parallel requirement to maintain such audit logs that document all access of health information through the EHR.</p>
Functional Requirement	The system must be able to determine when an "access" has occurred and log that event, in order to take corrective action, comply with State notification requirements and potentially inform patients of breach of their information.
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	All CCHIT-certified EHRs have log capabilities. This requirement ensures that such log capability is comprehensive (i.e., covers all uses of the EHR system) and meaningful (i.e., captures information necessary to perform audit functions).
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 5.1
CCHIT Requirement Number	PC 13.01, SC 02.04
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10.4 Immutable Audit Logs

Policy Basis for Requirement	The audit logs maintained by RHIOs pursuant to these policies and procedures shall be immutable. EHR systems have parallel requirements for immutability of audit logs.
Functional Requirement	The system must assure that all audit logs maintained are immutable (cannot be changed or modified).
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	NA
Comments	NA
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 6.1
CCHIT Requirement Number	SC 02.08
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10.5 Audit Log Retention

Policy Basis for Requirement	The audit logs maintained by RHIOs pursuant to these policies and procedures shall be maintained for a period of at least 6 years.
Functional Requirement	The system must retain audits for 6 years.
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	NA
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 7.1
CCHIT Requirement Number	SC 02.08
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10.6 Administrative and Access Controls

Policy Basis for Requirement	Each RHIO shall 1) establish categories of Authorized Users 2) Define the purposes for which Authorized Users within such categories may access information through the RHIO/HIE and 3) define the types of information (i.e. clinical, demographic) that Authorized Users within such categories may access.
Functional Requirement	The system should have administrative controls and access privilege controls aligned with categories of information being accessed: demographic-only, demographic plus clinical.
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	NA
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 22.1
CCHIT Requirement Number	SC 01.03
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10.7 Unique User IDs and Passwords

Policy Basis for Requirement	Each Authorized User shall be assigned a unique user name and password to access information through a RHIO/HIE. EHRs have a parallel requirement.
Functional Requirement	The system should have the ability to create unique user IDs and passwords
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	All responding vendors are currently able to meet this requirement.
Comments	NA
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 23.1
CCHIT Requirement Number	SC 03.01
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10.8 Password management

Policy Basis for Requirement	Authorized Users shall be required to change their passwords at least every 30 calendar days with an audit file documenting the changes.
Functional Requirement	The system shall prompt user to change his/her password after 30 days and track past passwords used.
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	NA
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 25.1
CCHIT Requirement Number	SC 03.12
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10.9 Lock-out Users

Policy Basis for Requirement	Access to the RHIO of an Authorized User for whom access has been denied multiple times (e.g., due to use of wrong password) shall be disabled. EHR has a parallel requirement except that unlocking should be allowed for authorized administrators.
Functional Requirement	The system shall lock out a user who has been denied access 5 consecutive times; this policy was determined by the Privacy and Security WG.
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	NA
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 27.1
CCHIT Requirement Number	SC 03.04
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10.10 Logging-off Inactive Users

Policy Basis for Requirement	Session of an Authorized User shall automatically terminate after a specified period of inactivity
Functional Requirement	The system should have a configurable inactivity timer, after which time period, a User will be logged off the system. Time period to be established by the RHIO and/or SCP.
Timeline	11.01.08
Vendor Flag	■
Vendor Feasibility	Most responding vendors are currently able to meet this requirement.
Comments	NA
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 28.1
CCHIT Requirement Number	SC 03.03
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10.11 Tracking Level 1 Consent

Clinical/Policy Basis for Requirement	<p>The system shall prompt provider to make available a consent form to the patient to share information with the central immunization registry for patients 19 years of age and older (Note: This requirement was broken down into multiple steps. Based on SCP policy if a patient gives Level 1 consent the Immunization data can be shared with the RHIO)</p> <p>Privacy and Security: There are two levels of Consent - Level 1 and Level 2</p>
Functional Requirement	<p>The system needs to track and record Level 1 consent in discrete data fields. The system must be able to export and import the consent status (Give Consent, Deny Consent, Null) and date/time stamp for each patient to and from the HIE or SHIN-NY. Data sharing standards to be determined by the Interoperability WG but should be based on exiting standards which will accommodate consent status data.</p>
Timeline	11.01.08
Vendor Flag	<input type="checkbox"/>
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	NA
Use Case/Policy Reference	<p>Immunization: Master Order # 16/Requirement # 16.2</p> <p>Privacy & Security WG, 4A's Presentation</p>
EHR WG Reference Number	IMM 16.3, PRI 69.1, AST 13.1, MIH 1.1
CCHIT Requirement Number	PC 02.02, AM 15.02, AM 15.03
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10.12 Tracking Level 2 Consents

Policy Basis for Requirement	There are two levels of Consent - Level 1 and Level 2
Functional Requirement	The system needs to track and record multiple Level 2 consents in discrete data fields. The system must be able to export and import the Level 2 consent statuses (Give Consent, Deny Consent, Null) and date/time stamp for each patient to and from the HIE or SHIN-NY. Data sharing standards to be determined by the Interoperability WG.
Timeline	11.01.08*
Vendor Flag	
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	NA
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 69.1
CCHIT Requirement Number	PC 02.02, AM 15.02, AM 15.03
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10.13 Minor Consent Information

Policy Basis for Requirement	NY law permits minors to obtain certain types of health services based on their own consent without the consent or knowledge of a parent or guardian ("minor consent services"). In such cases, the minor's consent is required to disclose information relating to such treatment to third patient. The parent or guardian cannot consent.
Functional Requirement	System must record and store Minor Consent for Minor Consent Information. System must tag Minor Consent Information from minor consent services. System can display Minor Consent that can be signed by the patient. System can scan Minor Consent forms and attach to patient record. The system must record Minor Consent status in structured data field. The system must be able to transmit Minor Consent status and Minor Consent Information tags to the HIE and/or SHIN-NY.
Timeline	11.01.08*
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	This policy is still in review and discussion. Policy limitations are constrained by the technology.
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 81.1, PRI 81.2
CCHIT Requirement Number	NA
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10.14 Minors Turning 18

Policy Basis for Requirement	When a minor turns 18, the RHIO may no longer facilitate the exchange of the minor's information unless the minor signs a new consent.
Functional Requirement	The EHR system must generate an alert or reminder to obtain a new consent for minors who have turned 18.
Timeline	11.01.08*
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	NA
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 86.1
CCHIT Requirement Number	NA
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10.15 Level 1 Consent Data

<p>Policy Basis for Requirement</p>	<p>Level 1 Consent form must contain: description of intended uses, what information being exchanged with specific reference to HIV, mental health, substance abuse and genetic information; the consumers right to revoke consent; a description of the RHIOs data suppliers and how to stay informed about the addition of new data suppliers in real time, A statement that only those personnel of the provider or payer organization involved in performing the activities covered by the consent may access the consumers information, consumers or representative's signature and date of execution.</p>
<p>Functional Requirement</p>	<p>System must record and store structured data elements for all data required in Level 1 Standardized Consent Form as defined by NY Department of Health, including consent status (Give Consent, Deny Consent, Null) and date of consent. System can display an electronic Level 1 Standardized Consent form as defined by the SCP and form can electronically capture consent status, date of consent, and patient electronic signature, and store these data as structured fields based on electronic form entry. System can scan consent forms and attach to patient record. System can transmit consent status and date of consent, to HIE and/or SHIN-NY based on standards defined by the RHIO and/or SHIN-NY. System can transmit changes in consent status and date of change based on standards defined by the RHIO and/or SHIN-NY. Data sharing standards to be determined by the Interoperability WG.</p>
<p>Timeline</p>	<p>11.01.08*</p>
<p>Vendor Flag</p>	<p>■</p>
<p>Vendor Feasibility</p>	<p>Few responding vendors are currently able to meet this requirement.</p>
<p>Comments</p>	<p></p>
<p>Policy Reference</p>	<p>Privacy & Security WG, 4A's Presentation</p>
<p>EHR WG Reference Number</p>	<p>PRI 88.1</p>

CCHIT Requirement Number	PC 02.02
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10.16 Level 2 Consent Data

Policy Basis for Requirement	Level 2 Consent form must contain: Level 1 items plus specific entities from which information will be obtained and disclosed; for what specific purpose information is being exchanged; whether information is subject to re-disclosure; whether the RHIO or its participants will benefit financially from data exchange; and expiration date of the consent.
Functional Requirement	System must record and store structured data elements for all data required in Level 2 Standardized Consent Form as defined by NY Department of Health, including consent status (Give Consent, Deny Consent, Null), date of consent, and date of expiration. System can display a separate electronic Level 2 Standardized Consent form as defined by NY State Department of Health and form can electronically capture consent status, date of consent, expiration date, and patient electronic signature, and store these data as structured fields based on electronic form entry. System can scan consent forms and attach to patient record. System can transmit consent status, date of consent, expiration date to HIE and/or SHIN-NY based on standards defined by the RHIO and/or SHIN-NY. System can transmit changes in consent status, date of change, and change in expiration date based on standards defined by the RHIO and/or SHIN-NY. The EHR must generate a patient-specific alert or reminder based on expiration date of Level 2 consent. Data sharing standards to be determined by the Interoperability WG.
Timeline	11.01.08*
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	
Policy Reference	Privacy & Security WG, 4A's Presentation
EHR WG Reference Number	PRI 89.1, PRI 89.2
CCHIT Requirement Number	PC 02.02
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10.17 Alerts tied to User ID and role

Clinical Basis for Requirement	The system shall allow for customization of user access and notification requirements to define what personnel are alerted to a case report request.
Functional Requirement	The system shall be able to customize which users receive alerts or messages from external systems. This can be based on user ID or role within the system.
Use Case	Biosurveillance
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	NA
CP WG Reference Number	Biosurveillance: Master Order #4/Requirement #4.4,
EHR WG Reference Number	BIO 4.4
CCHIT Requirement Number	NA
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10.18 Immunization Consent for Patients 19+

Clinical Basis for Requirement	The system shall prompt a provider to make available a consent form to the patient to share information with the central immunization registry for patients 19 years of age and older.
Functional Requirement	Prior to administering a new vaccine, if a patient is over 19, the system will prompt the provider that consent is needed to share immunizations with a New York state or city registry and make available that consent form. For patients 19 and over, the system shall capture patient consent as a discrete data element indicating the patient has given permission to have their immunization data shared with a NYSDOH or NYC registry. The system shall either pass the immunization consent status to the Immunization Registry so that the destination system can filter out unconsented patients, or filter data sent to the state/city based on the consent status. [Note only send data for patient's over 19 who have granted consent]
Use Case	Immunization
Timeline	Future
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	NA
CP WG Reference Number	Immunization: Master Order #16/Requirement #16.2
EHR WG Reference Number	IMM 16.2, IMM 16.3.1, IMM 16.4
CCHIT Requirement Number	NA
Back to EHR Functional Requirements Table	

10.19 Data retention

Clinical Basis for Requirement	The system shall contain immunization data uploaded from a prior data exchange with central immunization registry
Functional Requirement	Any data imported into the system will be retained and be viewable by the clinician/user. New York requires that medical records be kept for six years, except in the case of minors, where its six years, or three years after the individual reaches the age of majority, whichever is longer.
Use Case	Immunization
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	Should reference the statewide data retention guidelines.
CP WG Reference Number	Immunization: Master Order #14/Requirement #14.6
EHR WG Reference Number	IMM 14.6
CCHIT Requirement Number	NA
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10.20 Secure transmission of reports

Clinical Basis for Requirement	System shall be able to electronically submit reports using secure, standardized means or submitted via other mechanisms (see PHCR Use Case – Event 7.1.7)
Functional Requirement	System shall be able to electronically submit reports using secure, standardized means or submitted via other mechanisms (see PHCR Use Case – Event 7.1.7) Security standards as defined in SHIN-NY security specifications, using digital certificates.
Use Case	Biosurveillance
Timeline	04.01.10
Vendor Flag	■
Vendor Feasibility	Few responding vendors are currently able to meet this requirement.
Comments	NA
CP WG Reference Number	Biosurveillance: Master Order #4/Requirement #4.15
EHR WG Reference Number	BIO 4.15
CCHIT Requirement Number	NA
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Fair Information Disclosure

A critical factor in physicians' being able to choose systems that they will retain over the long-run is a clear understanding of the functions, features, and price of an EHR system. Any EHR purchased with HEAL V funds will be required to provide standardized price/feature information in a form to be finalized by the SCP, an illustrative example of which is shown below.

Basic Information	
Company Name	
Company Address	
Company Website	
Product Name(s)	
Product Description(s)	
Primary Contact Name	
Primary Contact Phone	
Primary Contact Email	
Is your product CCHIT 2008 certified? If not 2008 certified, please indicate when you plan to undergo certification.	

Definition of licensed users:	
Definition of Clinician	e.g., MD, DO, etc
Definition of Mid-level	e.g., NP, PA, etc
Definition of Part-time	Must include time thresholds
Definition of other users	Separate line for each user type

Licensing Information	
License term? (Perpetual, term, other)	
Products/modules included in licensing fees	
Other modules available but not included above	
Specialties for which clinical content exists	

Interoperability specifications	
Are you a certified SureScripts - RxHub provider? If yes, which product is certified? Is your product gold certified?	
Does your product provide access to the full set of formularies offered through Surescripts-Rx Hub? If not, when will that be available?	
Do you charge for use of Surescripts-Rx Hub?	
Do you provide access to other formularies that are not offered through the Surescripts-RxHub network? If so, which ones, and how much do you charge?	
Would you be impacted financially if the NYeC required that access be provided to all PBMs in the RxHub network at no additional cost to the practice?	
Is Multum your drug database provider? If not, who do you use?	
What type of coding database is used? (ICD-9, CPT, SNOMED CT)	
Interoperability standards and Timeline(s) supported in current product (e.g. HL7, CCD, ect.)	
Labs vendor partner	
Radiology and imaging vendor partner	
Reporting tools vendor partner	

Interface fees	Metric	Time Period	Quantity	Unit Price	Support (1st year)	Support (post year 1)	Extended Price	
Commercial lab/rad							-	
Hospital lab/rad							-	
SHIN-NY compliant CCD							-	
Transcription							-	
Practice management system								
Other								
Total Interface fees							\$	-

Other software and service fees	Metric	Time Period	Quantity	Unit Price	Support (1st year)	Support (post year 1)	Extended Price	
Clearinghouse							-	
Surescripts/RxHub							-	
Document Management/Scanning							-	
Template and Form Builder							-	
Dictation							-	
Decision support systems							-	
Patient Education							-	
Diagnosis Database ICD-9							-	
Procedure Database CPT 4							-	
Drug Database							-	
Formulary Updates							-	
Drug Utilization Review							-	
Optical Character Recognition Software (OCR)							-	
Viewing Software (Adobe, etc.)							-	
Reporting/Report Writer (Crystal, other)								
Forms Libraries								
Fax Software								
Claims Submission Support (CCI, LMRP)								
Medical Manager								
Docutrack								
Docutrack								
Total other software and service fees							\$	-

Hardware fees	Metric	Time Period	Quantity	Unit Price	Support (1st year)	Support (post year 1)	Extended Price
Server							-
Desktop							-
Laptop							-
Tablet							-
PDA							-
Router							-
Wireless nodes							-
Scanners							-
Printers							-
Total hardware fees							\$ -

[Back to EHR Functional Requirements Table](#)

Appendix A - General Form for Communicable Diseases

Revised - 06/21/06

General Form for Communicable Diseases

Last Name: _____ First Name: _____ MI: __ Suffix: __ Maiden _____

Phone Number (hm)() - - (wk)() - -

Address: Street 1: _____ Street 2: _____

Locality _____ ZIP: _____ *If "Not NYS"; specify: _____

Date of Birth: ___/___/___ Age: ___ Units: Years Months
 Days Unknown Census: _____

Occupation/Setting 1 <input type="radio"/> Food Service 2 <input type="radio"/> Day Care 3 <input type="radio"/> Health Care 4 <input type="radio"/> Student/School 5 <input type="radio"/> Inmate 6 <input type="radio"/> Other Occ _____ 7 <input type="radio"/> Correction Wrk 9 <input type="radio"/> Unknown	Race Choose all that apply. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Ind./Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown If Asian: _____ _____ If Pacific Islander: _____ _____	Ethnicity 1 <input type="radio"/> Hispanic or Latino 2 <input type="radio"/> Not Hispanic or Latino 9 <input type="radio"/> Unknown	Sex 1 <input type="radio"/> Male 2 <input type="radio"/> Female 9 <input type="radio"/> Unknown
		Pregnant. 1 <input type="radio"/> Yes 2 <input type="radio"/> No 9 <input type="radio"/> Unknown	Hospitalized 1 <input type="radio"/> Yes 2 <input type="radio"/> No Date ___/___/___ (MM/DD/YYYY) Discharge ___/___/___ (MM/DD/YYYY)
If deceased: Date of Death: ___/___/___			

Hospital: _____ Chart # _____

Disease: _____

Dates: First Symptom: ___/___/___ Diagnosis: ___/___/___ of Report: ___/___/___

Source: 1 <input type="radio"/> MD	2 <input type="radio"/> LAB	3 <input type="radio"/> HOSPITAL ICN	4 <input type="radio"/> SCHOOL NURSE
5 <input type="radio"/> PUBLIC HEALTH NURSE	6 <input type="radio"/> OTHER COUNTY HLTH D	7 <input type="radio"/> OTHER STATE HLTH DT	8 <input type="radio"/> UNKNOWN
9 <input type="radio"/> OTHER	Other Source: _____		

Other Source: _____

Provider Name: Last _____ First: _____

Provider Call Back No.: () - -

Provider Address: Street 1: _____ Street 2: _____

City: _____ State: ___ ZIP: _____

Reporting Individual: _____ Phone: () - -

Reporting Lab _____

Dates: DOH389 received ___/___/___ Report received by LHD ___/___/___

Investigation Started ___/___/___

Comments:

Outbreak Related 1 <input type="radio"/> Sporadic Case 2 <input type="radio"/> Cluster (2) 3 <input type="radio"/> Outbreak (>2) 9 <input type="radio"/> Unknown	Case Status 1 <input type="radio"/> Confirmed 2 <input type="radio"/> Probable 3 <input type="radio"/> Suspected 9 <input type="radio"/> Unknown	Date Report Received (by LHU) ___/___/___ (MM/DD/YYYY)
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Case year: _____

Appendix B - General Form for STDs

Revised 06/21/06

General Form for STDs

Last Name: _____ First Name: _____ MI: ___ Suffix: ___ Maiden _____

Phone Number (hm)(____) ____-____ (wk)(____) ____-____

Address: Street 1: _____ Street 2: _____

Locality _____ ZIP: _____ - _____ *If "Not NYS", specify: _____

Date of Birth: ____/____/____ Age: ____ Units: Years Months
 Days Unknown Census: _____

Occupation/Setting 1 <input type="radio"/> Food Service 2 <input type="radio"/> Day Care 3 <input type="radio"/> Health Care 4 <input type="radio"/> Student/School 5 <input type="radio"/> Inmate 6 <input type="radio"/> Other Occ _____ 7 <input type="radio"/> Correction Wrk 9 <input type="radio"/> Unknown	Race Choose all that apply. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Ind./Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown If Asian: _____ _____ If Pacific Islander: _____ _____	Ethnicity 1 <input type="radio"/> Hispanic or Latino 2 <input type="radio"/> Not Hispanic or Latino 9 <input type="radio"/> Unknown	Sex 1 <input type="radio"/> Male 2 <input type="radio"/> Female 9 <input type="radio"/> Unknown
		Pregnant 1 <input type="radio"/> Yes 2 <input type="radio"/> No 9 <input type="radio"/> Unknown	Hospitalized 1 <input type="radio"/> Yes 2 <input type="radio"/> No Date ____/____/____ (MM/DD/YYYY) Discharge ____/____/____ (MM/DD/YYYY)
If deceased: Date of Death: ____/____/____			

Hospital: _____ Chart # _____

Disease: _____

Dates: First Symptom: ____/____/____ Diagnosis: ____/____/____ of Report: ____/____/____

11 <input type="radio"/> PCT MD	13 <input type="radio"/> STATE PSYCH	14 <input type="radio"/> STATE CORR	15 <input type="radio"/> FED INST
16 <input type="radio"/> HEALTH CTR	17 <input type="radio"/> COUNTY INF	18 <input type="radio"/> MILITARY	19 <input type="radio"/> HEALTH DEPT
20 <input type="radio"/> STATE REHAB	21 <input type="radio"/> PP	Other Source: _____	

Provider Name: Last _____ First: _____

Provider Call Back No.: (____) ____-____

Provider Address: Street 1: _____ Street 2: _____

City: _____ State: _____ ZIP: _____

Reporting Individual: _____ Phone: (____) ____-____

Reporting Lab _____

Dates: DOH389 received ____/____/____ Report received by LHD ____/____/____

Investigation Started ____/____/____

Comments:

Treatment 1 <input type="radio"/> Recommended 2 <input type="radio"/> Other 3 <input type="radio"/> None 9 <input type="radio"/> Unknown	Case Status 1 <input type="radio"/> Confirmed 2 <input type="radio"/> Compatible	Date Report Received (by LHU) ____/____/____ (MM/DD/YYYY)
Case year: _____		

Appendix C- General form for TB

Revised 06/22/06

General Form for TB

Last Name: _____ First Name: _____ MI: ___ Suffix: ___ Maiden _____

Phone Number (hm)(____) ____-____ (wk)(____) ____-____

Address: Street 1: _____ Street 2: _____

Locality _____ ZIP: _____ - _____ *If "Not NYS"; specify: _____

Date of Birth: ____/____/____ Age: ____ Units: Years Months
 Days Unknown Census: _____

Occupation/Setting 1 <input type="radio"/> Food Service 2 <input type="radio"/> Day Care 3 <input type="radio"/> Health Care 4 <input type="radio"/> Student/School 5 <input type="radio"/> Inmate 6 <input type="radio"/> Other Occ _____ 7 <input type="radio"/> Correction Wrk 9 <input type="radio"/> Unknown	Race Choose all that apply. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Ind./Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or/ Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown If Asian: _____ If Pacific Islander: _____	Ethnicity 1 <input type="radio"/> Hispanic or Latino 2 <input type="radio"/> Not Hispanic or Latino 9 <input type="radio"/> Unknown	Sex 1 <input type="radio"/> Male 2 <input type="radio"/> Female 9 <input type="radio"/> Unknown
		Pregnant 1 <input type="radio"/> Yes 2 <input type="radio"/> No 9 <input type="radio"/> Unknown	Hospitalized 1 <input type="radio"/> Yes 2 <input type="radio"/> No Date ____/____/____ (MM/DD/YYYY) Discharge ____/____/____ (MM/DD/YYYY)

Hospital: _____ Chart # _____

Disease - **TB**

Dates: First Symptom: ____/____/____ Diagnosis: ____/____/____ of Report: ____/____/____

Source: 1 <input type="radio"/> MD	2 <input type="radio"/> LAB	3 <input type="radio"/> HOSPITAL ICN	4 <input type="radio"/> SCHOOL NURSE
5 <input type="radio"/> PUBLIC HEALTH NURSE	6 <input type="radio"/> OTHER COUNTY HLTH D	7 <input type="radio"/> OTHER STATE HLTH DT	8 <input type="radio"/> UNKNOWN
9 <input type="radio"/> OTHER	Other Source: _____		

Provider Name: Last _____ First _____

Provider Call Back No.: (____) ____-____

Provider Address: Street 1: _____ Street 2: _____

City: _____ State: ____ ZIP: _____

Reporting Individual: _____ Phone: (____) ____-____

Reporting Lab _____

Dates: DOH389 received ____/____/____ Report received by LHD ____/____/____

Investigation Started ____/____/____

Comments:

Case year: _____

Case Status 1 <input type="radio"/> Confirmed 2 <input type="radio"/> Suspected 4 <input type="radio"/> Revoked 5 <input type="radio"/> Not TB 6 <input type="radio"/> Atypical 7 <input type="radio"/> Reactivated	Date Report Received (by LHU) ____/____/____ (MM/DD/YYYY)
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Appendix D – Core Data Set

Listing of Core Data Set

(Required data elements are listed in **bold** print.)

Patient/System/State Identifiers

(Until a unique personal identifier can be established on a national basis, multiple means of identification must be used.)

Patient name: first, middle, last

Patient alias name: first, middle, last

(former names for management of adoptions and name changes)

Patient address, phone number, birthing facility

(these variables should be locally defined)

Patient Social Security number (SSN)

Patient birth date

Patient sex

Patient race

Patient primary language

Patient birth order

Patient birth registration number

Patient birth State/country

Patient Medicaid number

Mother's name: first, middle, last, maiden

Mother's SSN

Father's name: first, middle, last

Father's SSN