

State of Arkansas

Office of State Procurement

REQUEST FOR PROPOSAL (RFP)

For

**Electronic Health Record & Patient Billing & Accounts Receivable
System**



Solicitation #: SP-18-0034

Electronic Copy of Technical Proposal



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Template T-1

Executive Summary and Prospective Contractor Information

Response Template

RFP #: SP-18-0034

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1.0 Proposal Signature Page

The Prospective Contractor **must** include the following cover sheet provided in this section 1.0, and an individual authorized to legally bind the Prospective Contractor **must** sign the Cover Sheet in ink and include it in the Proposal copy labeled “Original Proposal.”

Instructions: Provide the following information regarding the person responsible for the completion of the response. This person should also be the person OSP and DHS-ASH will contact for questions and/or clarifications.

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Meta Healthcare IT Solutions, LLC.				
Address:	401 Franklin Avenue, Suite 106				
City:	Garden City	State:	NY	Zip Code:	11530
Business Designation:	<input type="checkbox"/> Individual		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Public Service Corp
	<input checked="" type="checkbox"/> Partnership		<input type="checkbox"/> Corporation		<input type="checkbox"/> Nonprofit
Minority Designation: <i>See Minority Business Policy</i>	<input checked="" type="checkbox"/> Not Applicable		<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Woman
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran	
	AR Minority Certification #: _____		Service Disabled Veteran Certification #: _____		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
Contact Person:	Salvatore Barcia		Title:	President & CEO	
Phone:	516-488-6189		Alternate Phone:		
Email:	sbarcia@metacaresolutions.com				
CONFIRMATION OF REDACTED COPY					
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed.					
<input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.					
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>					

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.

Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor’s proposal to be disqualified.**

Authorized Signature: _____ **Title:**

Use Ink Only.

Printed/Typed Name: _____ **Date:**

2.0 Executive Summary

Instructions: Provide a brief (three [3] to five [5] page) summary of the key aspects of the Technical Proposal. The Executive Summary should include an overview of the Prospective Contractor's qualifications, approach to deliver the system and services described in the RFP, time frame to deliver the system and services, proposed team and advantage of this Proposal to DHS-ASH.

Overview

Meta is pleased to submit a proposal for an EHR for Arkansas State Hospital in Response to its RFP. Meta currently has our EHR products installed in three state Department of Mental Health System. These include the Commonwealth of Massachusetts, where in addition to our CPOE and eMAR implemented at 9 hospitals, we support medication distribution to over 40 facilities across multiple agencies in the state. The State of Missouri has licensed and implemented all Meta EHR products, including a just completed deployment of our clinical documentation system, Intellidocs.

Inpatient behavioral health presents certain challenges that most behavioral health EHR vendors cannot accommodate. While many do a fine job at the requirements to document patient care and progress notes in an ambulatory setting, they do not possess the level of sophistication in their CPOE application to handle complex, closed loop medication safety, integration with laboratory and other ancillary departments.

While Meta feels we can successfully use our clinical documentation tools to build a highly specific solution specific to your requirements using our Intellidocs products, we have chosen to work with a well-regarded behavioral health EHR vendor, Welligent.

In addition, we are aware that several years ago, Arkansas State Hospital implemented a best-of-breed pharmacy and eMAR solution that is not certified for meaningful use. While a simplistic interface is possible to send medication orders from Meta's CPOE to a different pharmacy and eMAR system, we are certain that the results will be far less than satisfactory. The complexity of interface required for orders to be initiated by CPOE but completed in pharmacy, initiated in pharmacy and communicated to CPOE, and all the nuances of order modification and discontinuation make such an interface complex. Additionally, orders screened by CPOE should use the very same knowledgebase and program logic to avoid medication errors. A single integrated CPOE, Pharmacy, and eMAR solution also allows for a single, common database, while separate solutions from two different vendors require tedious duplicate file builds and maintenance.

It is for this reason that as part of our proposal, Meta proposes that we replace the current Mediware pharmacy and eMAR system. Because this is above the requirement of the RFP, if this option is selected, Meta will charge no more than the current pharmacy and eMAR vendor is charging you. While we estimate this cost to approximately \$100,000 per year in maintenance for these two applications, and will include this as optional pricing.

We are extremely confident that by bringing in a highly qualified partner for some of the detailed documentation requirements and bundling it with our proposal for CPOE, Meta offers the highest quality behavioral health solution available anywhere at any price.

Meta's Qualifications

In response to the request for proposal (RFP) issued by the Arkansas State Hospital (ASH), Meta Healthcare IT Solutions, LLC proposes its Computerized Prescriber Order Entry, MetaCare CPOE™, Electronic Medication Administration Record, MetaCare eMAR™, and Pharmacy Management, MetaCare Enterprise Rx™ applications. Meta's EHR applications will improve patient care by reducing medication errors by means of sophisticated and highly refined clinical modules. Costs will be contained by helping to identify the least expensive, yet most effective, medications available as well as identifying inefficient workflow practices. Lastly, our EHR will equip the ASH clinical staff with dynamic solutions that help to achieve your mission; providing the highest quality of care possible.

Meta appreciates the investment in time and resources required to select and implement an Electronic Health Record (EHR) with advanced features including Patient Billing and Accounts Receivable functionality. Along with this investment comes the expectation that our partnership will augment the Arkansas State Hospital's (ASH) day-to-day operations and allow ASH staff to concentrate their efforts on what matters most—providing the highest level of patient care. While containing costs for your organization, Meta is dedicated to providing exceptional technical and management assistance to implement our application in a timely manner, and will continue to provide this exceptional service throughout the duration of our partnership.

For over twenty five (25) years, Meta has implemented our EHR products in a variety of healthcare settings including government agencies, community hospitals, detention centers, behavioral health hospitals, behavioral health facilities, long-term care facilities, and forensic hospitals. Meta's extensive experience in implementing our EHR in environments similar to the ASH qualifies us to provide all of the tools necessary to ensure a successful implementation. Meta's suite of clinical products including MetaCare Rx™ Pharmacy Management System, MetaCare CPOE™ Prescriber Order Entry System, and MetaCare eMAR™ Electronic Medication Administration Record, and our clinical documentation tool, MetaCare IntelliDocs™, currently supports several large multi-facility state enterprises similar to the Arkansas Department of Human Services (DOH). These organizations include the State of Oklahoma Department of Mental Health, the State of Missouri Department of Mental Health, and the Commonwealth of Massachusetts State Office of Pharmacy Services (SOPS).

Meta also supports a number of privately owned acute inpatient behavioral and mental health hospitals in the United States and in Canada as well. Our solutions are effectively used by pharmaceutical, clinical, and administrative staff to manage medication profiles, verify orders, and safely and efficiently distribute medication. Furthermore, Meta's clinical documentation tools enable hospital staff to produce progress notes, clinical assessments, ad hoc and customizable reports, and hundreds of customizable forms to meet the needs of different clinical practices. Meta's EHR also allows each facility within the aforementioned state enterprises to report accurate inventory, billing and regulatory information to various state and federal agencies.

At this juncture of Healthcare Information Technology (HIT), any decision to acquire a new Computerized Prescriber Order Entry system should consider the ability to leverage that investment by acquiring additional products such as a Pharmacy Management module and bar-coded Electronic Medication Administration Record (eMAR) module at the point of care. Meta possesses each of these products and we encourage you to purchase these additional modules. While Meta is confident that our CPOE application is the best available among any competing vendor, we are equally confident each product discussed above contains the same inherent quality. Moreover, the purchase of Meta's Pharmacy Management and eMAR modules, unified on a singular architectural database, will eliminate significant interface and maintenance costs associated with Medisoft's applications as well as reduce data redundancy.

Meta's Approach

Meta will partner with Welligent Inc, a successful and fast growing behavioral health EHR vendor. Welligent, Inc. has been providing software solutions to a variety of agencies since 2000, including community mental health centers (CMHCs), residential substance abuse treatment centers, educational entities and other community-based human service agencies. Welligent customers use Welligent software to support their internal business processes, which include scheduling, information and referral, as well as their behavioral clinical and billing needs, such as assessment and intake, clinical documentation, case management, organizational compliance, claims processing and reporting. Our customers range in size from small agencies with fewer than 10 employees to organizations with operating budgets of more than \$500 million and multi-state operations. Welligent also has extensive experience serving school districts and other public-sector organizations. As a fast-growing software vendor with strong financials and recurring revenues, Welligent has the financial stability to meet your organization's current and long-term information management needs. If requested, Welligent can provide financial statements for review.

Welligent – A Leading EHR Vendor to Behavioral Health, Human Services and Educational Entities

Welligent has a strong customer base nationally, including:

- Anne Arundel County, MD
- Broward County Sheriff Offices, Treatment Division, FL
- Los Angeles Unified School District, CA
- SERAAJ Family Homes, AL
- Oasis Womens Counseling Center, AL
- Uplift Family Services, CA
- Foothill Family Service, CA
- HealthRight360, CA
- Pacific Clinics, CA
- Phoenix House, NY, CA, FL, TX, VA, New England

- Pinebrook Family Answers, PA

Together, Meta and Welligent will propose an integrated and vendor hosted behavioral health EHR system that meets the requirements of the ASH. While Meta will propose our robust CPOE, eMAR, and pharmacy management EHR applications, Welligent Inc will provide all clinical documentation, RCM, and Billing applications to meet the unique goals of the ASH. Our technical teams have worked together for several months to develop a unified EHR that meets all ASH requirements and includes a seamless user interface. The integrated systems will leverage a single sign-on functionality to provide seamless user UI integration. The end user will log in into the integrated front-end and individual components of both systems will be available in an integrated screen workflow or as options in an integrated menu structure. Moreover, both systems are browser based, providing a unified user experience.

Meta's Time Frame

Meta's timeframe is approximately thirteen months. The pharmacy system implementation will run parallel to the EHR implementation and go live at the same time. Once these systems are steady-state, CPOE and eMAR will be implemented.

Meta's Team

At the heart of Meta's success is a talented and experienced team of technical and clinical professionals who develop and support our EHR products. Meta boasts one of the most experienced and stable staffs in the industry with more than forty full time employees positioned around the world to effectively support our clients. Our product experts possess an intimate knowledge of the system and utilize their own experience as pharmacists, technicians and nurses to design a product that surpasses the expectations of clinicians and prescribers. We have created a highly-motivated team that possesses the knowledge needed to deliver the very best products and services possible.

Meta's team has implemented our EHR applications in several multi-facility environments in recent years. As such, our trainers and project managers are intimately familiar with potential challenges associated with mental and behavioral healthcare environments. Meta will work with your organization to implement our software in a measured, and most importantly for your organization, timely manner. Our trainers will educate your end users on the proper way to use and navigate our software which will allow for a successful knowledge transfer to subsequent users for years to come.

Meta product experts, including your dedicated project manager are with you the entire way through the implementation process, from kick-off to Go-live. Afterwards, Meta provides support on a 24-hour basis, 7 days a week, 365 days a year. During regular business hours (8:30-5:30 EST), problems are reported to the assigned Client Manager. In the event that the Client Manager is not available, the Meta business office will place an application specialist to resolve the issue. Outside of normal business hours, software issues can be reported to Meta's 24-hour service hotline, which is staffed by a team of Meta application specialists. Additional client

concerns will be addressed by the appropriate Meta staff member at Meta's business office during normal business hours, depending on the nature of the inquiry.

Meta will provide an onsite team of clinical, pharmaceutical, and health IT experts to initiate product implementation. Our proposed team includes Nancy Brill: Director of Project Implementation, Trevor Cavness: RN and Implementation Specialist, Jon Walker: Director of Technical Services & Architecture, and Arnold Clemente: Implementation & Go-Live Specialist. Additional implementation staff will be provided as well if awarded the contract. Each team member has years of experience implementing Meta's EHR system and managing our mental and behavioral healthcare clients. Each team member's resume will be provided for evaluation.

The Meta Advantage

The longstanding success of MetaCare EHR™, as well as its current deployment in mental health facilities across the United States and Canada, testifies to our system's status as a formidable EHR system. As we continue to grow, our goal is to expand our services and develop meaningful partnerships to remain competitive in an evolving industry. A crucial part in achieving this goal is continuous collaboration with our clients to understand their unique needs and provide the best EHR solutions possible. At Meta, we understand each facility has its own set of standards, policies, practices, and unique needs that must be met when considering a new EHR system. We listen to and work with our clients to develop new solutions capable of augmenting MetaCare EHR™ and the everyday operations of their facilities. Our ability to develop intimate relationships with our clients gives Meta the distinct advantage of providing a solution that is entirely suited to your facilities' specific practices. We are dedicated to the advancement of responsible healthcare and work with our partners to provide the best and most cost effective EHR solution.

Perhaps the most difficult aspect of selecting a software partner is to quantify the quality of service offered by a vendor and evaluate the satisfaction of their clients. Commitment on the part of a vendor must go beyond profit motive, and requires a corporate infrastructure in which employees embrace excellence and customer satisfaction as core virtues. Meta has consistently delivered excellent customer service by maintaining these aspects as the key to successful partnership. We are confident our team's expertise and EHR functionality will establish Meta as the most advantageous solution to advance the goals and mission of the ASH. We look forward to establishing a relationship with the ASH that will provide ongoing value for many years to come.

For these reasons, we believe Meta's product offering under the scope of this RFP is not only the best choice available to the ASH today, but can also provide excellent value for years to come through the acquisition of additional products in the future. We look forward to participating in your evaluation process and are confident that, by addressing the complex requirements of the ASH's clinical operations, and given our twenty six (26) year track record of successful implementation within State enterprises, Meta is the best possible and most advantageous choice for your organization.

3.0 Prospective Contractor Contact Information

Instructions: Complete the following information regarding the Prospective Contractor’s headquarters and primary contact for any questions pertaining to the Prospective Contractor’s responses to this RFP. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Table 1. Prospective Contractor Contact Information

COMPANY HEADQUARTERS INFORMATION:			
Company Size:	50 Employees		
Annual Revenue:			
REGIONAL OR LOCAL OFFICE INFORMATION:			
Company Name:	Meta Healthcare IT Solutions, LLC.		
Address:	401 Franklin Avenue, Suite 106		
City, State & Zip Code:	Garden City, New York, 11530		
Primary Contact:	Salvatore Barcia		
Phone:	516-488-6189	Fax:	516-488-6647
E-mail:	Sbarcia@metacaresolutions.com		

3.1 Subcontractor Contact Information (If applicable)

Instructions: Complete the following information regarding the subcontractor’s contact information. If more than one subcontractor is proposed, add more Tables as necessary. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Table 2. Subcontractor Contact Information

COMPANY INFORMATION:			
Company Name:	Welligent Inc.		
Address:	5205 Colley Avenue		
City, State & Zip Code:	Norfolk, Virginia, 23508		
Company Type (Check One):	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Public		
Company Size:	30 Employees		
Annual Revenue:			
PRIMARY CONTACT INFORMATION:			
Name:	Andrew McCraw	Title:	President & CEO
Address:	5205 Colley Avenue		
City, State & Zip Code:	Norfolk, Virginia, 23508		
Phone:	757-213-5980	Fax:	757-213-5965
E-mail:	amccraw@welligent.com		

4.0 Minimum Mandatory Qualifications

The Prospective Contractor **must** provide clear, compelling justification that it meets all of the Minimum Mandatory Qualifications. The Prospective Contractor is encouraged to provide ample references to information contained in the Proposal that supports its attestation. Bidders that fail to provide clear, sufficient evidence that they meet the Minimum Mandatory Qualifications may be subject to disqualification. OSP and DHS-ASH may ask for additional clarifications relating to the Minimum Mandatory Qualifications prior to determination of compliance.

Instructions: Complete the following information regarding the Bidder’s ability to meet the Minimum Mandatory Qualifications. Provide specific references to Proposal locations that support the Prospective Contractor’s assertions that it meets the Minimum Mandatory Qualifications. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Table 3. Minimum Mandatory Qualifications

#	QUALIFICATION ITEM	DOES THE BIDDER MEET QUALIFICATION ITEM?		REFERENCE TO PROPOSAL RESPONSE SECTION
1	<p>The Prime Contractor shall have experience implementing the proposed system(s) in an acute psychiatric facility similar in size and scope to ASH. Prime Contractor and any subcontractors (if applicable) shall provide at least three (3) references from previous engagements of similar size and scope to this RFP. At least one of the references (for Prime Contractor) must be from an acute psychiatric facility. The State strongly prefers references that are currently using the system. (Use Template T-2 to demonstrate this experience)</p>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
2	<p>The Prospective Contractor shall have their EHR System successfully implemented and currently in use at a facility that has either:</p> <ol style="list-style-type: none"> 1. Passed a Joint Commission survey with the Prospective Contractor’s solution in operation, or 2. Been Joint Commission certified while the Prospective Contractor’s solution is in operation. <p>(Use this Template to provide evidence of qualification. Include letter(s) of reference as required in section 2.5.C of the RFP.)</p>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	

MetaCare EHR™ applications currently support multiple Joint Commission certified Acute Psychiatric Facilities. Meta supports both private and State enterprise facilities and relevant examples include;

- 1) The State of Oklahoma Department of Mental Health (ODMH), in which Meta provides and streamlines pharmacy management services to seven (7) Joint Commission certified inpatient acute psychiatric and mental health facilities across the state.
- 2) St. Vincent's Hospital, a Joint Commission certified private and acute psychiatric facility located in Harrison, NY, in which Meta provides Pharmacy Management solutions.
- 3) NAVOS, a Joint Commission certified private and acute psychiatric facility located in Seattle, Washington, in which Meta provides Computerized Prescriber Order Entry (CPOE), Electronic Medication Administration Services (eMAR), Pharmacy Management, and clinical documentation solutions.

Moreover, Meta has provided additional evidence of qualification in the form of three reference letters from each of the aforementioned organizations; The ODMH, St. Vincent's Hospital, and NAVOS. Each reference letter is from a current organization employee that works in a Joint Commission certified behavioral and mental health facility. More specifically, Meta's EHR applications have supported the ODMH and St. Vincent's for over fourteen (14) years. Additionally, NAVOS, which Meta has supported since 2009, was very satisfied with the initial installation of MetaCare Enterprise Rx™. Due to the level of satisfaction with this initial implementation, NAVOS subsequently contracted for additional Meta products including MetaCare CPOE™, MetaCare eMAR™, and Meta's clinical documentation tool and eForms library, MetaCare IntelliDocs™.

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES OKLAHOMA FORENSIC CENTER
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October 7th, 2017

To Whom It May Concern:

The State of Oklahoma Department of Mental Health contracted with Meta for a pharmacy management system in multiple Joint Commission certified inpatient and outpatient hospitals and treatment centers. The Meta Pharmacy System product was first installed in 2006 and has continued to develop through the years.

I have been the Director of Pharmacy at Oklahoma for 3 years and have had experience using other pharmacy systems for a total of 24 years. I am very happy with the Meta product and now consider it the gold standard to which I compare other systems.

One of my technicians was here for the initial installation of the Meta application and has relayed that the installation process was smooth. Meta's on-site support staff made the initial installation an extremely painless process. I feel one of Meta's greatest attributes is their strong customer service. The customer service does not end after installation. My Meta support representative is familiar with my facility and knows how the hospital functions and therefore knows how Meta can be best utilized. The Meta support team had great success working with the hospital's departments to establish interfaces. We all want to make our lives easier and Meta does just that for us! I love that when I need to amend any reports or labels, oftentimes the support staff member I'm talking to is a pharmacist with extensive information technology experience. So he understands the many facets of our job including legal issues and it makes the interaction very painless and enjoyable.

The Meta application is very easy to use. It takes very little time to train new staff on how to use the application. The pharmacists and technicians like the system. We have had no problems customizing the program to meet our specific needs. As a Pharmacy Director, Meta possesses all the report-generating functions that I require. Due to extenuating circumstances, the Pharmacy Director before me left before I could be trained on the different applications. Meta's user friendly interface made it very easy to be self-taught.

I have been very happy with the Meta product and highly recommend it. Feel free to contact me with any questions or concerns regarding the Meta Pharmacy product.

Sincerely,



Michelle D. Moss, PharmD
Director of Pharmacy

24800 S. 4420 Rd., P.O. Box 69, Vinita, Oklahoma 74301 -0069 • (918) 256-7841 Voice • (918) 256-4491 FAX

State of Arkansas DHS-ASH
EHR and Billing System
RFP #: SP-18-0034
Template T-1 –Executive Summary and Prospective Contractor Information



Saint Vincent
Catholic Medical
Centers

October 5th, 2017

To Whom It May Concern:

St. Vincent's is a Joint Commission certified 133 bed psychiatric hospital located in Harrison, New York. The Meta Pharmacy System product was first installed in St. Vincent's hospital in August 2001 and has been in use here for the last sixteen years.

I have been the Director of Pharmacy at St. Vincent's Hospital for fifteen years and have had experience using other pharmacy systems. I was never completely satisfied with other applications and always had issues that could not be resolved. I am very happy with the Meta product and now consider it the standard to which I compare other systems.

The initial installation of the Meta application was smooth. Meta's on-site support staff made the initial installation an extremely painless process. I feel one of Meta's greatest attributes is its strong customer service. The customer service does not end after installation. My Meta support representative is familiar with my hospital and how the hospital functions and therefore knows how Meta can be best utilized. The Meta support tech has had great success working with the hospital's IS department to establish interfaces.

The Meta application is very easy to use. It takes very little time to train new staff on how to use the application. The pharmacist's like the system and its functionality (especially the Intervention documentation function). We have had no problems customizing the program to meet our specific needs. As a Pharmacy Director, Meta possesses all the report-generating functions that I require.

I have been very happy with the Meta product and highly recommend it. Feel free to contact me with any questions or concerns regarding the Meta Pharmacy product.

Jane Connelly, R.Ph.

Jane Connelly, MPA, R.Ph.
Director of Pharmacy
St. Vincent's Hospital
Tel: 914.925.5348
jconnelly@svcmcnyc.org

State of Arkansas DHS-ASH
EHR and Billing System
RFP #: SP-18-0034
Template T-1 –Executive Summary and Prospective Contractor Information

WEST SEATTLE CAMPUS	MENTAL HEALTH AND WELLNESS CENTER BURIEN CAMPUS	BEHAVIORAL HEALTHCARE CENTER FOR CHILDREN, YOUTH AND FAMILIES CAMPUS
2600 SW Holden Street Seattle WA 98126 206 933 7000	1210 SW 136th Street Burien WA 98166 206 257 6601	1033 SW 152nd Street Burien WA 98166 206 242 1698



WWW.NAVOS.ORG

October 5th, 2017

To Whom It May Concern,

NAVOS is a Joint Commission certified 70-bed mental and behavioral health facility located in a Seattle, Washington. At NAVOS, our mission is “improving the quality of life of people vulnerable to mental illness, by providing a broad continuum of care.” NAVOS offers a broad range of behavioral health services to adults, adolescents, and children. In August of 2009, NAVOS contracted for Meta’s pharmacy management system and bar-coded electronic medication administration record system. Both systems went live in November of 2009 and are still in use today. NAVOS leveraged our initial investment and contracted for Meta’s computerized physician order entry system for later that year.

As the Director of Pharmacy at NAVOS for the past 8 years I have utilized all three Meta products with great satisfaction. The Meta team, including our assigned Project Manager, visited NAVOS prior to implementation in order to better understand our facilities’ specific needs. As Director of Pharmacy, I worked closely with the Project Manager and other Meta personnel to develop customized solutions to not only meet our needs, but to leverage our facilities’ services. Although NAVOS presented diverse challenges, Meta successfully delivered solutions which now include interfaces to medication dispensing machines, external laboratory vendors, and a redesigned claims adjudication process.

From the very first day, I was impressed with Meta’s ability to analyze, understand, and design customizable solutions, all of which met a tight, nine week deadline. The clinicians at NAVOS were able to learn the system quickly, and have been entirely satisfied with all three Meta’s products for the past eight years. I have been very happy working with Meta over the years and would recommend their solutions to any behavioral healthcare provider. If you have any questions regarding Meta products or implementation services please do not hesitate to contact me

Sincerely,

Paul Thompson, PharmD
Director of Pharmacy
NAVOS
Tel: 206-933-7219
Paul.Thompson@navos.org

Accredited by
The Joint Commission

#	QUALIFICATION ITEM	DOES THE BIDDER MEET QUALIFICATION ITEM?		REFERENCE TO PROPOSAL RESPONSE SECTION
1	<p>The Contractor shall be required to obtain performance and payment bonds when deemed necessary by the State to protect the State's interest. Situations that may warrant a performance bond include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. The State's property or funds are to be provided to the contractor for use in performing the contract. 2. Substantial progress payments are made before delivery of end items is complete 3. The duties of the Contractor, if breach, could expose the State to liabilities <p>(Use this Template to provide evidence of qualification. Include the letter of bondability required by section 2.5.D.3 of the RFP.)</p>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	

Meta is currently acquiring a letter of Bondability and will be shared with the state of Arkansas once received.

State of Arkansas DHS-ASH

EHR and Billing System

RFP #: SP-18-0034

Template T-2 –Prospective Contractor Experience/References

Template T-2

Prospective Contractor Experience/References

Response Template

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1.0 Prospective Contractor Organization Overview

The Prospective Contractor should include details of their experience in this section. The details should include organization overview; corporate background; understanding of the relevant domain; and experience.

Instructions: Provide all relevant information regarding the general profile of the Prospective Contractor. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Table 1. Prospective Contractor Organization Profile

PROSPECTIVE CONTRACTOR ORGANIZATION PROFILE	
Company Name	Meta Healthcare IT Solutions, LLC.
Name of Parent Company	NA
Industry (NAICS) (North American Industry Classification System)	511210 Software Publishers
Arkansas Economic Development Commission Minority Business Certification Number (if applicable)	NA
Minority Business Number (if applicable)	NA
Number of Years in Business	Meta Healthcare IT Solutions has been in business for twenty six (26) years.
Number of Years Prospective Contractor has been Providing the Type of System and Services Specified in the RFP	Meta Healthcare IT Solutions has provided Electronic Health Record (EHR) software and EHR applications similar to the system and services specified in this RFP for twenty six (26) years.
Number of Employees Providing the Type of Work Specified in the RFP	Fifty (50)
Headquarters in the USA	Garden City, NY
Locations in the USA	Garden City, Richmond, Kansas City, Spring Hill
Office Servicing this Account	Garden City Headquarters Office

1.1 Subcontractor Organization Overview (only if applicable)

The Prospective Contractor should only complete this section if proposing subcontractors as part of the Proposal.

Instructions: Provide all relevant information regarding the profile of each subcontractor. This section should be duplicated in its entirety for each subcontractor included. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Table 2. Subcontractor Organization Profile

SUBCONTRACTOR ORGANIZATION PROFILE	
Subcontractor Name	Welligent Inc.
Type of Legal Entity	
Headquarters Location	Norfolk, Virginia
Date Founded	
Services to be Provided	Electronic Health Record Applications including; Clinical Documentation, RCM/Billing, Group Enrollment/Scheduling,
Experience of Subcontractor in Performing the Services to be Provided	Welligent Inc has provided Electronic Health Record applications to behavioral health organizations for over fifteen (15) years.
Brief Description and Number of Projects that Prospective Contractor has Partnered with this Subcontractor on	This will be the first partnership between Meta Healthcare IT Solutions, LLC. and Welligent Inc.
Locations Where Work is to be Performed	Norfolk, VA and on-site services at the Arkansas State Hospital (ASH).

2.0 Prospective Contractor Corporate Background and Experience

2.1 Prospective Contractor’s Corporate Background

The Prospective Contractor should describe its corporate background to provide context of the organization that will be providing the products and services in this RFP.

Instructions: Describe the Prospective Contractor’s corporate background as it relates to projects similar in scope and complexity to the project described in this RFP.

Over the last twenty six (26) years, Meta Healthcare IT Solutions has designed, developed, and implemented our fully certified Electronic Health Record (EHR) applications in multiple healthcare organizations and environments. Meta’s software is currently deployed in acute care hospitals, long term care facilities, behavioral youth detention facilities, forensic hospitals, prisons, state behavioral health departments, and similar environments. Our expertise in behavioral health care, and in particular State enterprise facilities, makes Meta a strong partner for such a project.

Meta not only has a strong presence in behavioral health environments, but also supports multiple State psychiatric facilities very similar to the Arkansas State Hospital (ASH). Similar clients include the State of Oklahoma Department of Mental Health (ODMH), the State of Missouri Department of Mental Health (MDMH), and the Commonwealth of Massachusetts State Office of Pharmacy Services (SOPS). Meta’s EHR applications improve medication safety, reduce costs, and improve the overall quality of patient care in over twenty (20) State acute care psychiatric facilities. Our extensive experience has equipped Meta’s team with a thorough knowledge and understanding of potential challenges and unique needs associated with State psychiatric hospitals similar to the ASH.

The delivery of our services relies upon a client-partner methodology in which our teams work hand in hand with members of your staff to learn about your care delivery processes and determine the most effective configuration of our product. Meta’s clinical informatics analysts also help to identify inefficient workflow practices, improving system usability and deriving maximum value as a result.

Over the last fifteen (15) years, Meta’s primary focus and services have shifted to mental and behavioral health. We have worked intimately with our clients to refine our EHR applications and develop solutions specifically catered to the everyday practices of acute psychiatric facilities. The MDMH for example, recently contracted with Meta to develop multiple clinical documentation tools such as assessments, progress notes, and master treatment plans to address the specific needs of their acute psychiatric facilities. The success of this project stemmed from one of most Meta’s most significant corporate philosophies; work closely with our clients to listen, understand, and develop client-specific solutions that provide the highest quality of care.

As mentioned in our Executive Summary, Meta will provide one of the industry’s best implementation and Go-Live support teams. Our team includes a disproportionate number of registered pharmacists and nurses with real life experience in acute psychiatric facilities, and

who understand the everyday challenges acute psychiatric facilities face. We are confident our team's expertise and EHR functionality will establish Meta as the most advantageous solution to advance the goals and mission of the ASH. We look forward to establishing a relationship with the ASH that will provide ongoing value for many years to come.

For these reasons, we believe Meta's product offering under the scope of this RFP is not only the best choice available to the ASH today, but can also provide excellent value for years to come through the acquisition of additional products in the future. We look forward to participating in your evaluation process and are confident that, by addressing the complex requirements of the ASH's clinical operations, and given our twenty six (26) year track record of successful implementation within state enterprises, Meta is the best possible and most advantageous choice for your organization.

Welligent – A Leading EHR Vendor to Behavioral Health, Human Services and Educational Entities

Welligent, Inc. has been providing software solutions to a variety of agencies since 2000, including community mental health centers (CMHCs), residential substance abuse treatment centers, educational entities and other community-based human service agencies. Welligent customers use Welligent software to support their internal business processes, which include scheduling, information and referral, as well as their behavioral clinical and billing needs, such as assessment and intake, clinical documentation, case management, organizational compliance, claims processing and reporting. Our customers range in size from small agencies with fewer than 10 employees to organizations with operating budgets of more than \$500 million and multi-state operations. Welligent also has extensive experience serving school districts and other public-sector organizations. As a fast-growing software vendor with strong financials and recurring revenues, Welligent has the financial stability to meet your organization's current and long-term information management needs. If requested, Welligent can provide financial statements for review.

Welligent has a strong customer base nationally, including:

- Anne Arundel County, MD
- Broward County Sheriff Offices, Treatment Division, FL
- Los Angeles Unified School District, CA
- SERAAJ Family Homes, AL
- Oasis Womens Counseling Center, AL
- Uplift Family Services, CA
- Foothill Family Service, CA
- HealthRight360, CA
- Pacific Clinics, CA
- Phoenix House, NY, CA, FL, TX, VA, New England
- Pinebrook Family Answers, PA



Welligent Strategic Vision for Behavioral and HHS Providers – Technology Advantage

Welligent is a small but aggressive software company with approximately 40 employees, each dedicated to our customers’ needs. Our software development team is continually enhancing our products in order to meet customer requirements and stay ahead of trends and market demand. Our experienced professional staff includes account executives/sales, marketing, project managers, business systems analysts, account managers, programmers, and administrators. All key Welligent project management team, support personnel, programming and technical staff are located in Norfolk, Virginia. Our support division includes help desk and web-based trouble ticket support, documentation and knowledge base management, and quality assurance, among others. Welligent also has remote staff in a number of states in a variety of account and project management functions. Welligent has not outsourced any of its operations to subcontractors or offshore development partners.

Welligent’s strategic vision is based on the idea that technology is a competitive advantage for Behavioral and Human Service provider organizations. With ever-changing contract, state and federal regulatory reporting and billing requirements, changing reimbursement trends and future healthcare reform initiatives, provider organizations will increasingly depend on technology to meet these changes and remain competitive. Every day, staff members are challenged with completing documentation tasks and reacting to unpredictable events and real-world challenges. Welligent’s Version 8 EHR and Welligent Express mobile app are user-friendly and designed so that staff can get back to their real jobs – providing services to clients and consumers.

At Welligent, we see technology as impacting four key areas – *Platform, Mobility, Communication and Engagement*. Let Welligent help your organization stay competitive and thrive in this changing environment!

Technology as Competitive Advantage



Platform

The right EHR 'platform' will equip providers with the power and flexibility to adapt to changing environments and regulations

Mobility

Easy to use mobile solutions enable staff to access records and complete case notes regardless of location and Internet access



Communication

Enhanced communication strategies enable providers to share information, coordinate care and improve service delivery

Engagement

Using information technology to engage clients in meaningful ways between visits leads to improved health outcomes



Welligent – Integrated Platform to Meet Your Diverse Clinical Documentation, Case Management and Human Service Providers Needs

Welligent EHR is a comprehensive, fully-integrated system with modules to manage your entire agency or clinic. Welligent's comprehensive documentation suite includes features for tracking information and referral, assessments and screenings, intake, treatment planning, progress notes, digital signatures, medications, physical health tracking, and more. Welligent's integrated practice management and billing systems will support your organization's call center, scheduling, front desk, electronic billing, and reporting needs. Because our Welligent solution is a cloud-based, or Software-as-a-Service (SaaS) model, it is easy to implement and access from any location using a web browser. Welligent Version 8 is a truly integrated platform which can meet all of your stated organization requirements and business goals. In one system, Welligent can meet the following major core processes and business needs:

- *Easy to Learn, Easy to Use* – User Interface Design, Navigation, and Mobility Features
- Referrals Management (Call Tracking and Customer Relationship Management, CRM)
- Information and Referral
- Admissions and Intake
- Service Delivery and Clinical Documentation (for clinical and non-clinical encounters, evolving integrated care requirements, case management and care coordination features)
- Scheduling - Client Services, Appointments, and Activities Features
- Compliance, Supervisory Review and Quality Management
- Contracts Management and Revenue Cycle Management (RCM)
- Billing and Accounts Receivable (AR) Management
- Data Reporting, Analysis, Business Intelligence, Outcomes and Analytics
- Interoperability, Interfacing and Data Exchange (with internal and external information systems, funders and partners)

- Mobile applications, including support for off-line functionality
- Client and consumer engagement with patient portal and waiting room kiosk
- Custom Business Process Requirements
- Meeting Future Innovations and Trends (in healthcare reform and changing reimbursement models)

Welligent Version 8 – Enhanced User Interface and Ease of Use

Welligent recognizes the current demands placed on Behavioral Health and Human Service provider organizations. Staff members are challenged with keeping up with documentation and reacting to unpredictable events and other real-world challenges. Welligent's Version 8 and Welligent Express are user-friendly and designed so that staff can get back to their real jobs – providing services to clients.

Welligent Version 8 has been redesigned – our new colors, design, feel and ease of use lets you know Welligent is on the cutting edge of technology.

Find more features on the following page!

Welligent Version 8 – Robust Features, Enhanced User Interface and Ease of Use

The screenshot displays the Welligent software interface. At the top, there's a navigation bar with a search function and user alerts. Below this, a dashboard provides quick access to various modules: Foster Care Manager, Front Desk, WellProvider, WellSupervisor, and Education. A central table lists foster homes with columns for Foster Home Name/ID, Certification Status, and Address. A green callout box on the right states: "Our colorful new design features a dynamic menu, easy to use page layout, and intuitive standard icons."

Foster Home Name/ID	Certification	Address	0	1	1	0	0	0	0	No
Foster Home/FC-305018	Pre-certification	...	0	0	0	0	0	0	0	No
Andrew / Linda Smith Foster Home/109-1	Certified	5205 Colley Avenue, Norfolk, VA, 23508	0	1	1	0	0	0	0	Yes
Girny Test Home/52222	Certified	123 Main St, Norfolk, VA, 12345	2	0	0	0	0	0	0	No
Hera Foster Home/FC-305017	Certified	123 Waterview Street, Norfolk, VA, 23500	0	0	0	0	0	0	0	...
James Family Foster Home/FOST123	Pre-certification	1055 North Shore Road, Norfolk, VA, 23509	0	0	0	0	0	0	0	...
Kyle Foster Home/FC-304999	Pre-certification	400 Cathedral Street, Baltimore, MD, 21201	0	0	0	0	0	0	0	...
Liffey Foster Home/FC-305057	Pre-certification	5005 Colley Avenue, Norfolk, VA, 23508	0	0	0	0	0	0	0	...
Marcia Foster Home/FC-305138	Pre-certification	123 Main Street, Sacramento, CA, 21334	0	0	0	0	0	0	0	...
New Test Home/5678	On Hold	...	0	0	0	0	0	0	0	...
New Test Location/343434	Decertified	.. VA,	0	0	0	0	0	0	0	...
Randall Foster Home/FC-304993	Decertified	5005 Colley Avenue, Norfolk, VA, 23508	0	0	0	0	0	0	0	...
Smith Test/909	Certified	...	0	0	0	0	0	0	0	...
The Derek Jeter Center Adolescent Outpatient /JFF	Decertified	.. CA,	0	0	0	0	0	0	0	...
The Joneses/8123	Certified	456 Newport Drive, Norfolk, VA,	0	2	2	0	0	0	0	No

The screenshot shows a detailed client record for 'Client: Kobe Bryant'. The interface includes a 'Record Navigator' on the left, a 'Reminders' section with a table of due dates and activities, an 'Active Medication List' table, and a 'Today at a Glance' section showing a schedule for August 18, 2016. A real-time chat window is open at the bottom right, showing a conversation between 'Supervisor Chris' and 'Andrew Mccraw'. A green callout box states: "Enhanced features include the ability to dock multiple client records at the top of the screen, side bar navigation shortcuts, and a real-time instant messaging component which ties into Welligent's mobile app, Welligent Chat."

Date Due	Activity	Detail
06-Jul-2016	Medication Refills	TYLENOL

Medication	Start Date	Quantity/Refills
TYLENOL	06-Jul-2016	0/0

2.2 Prospective Contractor’s Experience with Acute Psychiatric Facilities

The Prospective Contractor should describe its experience with implementing systems in acute psychiatric facilities.

Instructions: Describe the Prospective Contractor’s experience with implementing systems in acute psychiatric facilities. The Prospective Contractor should provide detailed information regarding past projects, philosophy, and how they can leverage their experience to this project.

The State of Missouri Department of Mental Health (MDMH)

The MDMH is the public mental health authority for the State of Missouri and is responsible for providing a safety net of services and support to individuals with mental illness, substance abuse, addiction disorders and developmental disabilities. Each year the department serves approximately 120,000 Missouri citizens. The department serves these individuals through their owned and operated facilities, and through the use of a network of community based private service vendors that provide services under purchase of service contracts. The State of Missouri Department of mental Health (MDMH) owns and operates seven (7) Joint Commission credited mental health, rehabilitation, and developmental disability treatment facilities including:

- Fulton State Hospital – 376 Beds, Fulton, MO
- St. Louis Psychiatric Rehabilitation Center – 180 Beds, St. Louis, MO
- Metropolitan St. Louis Psychiatric Center – 50 Beds, St. Louis, MO
- Center for Behavioral Medicine – 57 Beds, Kansas City, MO
- Hawthorne Children's Psychiatric Hospital – 52 Beds, St. Louis, MO
- Northwest Missouri Psychiatric Rehabilitation Center – 108 Beds, St. Joseph, MO
- Southeast Missouri Mental Health Center – 323 Beds, Farmington, MO

Each of these facilities provides acute psychiatric services. Often, facility patients experience minor episodes in which they may threaten the wellbeing of themselves or other individuals. In these cases, the patient may be remanded to one of the MDMH facilities where they receive acute psychiatric services. Acute services, including psychiatric evaluations, can last anywhere from 30 – 90 days in the MDMH or until a state court determines the competence and ability of one to stand trial. Many of the patients that receive acute services in one of the MDMH are eventually issued to an outpatient mental health facility.

In 2011, after releasing an RFP seeking to replace their existing legacy pharmacy software with a new Pharmacy Management System, the MDMH contracted with Meta to implement our MetaCare Rx Pharmacy Management System in multiple inpatient behavioral health facilities throughout the state. Our pharmacy solution was selected based on its substantial clinical functionality as well as our significant experience in implementing our products in multi-facility behavioral health enterprises. Implementation of the MDMH hospitals was spread over several years, beginning in March 2011 and ending with implementation at the final facility in June of 2013. All hardware and software for the application is maintained in the organizations corporate offices and the software is used by a number of different organizations in different time zones throughout the USA.

Based on the success of that project, which helped the agency reduce the potential of medication errors, improve patient medication outcomes, and help streamline operations, the MDMH leveraged their initial investment by licensing additional Meta products including our Computerized Prescriber Order Entry (CPOE) and Electronic Medication Administration Record (eMAR) modules. The new modules, utilizing one integrated database, helped to provide close loop medication safety at each facility.

The success of these projects in improving patient care was a catalyst in selecting Meta to improve behavioral health clinical documentation with the installation of MetaCare IntelliDocs™. MetaCare IntelliDocs replaces paper based forms with intelligent electronic documents, helping to coordinate care and organize documentation as part of an integrated patient history. More efficient workflow practices include legible information along with efficient data entry; information can be displayed as needed across the patient care continuum once charted. IntelliDocs also provides timely information to assist clinical staff in making informed care decisions. Meta clinical informatics experts developed a customizable framework for common documentation requirements by automating multiple integrated forms of documentation common to the behavioral health care process.

We treated each facility as a separate hospital, and implemented each on its own schedule. Meta's appointed project manager held regular conference calls with each client during their implementation phase to learn their business practices and differences in order to make suggestions on how to configure the pharmacy system to best meet their individual needs. As it was with our implementation at the Oklahoma Department of Mental Health (ODMH), the goal was to allow each facility to feel that our system successfully met their needs, while staying within the overall framework set out for standardization by the MDMH organization.

As a state enterprise of behavioral health facilities it was important to understand the varying nature of each facility to help the state leverage the functionality contained within our EHR applications. For example, the facilities that treat drug and alcohol addiction treat a very different population with a markedly shorter length of stay as compared to some severely mentally handicapped patients, who may be long term residents. In deploying the system in each environment, we helped the site select system options that best met that facility's needs. Using our IntelliMed™ Guidelines system, we helped each site build intelligent rules that alerted users to support both hospital policy and procedures as well as display guidelines that reinforced appropriate drug use for specific agents based on patient parameter and policies in place.

The longstanding success of this partnership with the MDMH is a testament to Meta's thorough understanding and knowledge of mental health environments and ability to successfully deliver an Order Entry, Pharmacy Management, and Medication Administration Record system within a multi-facility State organization. Meta's success within the MDMH has equipped us with the experience, knowledge, and ability to provide a customized solution that meets the Arkansas State Hospital's unique needs.

The Commonwealth of Massachusetts State office of Pharmacy Services (SOPS)

The State Office of Pharmacy Services (SOPS) provides one of the nation's largest comprehensive pharmacy services to over 22,000 patients, located in forty one (41) facilities across six (6) state agencies throughout the Commonwealth of Massachusetts. In late 2013, the Massachusetts State Board of Pharmacy released an RFP seeking to replace their legacy pharmacy software and awarded the contract to Meta to implement our MetaCare Enterprise Rx™ pharmacy management application. For the past three years, Meta has successfully streamlined the consolidated pharmacy operations of the SOPS across the following state agencies:

- Department of Corrections – 18 facilities
- Houses of Corrections – 10 facilities
- Department of Developmental Services – 3 facilities (approximately 600 adult clients)
- Department of Mental Health – 5 facilities (600 adult inpatient beds)
- Department of Public Health – 3 hospitals
- Department of Veteran's Services – 2 Soldier's Homes

Similar to the MDMH, the SOPS offers acute psychiatric facilities at all five hospitals within the Department of Mental Health (DMH) and at two facilities within the Department of Public Health (DPH), Tewksbury State Hospital, a 350-bed Joint Commission accredited hospital and Lemuel Shattuck Hospital, a 255-bed Joint Commission accredited hospital. Often, facility patients experience minor episodes in which they may threaten the wellbeing of themselves or other individuals. In these cases, the patient may be remanded to one of the DMH or DPH facilities where they receive acute psychiatric services. Acute services, including psychiatric evaluations, can last anywhere from 30 – 90 days in the DMH or DPH, or until a state court determines the competence and ability of one to stand trial. Many of the patients that receive acute services in one of the DMH or DPH facilities are eventually issued to an outpatient mental health facility.

In addition, Meta supports one of the largest state-level prison and jail systems in the country as part of the deployment. With Meta's pharmacy software, the SOPS coordinate pharmacy order verification and medication distribution for more than 12,000 inmates.

The SOPS had a legacy system that was to be sunset in early 2015. The contract was signed in August of 2014 and Meta immediately began work to bring the first facilities live by November. Due to a lack of resources and tight timeline, the SOPS contracted Meta to build its maintenance files. While the files were being built, Meta's project manager and clinical analysts spent time to understand the processes and procedures in the SOPS organization.

Each of the agencies had its own ADT process with overlapping Visit and MRN numbers. An early challenge in the implementation was developing a unifying solution to this problem, which would allow the system to have unique identifiers for each offender, while still allowing pharmacists and nurses to refer to the Agency-generated patient numbers. Meta came up with a customized ADT module where the system would auto-generate a unique visit number, and create an MRN based on offenders' initials, SSN and DOB. At the same time, the Agency visit and MRN were added to key screens and reports so that they would be readily accessible by the users when needed.

While many of Meta's other clients operate as acute care facilities, the SOPS manages their pharmacy distribution center like an outpatient facility. Orders are filled for 30 days at a time and many medications are distributed in blister cards. Meta was able to accommodate the thirty day fills within the standard configurations of the system. In addition, Meta was able to identify blister card medications and route those labels to a special printer. (SOPS contracted with Meta to build an HL7 interface to a labeling machine to make the blister card automation more efficient.)

The Meta programmers were able to enhance the system to meet the needs of the SOPS procedures and install the new software to coincide with the end of the file build. During that time we were also able to upload a full Commonwealth census file. The pharmacists spent several days building profiles for the first two small pilot facilities, which went live on time at the end of November.

In December, ten (10) more facilities, all of them with Pyxis machines, went live over one weekend. At that time it was determined that the SOPS would wait until January before bringing in more facilities. Meta worked with the pharmacy team to evaluate their procedures in light of the new system capabilities and recommended various approaches to streamline the pharmacist's work. The last of the facilities went live in April, 2015.

Similar to the MDMH, the initial installation of Meta's pharmacy system was very successful and encouraged the SOPS to leverage their initial investment in MetaCare Enterprise Rx™ by licensing additional Meta products including our Computerized Prescriber Order Entry (CPOE) and Electronic Medication Administration Record (eMAR) applications. The new modules, utilizing one integrated database, have helped to provide close loop medication safety at each facility. The installation of MetaCare CPOE™ and MetaCare eMAR™ began with all three (3) facilities in the DPH including Lemuel Shattuck Hospital, Tewksbury Hospital, the Western Massachusetts Hospital, and the Massachusetts Hospital School in Canton, all of which, provide acute care services.

Shortly after the success of this installation, the SOPS contracted with Meta again to install MetaCare CPOE™ and MetaCare eMAR™ in all five (5) facilities within the DMH including Worcester State Hospital, Taunton State Hospital, Solomon Carter Fuller Mental Health Center, Corrigan Mental Health Center, and Cape Cod and the Islands Mental Health Center. Each facility provides acute psychiatric services to patients who may threaten the wellbeing of themselves or other individuals. Similar to the initial pharmacy installation, Meta's project manager and implementation support team visited each facility within the DPH and DMH to understand the specific processes and procedures. Working with each facility and understanding their unique processes and procedures allowed Meta to customize an EHR solution that not only met, but surpassed, each facility's daily operations and unique needs.

The SOPS have contracted a number of other enhancements to the system that further fine-tune the system to their needs. Meta prides itself in its ability to turn around customizations and new releases faster than the larger vendors. Although our stated goal is 1 to 2 major releases per year, targeted hotfixes containing contracted enhancements (and fixes) come out much more often, and can be released to individual clients as needed. As demonstrated above, Meta excels in listening to the needs of the client, and responding with solutions that are advantageous to both the target client and other clients.

2.3 EHR and Billing System Implementations/References

The State has established mandatory qualifications that must be met to submit a proposal as stated in Template T-1 of the RFP.

To satisfy the mandatory qualifications, include at least three (3) references of projects which are of similar size, complexity and scope to this engagement. Each reference chosen should clearly demonstrate the Prospective Contractor's ability to perform the Scope of Work described in the RFP. One of the references (prime contractor) **must** be from an acute psychiatric facility. The State strongly prefers references that are currently using the system.

Instructions: Provide the information requested in the Tables below. The Tables may be replicated if the Prospective Contractor would like to include more than three (3) references. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Table 3.

Reference 1

PROSPECTIVE CONTRACTOR INFORMATION	
Name: Meta Healthcare IT Solutions, LLC.	Contact/Name: Salvatore Barcia
Project Dates: 2005 – Present	Contact Phone: 516-488-6189
CUSTOMER INFORMATION	
Customer Organization: The State of Oklahoma Department of Mental Health & Substance Abuse Services (ODMHSAS).	Customer Contact Name: Michelle Moss, Director of Pharmacy
	Customer Phone: (918)-713-5537
Customer Address: 2000 N. Classen Blvd, Ste E600, Oklahoma City, OK 73106	Customer Email: Michelle.moss@odmhsas.org
	Customer Fax: (405)-248-9321
PROJECT INFORMATION	
Total Contractor Staff:	Four (4) Meta Employees
<p>Project Objectives:</p> <p>In 2005, Meta contracted implementation of our MetaCare Enterprise Rx™ Pharmacy Management in multiple acute inpatient and outpatient facilities in the State of Oklahoma’s Department of Mental Health (ODMHSAS). The ODMHSAS owns and operates seven (7) Joint Commission credited mental health facilities, developmental disability treatment facilities, as well as habitation facilities. The ODMHSAS facilities outlined below support a continuum of programs from community-based treatment and case management to acute inpatient care, outpatient services, long term care, and forensic services.</p> <ul style="list-style-type: none"> • Carl Albert Community Mental Health Hospital – 12 Beds, McAlester, Ok • Central Oklahoma Community Mental Center – Norman, Ok • Griffin Memorial Hospital – 120 Beds, Norman, Ok • Jim Taliaferro Community Mental Health Center – 24 Beds, Lawton, Ok • Norman Alcohol and Drug Treatment Center – Norman, Ok (Griffin- same campus) • Northwest Center for Behavioral Health – 56 Beds, Fort Supply, Ok • Oklahoma Forensic Center – 200 beds, Vinita, Ok • Vinita Alcohol and Drug Treatment Center – Vinita, Ok (Forensic – same campus) <p>The ODMHSAS’ primary objective was to work with a vendor that had significant experience implementing a robust pharmacy management system in a mental and behavioral health environment and streamline pharmacy operations across seven facilities.</p>	

Project Description:

The implementation of the ODMHSAS hospitals was spread over several years. Implementation began with a central kickoff meeting for all the facilities in the ODMHSAS. While the initial intent was for all facilities to use the same formulary and hospital settings, each hospital had its own needs, its own processes, and procedures. Since the ODMHSAS balked at the central directive for standardization across all facilities, Meta worked intimately with each facility to develop a custom solution based on their own unique standards.

Our product was selected based on its significant clinical functionality, ability to support both inpatient and outpatient pharmacy departments, successful experience in implementing our products in multi-facility enterprises, expertise in supporting behavioral health facilities and overall reputation in providing excellent software solutions that help improve patient outcomes, reduce medication errors and contain drug costs. In addition to implementing our products at these facilities, we also communicate narcotic dispensing information to the Oklahoma State Board of Pharmacy.

Within the first two years, the contract was appended and we were asked to interface to automated dispensing machines at some of the Oklahoma Hospitals. We successfully completed a full patient profile interface to the MedDispense automated dispensing machines in 2008.

Prospective Contractor’s Involvement:

Meta treated each facility as a separate hospital and implemented each on its own schedule. Meta’s appointed project manager held regular conference calls with each client during their implementation to learn their business practices and differences. Regular conference calls also enabled the Meta client manager to make suggestions on how to configure the pharmacy system to best meet their individual needs. The goal was to allow each facility to feel that our system successfully met their needs, while staying within the overall framework set out for standardization by the ODMHSAS organization.

This is one of the “lessons learned” from the ODMHSAS implementation and has been incorporated into additional project plans such as the State of Missouri Department of Mental Health (MDMH). Even within one system hospitals have their own processes and procedures; and Meta has learned through experience the most successful implementations allow clients to retain their own practices as much as possible, while reaping the benefits of being on the same system.

Each facility was on the same version of software with the same database structure and therefore, reports written for any one hospital worked equally well for all. Central reporting to the State Board of Narcotics was standardized. We were able to save time and money for several facilities by “seeding” their initial file build with the formulary file from another, similar, facility. That facility could “tweak” the data rather than starting from scratch. This type of thinking “outside the box” by Meta’s project manager saved time on the project plan and resources/money for the ODMHSAS.

The last of these facilities went live in September 2007, after a short, 8 week implementation. This facility benefited from the files, labels and reports built at other facilities in the ODMHSAS as well as from the experience of the Meta project team in implementing the “sister” facilities.

Project Benefits:

As a state enterprise of behavioral health facilities it was important to understand the varying nature of each facility to help the state leverage the functionality contained within our application. For example, the facilities that treat drug and alcohol addiction treat a very different population with a markedly shorter length of stay as compared to some severely mentally handicapped patients, who may be long term residents.

In deploying the system in each environment, we helped the site select system options that best met that facility's needs. Using our IntellimedTM Guidelines system, we helped each site build intelligent rules that alerted users to support both hospital policy and procedures as well as display guidelines that reinforced appropriate drug use for specific agents based on patient parameter and policies in place.

We customized specific clinical alerts as well – screening for drug interactions based on severity codes, turning off specific drug interaction pairs if desired, and tailoring Food/Drug interactions to screen only for the agents the State was most interested in screening for their patients – which also helps to avoid alert fatigue.

To facilitate a smoother flow for patient education, we developed integrated labels for outpatient facilities that included patient education monographs on a single sheet of paper. The ODMHSAS does not bill their patients, either through direct billing or adjudication, and we created numerous specialized financial reports that reflect the way they do business. This customized solution has significantly benefited each of the seven (7) ODMHSAS inpatient mental health facilities.

KEY PERSONNEL ASSIGNED TO PROJECT

Name: Gail Saidlower	Role: Project Management
Name: Arnold Clemente	Role: Implementation & Go-Live services
Name: Stephany Carrillo, RPH	Role: Clinical Coordinator & Trainer
Name: John Walker	Role: Technical Services & Interface Specialist

PROJECT MEASUREMENTS

Operating Budget of Organization: Unknown	# of Employees and External Users: # of Employees: Unknown # of External Users: 20
Initial contract value: NA	Actual contract value: NA

Reason(s) for Change in contract value:

Meta is unable to provide the contract value for this project. The nature of Meta's contract with the ODMHSAS prohibits us from sharing any confidential , contract value, and protected State information

Estimated Start & Completion Dates	From:	March 2005	To:	March 2007
Actual Start & Completion Dates	From:	March 2005	To:	September 2007

Reason(s) for Difference Between Estimated and Actual Dates:

The project was initially scheduled to begin in March 2005 as a two year project for seven (7) stand-alone facilities. The two final facilities underwent administrative changes which resulted in a six month delay.

If the Prospective Contractor performed the work as a subcontractor, describe the scope of subcontracted activities: NA

Reference 2

PROSPECTIVE CONTRACTOR INFORMATION	
Name: Meta Healthcare IT Solutions, LLC.	Contact/Name: Salvatore Barcia
Project Dates: 2009 - Present	Contact Phone: (516)-488-6189
CUSTOMER INFORMATION	
Customer Organization: NAVOS	Customer Contact Name: Paul Thompson, Director of Pharmacy
	Customer Phone: (206)-933-7219
Customer Address: 2600 Southwest Holden Street, Seattle, WA 98126	Customer Email: Paul.Thompson@navos.org
	Customer Fax: (206)-257-6830
PROJECT INFORMATION	
Total Contractor Staff:	Four (4) Meta Employees
<p>Project Objectives: In August 2009, Meta contracted with NAVOS, a Seattle, Washington based health provider whose missions is “improving the quality of life of people vulnerable to mental illness, by providing a broad continuum of care.” NAVOS offers a broad range of behavioral health acute and long term care psychiatric services to adults, adolescents, and children.</p> <p>NAVOS’ goal was to find a vendor with behavioral health experience that could implement a closed loop medication safety system in an efficient and cost effective manner. NAVOS selected Meta in August of 2009 and licensed our MetaCare Enterprise Rx™ Pharmacy Management System and our MetaCare eMAR™ bar coded medication administration system. Both solutions went live on November 1st, 2009. NAVOS was so satisfied with the implementation process and robust clinical functionality of both Meta’s pharmacy and eMAR products; they also contracted our MetaCare CPOE™ physician order entry system, with implementation in July 2010.</p>	

Project Description:

NAVOS' contract with Meta coincided with a decision to end the outsourcing of pharmacy services to a company who had provided their own software as part of services provided. Thus, from the point of contract execution there was less than three months for NAVOS to hire an inpatient pharmacy staff, build a physical pharmacy and stock it, and implement both a pharmacy management system and a bar coded medication administration system. Additionally, the project began without a director of pharmacy in place.

These are extremely adverse circumstance in which to implement a system as complex as an inpatient pharmacy system, let alone in addition to, a bar coded medication administration system. From software installation in late August of 2009, we had just two months, until November 1st, to go live.

In undertaking this project Meta had to first understand the necessity of an unorthodox, rapid deployment that is typically not recommended, but was necessitated by circumstances dictated by their business decision to bring pharmacy services in house. Although such a decision does not create an optimal deployment, by assigning a senior level project manager and increasing staffing for go live deployment, we were able to go live with two major applications in approximately 60 days, and additionally have adjudication billing ready to bill claims 8 weeks later. Meta also assigned a pharmacist to this project who could understand the needs of NAVOS' developing pharmacy department, to compensate for the initial lack of staffing.

Since going live, NAVOS has purchased other Meta products as well, including MetaCare IntelliForms, which went live in September of 2015. Meta continues to work closely with NAVOS to transform the quality of care via our software products that we develop and implement.

Prospective Contractor's Involvement:

The project manager started with the goals of the project, and working backwards, broke down the tasks into the minimal events necessary to get this client live in 9 weeks. We challenged our assumptions of what was absolutely necessary in our typical go-live plan, and had planning meetings to determine the minimal scope of the initial go-live.

This resulted in adding extra resources where needed, to keep the project plan on its aggressive schedule, and pushing certain other steps past the golive date. For example, we added extra technical resources to develop a flat-file ADT delivery process to accommodate NAVOS' in-house system, all the while testing the contents of their ADT messages within our system. The wholesaler and lab interfaces were seen as outside of the scope of the necessities at go-live, and so they were worked into a 30-day post golive plan.

NAVOS' was amenable to taking an item file from another client, to save time in building the file, and tweaking it as needed. We worked creatively with their team to bring the golive in successfully on November 1.

Project Benefits:

NAVOS' inpatient long term care patients are eligible for claims adjudication through Washington State Medicaid, Medicare Part D and various private insurance companies. Previously NAVOS used the adjudication services of their out-sourcing pharmacy to adjudicate claims, accepting what was paid to them, but having no control of billing.

In the new system implemented by Meta, NAVOS wanted to avoid the outdated card system of pre-billing a fixed amount of drug. Meta took an innovative approach with NAVOS in helping to redesign claims adjudication for inpatient purposes. Rather than billing insurance companies prospectively, and subjecting those claims to future adjustments for unused medications, Meta instead gathers the inpatient dispensed quantities for eligible orders at the end of the patient's stay (or on a time schedule, by user control), converts those eligible inpatient orders to outpatient prescriptions, and adjudicates them.

Meta's innovative solution allows NAVOS to use traditional unit dose dispensing, bar coded medication administration and automated dispensing machine integration, while still being able to bill insurers based on usage. This is a perfect example of Meta understanding a hospital's needs, and creating a workable solution to solve the problem.

KEY PERSONNEL ASSIGNED TO PROJECT

Name: Gail Saidlower	Role: Project Management
Name: Stephany Carillo	Role: Clinical Coordinator Trainer
Name: Arnold Clemente	Role: Implementation & Go-Live services
Name: John Walker	Role: Technical Services & Interface Specialist

PROJECT MEASUREMENTS

Operating Budget of Organization: Unknown	# of Employees and External Users: # of Employees: Unknown # of External Users: 100
Initial contract value: NA	Actual contract value: NA

Reason(s) for Change in contract value:

Meta is unable to provide the contract value for this project. The nature of Meta's contract with NAVOS prohibits us from sharing any confidential or contract value information.

Estimated Start & Completion Dates	From:	October 2009	To:	July 2010
Actual Start & Completion Dates	From:	October 2009	To:	July 2010

Reason(s) for Difference Between Estimated and Actual Dates:

State of Arkansas DHS-ASH

EHR and Billing System

RFP #: SP-18-0034

Template T2 –Prospective Contractor Experience/References

If the Prospective Contractor performed the work as a subcontractor, describe the scope of subcontracted activities: NA

Reference 3

PROSPECTIVE CONTRACTOR INFORMATION	
Name: Meta Healthcare IT Solutions, LLC.	Contact/Name: Salvatore Barcia
Project Dates: 2005 – Present	Contact Phone: (516)-488-6189
CUSTOMER INFORMATION	
Customer Organization: Southern Ohio Medical Center	Customer Contact Name: Brent Richard, Director of Information Services
	Customer Phone: (740)-356-7668
Customer Address: 1805 27th St, Portsmouth, OH 45662	Customer Email: Richardb@somc.org
	Customer Fax: (614) -353-2981
PROJECT INFORMATION	
Total Contractor Staff:	
<p>Project Objectives:</p> <p>In 2005, Southern Ohio Medical Center (SOMC) in Portsmouth, Ohio initiated a search to replace its legacy Cerner Pharmacy System. SOMC was primarily focusing on vendors that they felt could work with over a period of years to help improve medication from order inception through medication administration. SOMC is a successful midsized hospital who is listed as one of the Fortune 100 Best places to work in America. They are also a small group of hospitals (less than 6% nationwide) to achieve the prestigious Nursing Magnet designation.</p> <p>However, despite their excellence in treating patients in Portsmouth and surrounding communities, SOMC, like most hospitals, is compelled to make extremely careful and sensible expenditures, especially when it comes to IT solutions. Meta began as an unheralded potential vendor for implementation, but soon moved up their list, not only on product strength and excellent customer support, but on meeting each challenge the hospital selection committee set forth.</p>	

Project Description:

Meta's contract with SOMC included implementation of MetaCare Enterprise Rx™ Pharmacy Management system with the option to implement MetaCare eMAR™. Our pharmacy deployment at SOMC was so successful that they contracted to execute the eMAR option even prior to go-live of our pharmacy system. Upon go-live, we immediately began deploying MetaCare eMAR.

Unique to any decision process before or since, SOMC IT staff asked to analyze our SQL database architecture, to ensure that the databases were normalized, and that they were intelligently laid out to insure optimal response and efficiency. Beset with a vendor history where some very large and well-known vendors failed to successfully interface with other SOMC products, they also demanded that we implement our interfaces before deploying major parts of our application and training end users.

At SOMC we also integrated with Lawson Financials, Stockell Patient management (ADT), SCC laboratory results, and Pyxis automated dispensing machines. Each interface was performed flawlessly by our experienced team of interface analysts.

Prospective Contractor's Involvement:

SOMC was Meta's first client to go live with our SQL platform pharmacy application. We projected a 15-month development and implementation period for this new product. Well into the implementation, after the client completed initial functional testing, the client requested additional functionality and enhancements to the system, including Positive ID security functionality to include use of a dongle for pharmacy employees. In addition, the eMAR contract was unexpectedly signed 10 months into the pharmacy project, and development and specification review meetings began for this new product as well.

Our skilled project management team was able to keep the original pharmacy project on track by keeping a tight eye on the project plan and adding resources as needed. Weekly meetings were held with the project team, and issues were discussed each week until they were resolved. Meta's change evaluation team presented the additional cost in time and or money to the hospital team for each change requested. Upon evaluation, certain larger change requests were postponed to a post-go live "Phase 2" of a project. The pharmacy project moved steadily forward, even as new functionality was added to the system. Despite all the changes requested and implemented, the actual term of the pharmacy project ran only one month beyond the original projection.

The eMAR project took a different process. SOMC was a partner in development for this product, and programming and testing continued through much of the life cycle of the project. The project manager coordinated all the activity for this project – making sure that business practices were understood and at the root of the project, programmers and testers were ready at appropriate times, change/enhancement requests were brought to the evaluation team and responses were brought back to the hospital for discussion. The timeline for this project was more flexible – the client wanted the right features and functions as a more important goal than hitting a deadline.

Meta's excellent deployment of MetaCare Rx and MetaCare eMAR convinced SOMC to deploy two additional Meta EHR products; a full featured physician and clinician order entry system known as MetaCare CPOE and MetaCare Intellidocs, our clinical documentation product. The first phase of deployment went live during the summer of 2011 for non-physician order entry by nursing unit clerks and was fully deployed for physicians in early 2012.

Project Benefits:

MetaCare eMAR yielded tremendously positive results at the hospital. On the very first 8 hours of nursing shifts, where the eMAR was live, we detected and prevented TEN (10) potential errors. Fortunately, none of the potential medication errors would have been life threatening, but their prevention convinced both nursing managers and hospital administrators that MetaCare eMAR would have a profound and positive impact on the quality of patient care at SOMC.

At the time we were achieving what many national reporting bodies had set as an average standard – 85% of all live doses were administered fully bar-code compliant. Working closely with hospital clinicians and IT staff to improve upon this figure, we implemented several significant changes to our software to facilitate improved bar-code compliance (where both the patient and medication was verified using 6 rights checking.) Upon the release of the new version of software, bar code compliance markedly and steadily increased. Today, of the 100,000 doses that SOMC nurses administer each month, 99% are administered fully bar code compliant, nearly eliminating the possibility of serious medication errors at the bedside.

In its entirety, the scope of complexity of these projects, the overall functionality of products deployed, the exceptional level of support, and the excellent relationship engendered by working with SOMC clinical and technical staff from many disciplines make this site a shining example of the quality that Meta offers.

The juxtaposition of the SOMC Meta EHR project, going on simultaneously led by the same project manager, shows the depth and breadth of the experience and flexibility of the Meta management team. We are not locked into a single process - we are willing to work with our clients to meet their needs, and this has led to the extreme satisfaction of our clients with our implementations and our products.

KEY PERSONNEL ASSIGNED TO PROJECT

Name: Gail Saidlower	Role: Project Management
Name: Stephany Carillo	Role: Clinical Coordinator Trainer
Name: Arnold Clemente	Role: Implementation & Go-Live services
Name: John Walker	Role: Technical Services & Interface Specialist

PROJECT MEASUREMENTS

Operating Budget of Organization: Unknown	# of Employees and External Users: # of Employees: Unknown # of External Users:
Initial contract value: NA	Actual contract value: NA

Reason(s) for Change in contract value:

Meta is unable to provide the contract value for this project. The nature of Meta’s contract with SOMC prohibits us from sharing any confidential or contract value information.

Estimated Start & Completion Dates	From:	January 2005	To:	April 2006
Actual Start & Completion Dates	From:	January 2005	To:	January 2012

Reason(s) for Difference Between Estimated and Actual Dates:

Meta successfully contracted our pharmacy management system with SOMC within the allotted fifteen (15) month time frame. However, SOMC was so satisfied with this installation they contracted our electronic medication administration record system within one year of the initial installation and contracted for our computerized prescriber order entry system several years later.

If the Prospective Contractor performed the work as a subcontractor, describe the scope of subcontracted activities: NA

2.3.1 Subcontractor References (If Applicable)

If the Proposal includes the use of subcontractor(s), include at least three (3) references from scopes of work equivalent to the scope of work proposed of the subcontractor in the Proposal. Each reference chosen should clearly demonstrate the subcontractor’s ability to perform the relevant portion of work requested in the RFP.

Instructions: Provide the information requested in the Tables below. Replicate the Table if more than three (3) references are desired. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Welligent has provided three detailed references.

Table 4.

Reference 1

SUBCONTRACTOR INFORMATION	
Subcontractor Name: Welligent	Subcontractor Contact/Name: Andy McCraw
Project Dates: 6/30/2008 – 11/11/2009	Subcontractor Contact Phone: 757 213-5960 x5980
CUSTOMER INFORMATION	
Customer Organization: Foothill Family Service	Customer Contact Name: Chris Howard
	Customer Phone: 626 993-3033
Customer Address: 2500 E. Foothill Blvd., Suite 300 Pasadena, CA 91107	Customer Email: Choward@foothillfamily.org
	Customer Fax: NA
PROJECT INFORMATION	
<p>Project Objectives: Phase 1: Requirements Gathering, Phase 2: Preliminary Clinical and Billing Configuration of Production System, Phase 3: Standard/Required DMH Data Entry Forms and Paperwork (E-Forms), Phase 4: Standard/Required DMH Reports, Phase 5: Custom Electronic Data Entry Forms (E-forms) Development (optional), Phase 6: Custom Reports Development (optional), Phase 7: Final Billing Setup and Configuration, Phase 8: Billing and Medi-Cal Eligibility Verification EDI Testing and Certification, Phase 9: Interim Data Migration, Testing and Lodestar Interface, Phase 10: Buyer Acceptance Tests – Billing and Clinical, Phase 11: Production System – Final Data Migration and Acceptance Tests, Phase 12: Train the Trainer Training – Billing and Clinical, Phase 13A: Pilot and Go Live – Billing, Phase 13B: Pilot and Go Live – Clinical</p>	
<p>Project Description: Welligent provides a robust behavioral health software. This includes a fully integrated billing and reporting components.</p>	
<p>Subcontractor's Involvement: Extensive in-person training, train the trainer, ongoing webinar trainings until Go Live and as needed post Go Live.</p>	
<p>Project Benefits: Able to be LIVE with one of the top EHR's in the country.</p>	
SUBCONTRACTOR KEY PERSONNEL ASSIGNED TO PROJECT	
Name: Charles Sutelan	Role: Chief System Architect & Lead Developer
Name: Heather Rudolph	Role: Lead Project Manager (Subcontractor)

State of Arkansas DHS-ASH
 EHR and Billing System
 RFP #: SP-18-0034
 Template T2 –Prospective Contractor Experience/References

Name: Barbara Klear		Role: Configuration Manager	
PROJECT MEASUREMENTS			
Operating Budget of Organization:		# of Employees and External Users:	
Estimated One-time costs: \$199,000		Actual One-time costs: \$199,000	
Reason(s) for Change in One-time cost: No change			
Original Value of Subcontractor's Contract: \$281,425		Actual Total Contract Value: \$281,425	
Reason(s) for Change in Value: No Change			
Estimated Start & Completion Dates:		From: 6/30/2008	To: 11/11/2009
Actual Start & Completion Dates:		From: 6/30/2008	To: 11/11/2009
Reason(s) for Difference Between Estimated and Actual Dates: No change			

Reference 2

SUBCONTRACTOR INFORMATION	
Subcontractor Name: Welligent	Subcontractor Contact/Name: Andy McCraw
Project Dates: 8/1/2009 - 7/01/2011	Subcontractor Contact Phone: 757 213-5960 x5980
CUSTOMER INFORMATION	
Customer Organization: Phoenix House Foundation	Customer Contact Name: Leslie Damesek
	Customer Phone: 646 505-2158
Customer Address: 164 West 74 th Street New York, New York 10023	Customer Email: ldamesek@phoenixhouse.org
	Customer Fax: NA
PROJECT INFORMATION	
<p>Project Objectives: 1) A client substance abuse treatment intake and assessment system to be utilized throughout the Phoenix House national service system. The assessment system must include evidence based tools. 2) A comprehensive case management tool including treatment planning, progress notes, workflow notifications, reports, etc. 3) Mandatory state reporting and billing integration. 4) They system to support records management tracking forms modeling, flexible and user friendly reporting, minimize paper processing, and provide regulatory compliance tracking (sign-offs) with “workflow” functionality to notify responsible personnel and report exceptions.</p>	
<p>Project Description: Phase 1: Regional Requirements Gathering, Phase 2: Customized Configuration of Test and Training ASP Applications, Phase 3: Required Paperwork and E-Forms Developments for State and County Payers and Funding Sources, Phase 4: Required Reports for State and County Payers and Funding Sources, Phase 5: Required Paperwork and E-Forms Development for Internal Agency Use, Phase 6: Custom Reports Development for Internal Agency Use, Phase 7: Final Billing and Funding Source Setup and Configuration, Phase 8: Billing EDI Testing and Certification, Phase 9: Interim Data Migration and Testing, Phase 10: Creation and Configuration of Production ASP System, Final Data Migration and Testing, Phase 11: Testing – Regional Billing Roll-outs, Phase 12: Training – Regional Billing Roll-outs, Phase 13: Pilot and Go Live – Regional Billing Roll-outs, Phase 14: Testing – Regional Clinical Roll-outs, Phase 15: Training – Regional Clinical Rollouts, Phase 16: Pilot and Go Live – Regional Clinical Roll-outs</p>	
<p>Subcontractor’s Involvement: Extensive in-person training, train the trainer, ongoing webinar trainings until Go Live and as needed post Go Live.</p>	
<p>Project Benefits: Able to be LIVE with one of the top EHR’s in the country.</p>	

SUBCONTRACTOR KEY PERSONNEL ASSIGNED TO PROJECT			
Name: Alexis Williams		Role: Lead Project Manager	
Name: Leslie Hellstrom		Role: Remote Project Manager	
Name: Barbara Klear		Role: Billing Configuration Manager	
PROJECT MEASUREMENTS			
Operating Budget of Organization: \$18, 353,897 annual revenue		# of Employees and External Users: 1250	
Estimated One-time costs: \$170,867		Actual One-time costs: \$170,867	
Reason(s) for Change in One-time cost: No change			
Original Value of Subcontractor's Contract:		Actual Total Contract Value:	
Reason(s) for Change in Value:			
Estimated Start & Completion Dates:		From: 8/1/2009	To: 7/1/2011
Actual Start & Completion Dates:		From: 8/1/2009	To: 7/1/2011
Reason(s) for Difference Between Estimated and Actual Dates: No change			

Reference 3

SUBCONTRACTOR INFORMATION	
Subcontractor Name: Welligent	Subcontractor Contact/Name: Andy McCraw
Project Dates: 10/18/2010 - 6/01/2011	Subcontractor Contact Phone: 757 213-5960 x5980
CUSTOMER INFORMATION	
Customer Organization: HealthRight 360	Customer Contact Name: Jegan Anandasakaran
	Customer Phone: 415-762-3716
Customer Address: 1735 Mission St, San Francisco, CA 94103	Customer Email: janandasakaran@healthright360.org
	Customer Fax: NA
PROJECT INFORMATION	
<p>Project Objectives: 1) A residential substance abuse treatment intake and assessment system to be utilized throughout by HealthRight 360. The assessment system must include evidence based tools. 2) A comprehensive case management tool including treatment planning, progress notes, workflow notifications, reports, etc. 3) Mandatory County reporting and billing. 4) They system to support records management tracking forms modeling, flexible and user friendly reporting, minimize paper processing, and provide regulatory compliance tracking (sign-offs) with “workflow” functionality to notify responsible personnel and report exceptions.</p>	
<p>Project Description: Phase 1: Regional Requirements Gathering, Phase 2: Customized Configuration of Test and Training ASP Applications, Phase 3: Required Paperwork and E-Forms Developments for State and County Payers and Funding Sources, Phase 4: Required Reports for State and County Payers and Funding Sources, Phase 5: Required Paperwork and E-Forms Development for Internal Agency Use, Phase 6: Custom Reports Development for Internal Agency Use, Phase 7: Final Billing and Funding Source Setup and Configuration, Phase 8: Billing EDI Testing and Certification, Phase 9: Interim Data Migration and Testing, Phase 10: Creation and Configuration of Production ASP System, Final Data Migration and Testing, Phase 11: Testing – Regional Billing Roll-outs, Phase 12: Training – Regional Billing Roll-outs, Phase 13: Pilot and Go Live – Regional Billing Roll-outs, Phase 14: Testing – Regional Clinical Roll-outs, Phase 15: Training – Regional Clinical Rollouts, Phase 16: Pilot and Go Live – Regional Clinical Roll-outs</p>	
<p>Subcontractor’s Involvement: Extensive in-person training, train the trainer, ongoing webinar trainings until Go Live and as needed post Go Live.</p>	
<p>Project Benefits: System consolidation, streamlined operations, improved clinical workflows</p>	

SUBCONTRACTOR KEY PERSONNEL ASSIGNED TO PROJECT			
Name: Charles Sutelan		Role: Software Architect & Supervisor of Programming Services	
Name: Alexis Williams		Role: Lead Project Manager	
Name: Leslie Hellstrom		Role: Remote Project Manager	
Name: Barbara Klear		Role: Billing Configuration Manager	
PROJECT MEASUREMENTS			
Operating Budget of Organization: \$70M annual revenue		# of Employees and External Users: 800	
Estimated One-time costs: \$225,000		Actual One-time costs: \$225,000	
Reason(s) for Change in One-time cost: No change			
Original Value of Subcontractor's Contract: Unknown		Actual Total Contract Value: Unknown	
Reason(s) for Change in Value: No change			
Estimated Start & Completion Dates:		From: 10/18/2010	To: 6/1/2011
Actual Start & Completion Dates:		From: 10/18/2010	To: 6/1/2011
Reason(s) for Difference Between Estimated and Actual Dates: No change			

2.4 Existing Business Relationships with the State of Arkansas

Instructions: Describe any existing or recent (within the last five (5) years) business relationships the Prospective Contractor or any of its affiliates and proposed subcontractors has with the State.

There are no existing or recent business relationships between Meta Healthcare IT Solutions, or Welligent Inc., with the State of Arkansas.

3.0 Financial Stability

3.1 Financial Capacity

Prospective Contractor's should submit an Independent Auditor's Report and audited financial statements, including any management letters associated with the Auditor's Report with the applicable notes, OMB A-133 Audit (if conducted) for the last fiscal year (an Audit Receipt Letter from Contract Support for each year is acceptable), balance sheet, statement of income and expense, statement of changes in financial position, cash flows and capital expenditures.

Most current financial statements (may be unaudited) should be provided as part of the Technical Proposal. If the Prospective Contractor has not had an audit conducted within the past fiscal year, then the Prospective Contractor should provide the following un-audited financial statements for the last fiscal year:

- a) State of Financial Position (Balance Sheet)
- b) Statement of Activities (Income Statement)
- c) Statement of Cash Flows

If the Prospective Contractor is a corporation that is required to report to the Securities and Exchange Commission (SEC), it should submit its most recent SEC Forms 10K, Annual Reports. If any change in ownership is anticipated during the twelve (12) months following the Proposal due date, the Prospective Contractor should describe the circumstances of such change and indicate when the change is likely to occur.

Additional information may be requested regarding financial stability for the Prospective Contractor and any subcontractors proposed.

Instructions: Supply evidence of financial stability sufficient to demonstrate reasonable stability and solvency appropriate to the requirements of this procurement.

Meta has attached in a sealed envelope all necessary financial information including Balance Sheets, an Income Statement, and a Statement of Cash Flows. If requested or desired by the ASH, Welligent can provide additional financial information. Both Meta and Welligent are not required to report to the Securities and Exchange Commission.

Template T-3
Prospective Contractor Staffing
Response Template
RFP #: SP-18-0034

Table of Contents

<u>1.0</u>	<u>Prospective Contractor Key Personnel</u>
<u>1.1</u>	<u>Subcontractor Key Personnel</u>
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1.0 Prospective Contractor Key Personnel

The Prospective Contractor should identify Key Personnel for the Engagement, as described in the RFP (2.7.13 A-H), including:

- Name
- Position in Vendor organization
- Proposed role on Engagement
- Focus of work effort
- % of time for that work effort
- Experience in the proposed role
- Qualifications for the proposed role
- Role in the last project

Instructions: Complete the following Table detailing the Key Personnel identified for this Engagement. Add rows as necessary. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Table 1. Prospective Contractor Key Personnel

NAME	POSITION IN ORGANIZATION	PROPOSED ROLE ON ENGAGEMENT	FOCUS OF WORK EFFORT	% OF TIME FOR THAT WORK EFFORT	EXPERIENCE IN PROPOSED ROLE (YEARS)	QUALIFICATIONS FOR PROPOSED ROLE	ROLE IN LAST PROJECT
Nancy Brill	Director of Project Management	Project Oversight	Nancy will have direct responsibility for oversight of the project for the duration of the contract.	50%	Sixteen (16)	See Attached Experience & Resume	Nancy performed the same role in Meta's last project.
Jon Walker	Manager of Technical Services & Architecture	IT Architectural and Interface design	Jon will design the IT and interface infrastructure to ensure successful implementation between both organizations.	25%	Thirteen (13)	See Attached Experience & Resume	Jon performed the same role in Meta's last project.
Arnold Clemente	Implementation & Go-Live Specialist	Manage Implementation of Meta's EHR	Arnold will be on site and manage implementation of Meta EHR products and will manage any Go-Live troubleshooting issues	50%	Twenty Five (25)	See Attached Experience & Resume	Arnold performed the same role in Meta's last project.
Trevor Cavness	Clinical Analyst	Assist in Implementation of Meta's EHR	Trevor will be on site and assist with the implementation of Meta's EHR and assist with any Go-Live troubleshooting issues	50%	Five (5)	See Attached Experience & Resume	Trevor performed the same role in Meta's last project.

1.1 Subcontractor Key Personnel

The Prospective Contractor should identify the Subcontractor Key Personnel for the Engagement including:

- Name
- Position in subcontractor organization
- Proposed role on Engagement
- Focus of work effort
- % of time for that work effort
- Experience in the proposed role
- Qualifications for the proposed role
- Role in the last project

If proposing subcontractors for any Key Personnel positions, the Prospective Contractor should refer to Section 2.7.13 A-H for specific personnel requirements.

This section should also detail the past work each listed person has had with the Prospective Contractor or their staff.

Instructions: Provide a listing of the Subcontractor Key Personnel. This Table should be replicated for each Subcontractor used. Add rows as necessary. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Table 2. Subcontractor Key Personnel

NAME	POSITION IN ORGANIZATION	PROPOSED ROLE ON ENGAGEMENT	FOCUS OF WORK EFFORT	% OF TIME FOR THAT WORK EFFORT	EXPERIENCE IN PROPOSED ROLE (YEARS)	QUALIFICATIONS FOR PROPOSED ROLE	ROLE IN LAST PROJECT
Charles Sutelan	CEO & System Architect	IT Architectural and Interface design	Charles will design the IT and interface infrastructure to ensure successful implementation between both organizations.	10%	15 Years	Welligent system architect, oversees Welligent software development, extensive software development experience including integrations with 3 rd party information systems	Charles performed the same role in Welligent's last project.
Alex Williams	Director of Project Implementation	Project Implementation Oversight	Alexis will have direct responsibility for implementation oversight	25%	12 Years	Welligent Director of PM Operations, oversees all Welligent implementations	Alexis performed the same role in Welligent's last project.
Lori Real	Project Manager	Manage project prior and post Implementation	Lori will have direct responsibility for oversight and customer support of the project for the duration of the contract.	50%	7 Years	Senior Welligent Project Manager, extensive experience with Welligent customer implementations	Lori performed the same role in Welligent's last project
Rick Hasson	Development Manager & Technical Lead	Technical support prior to and post implementation	Rick will provide technical and product development support prior and post to implementation.	25%	15 Years	Oversees Welligent technical staff, senior Oracle developer and lead interface designer prior and post implementation.	Rick performed the same role in Welligent's last project

2.0 Staff Experience

The Prospective Contractor should provide evidence that each of the Key Personnel proposed meet the required years of experience as set forth in Section 2.7.13.

Instructions: For each Key Personnel listed, indicate the client name and client contact information, whether the engagement was for a public sector agency, project name, start and end dates the team member performed the role, duration of the experience and an overview of the project scope, focused on how it relates to the scope of this RFP.

Key Personnel Member: Nancy Brill

Client Name: Commonwealth of Massachusetts State Office of Pharmacy Services (SOPS)

Client Contact Information: Phone: (978) -858-2114

Engagement: Public Sector Agency.

Project Name: SOPS Pharmacy, CPOE, and eMAR Implementation

Start Date: April 2014

End Date: Ongoing

Duration: Three (3) + Years

Project Overview: In late 2013, the Massachusetts State Board of Pharmacy released an RFP seeking to replace their legacy pharmacy software and awarded the contract to Meta to implement our MetaCare Enterprise Rx™ Pharmacy Management System. SOPS has repeatedly demonstrated its confidence in Meta's products and services and decided to contract with Meta for a second time to implement our Computerized Prescriber Order Entry (CPOE) and Electronic Medication Administration (eMAR) systems across forty-two (42) facilities including four (4) Department of Public Health Hospitals and five (5) Department of Mental Health Hospitals. Over the last three years, Nancy Brill has managed the implementation of Meta's EHR and managed training sessions for hundreds of end-users at SOPS. Prior to this project, Nancy also managed the implementation of Meta's CPOE and eMAR systems in seven (7) inpatient facilities within the Missouri Department of Mental Health. Additionally, Nancy was the Director of Project Implementation for Netsmart, a Long Island based behavioral health EHR vendor, for over ten (10) years. During her tenure at Netsmart Nancy managed nationwide implementation projects in multiple State enterprises similar to the Arkansas Department of Health and ASH. Nancy's twenty (20) years of experience implementing EHR systems in mental health environments has equipped her with the skills necessary to meet all of the project management and implementation services requested in this RFP.

Key Personnel Member: Jon Walker

Client Name: Commonwealth of Massachusetts State Office of Pharmacy Services (SOPS)

Client Contact Information: Phone: (978) -858-2114

Engagement: Public Sector Agency.

Project Name: SOPS Pharmacy, CPOE, and eMAR Implementation

Start Date: April 2014

End Date: Ongoing

Duration: Three (3) + Years

Project Overview: In late 2013, the Massachusetts State Board of Pharmacy released an RFP seeking to replace their legacy pharmacy software and awarded the contract to Meta to implement our MetaCare Enterprise Rx™ Pharmacy Management System. SOPS has repeatedly demonstrated its confidence in Meta's products and services and decided to contract with Meta for a second time to implement our Computerized Prescriber Order Entry (CPOE) and Electronic Medication Administration (eMAR) systems across forty-two (42) facilities including four (4) Department of Public Health Hospitals and five (5) Department of Mental Health Hospitals. Over the last three years Jon Walker has developed and maintained the hardware and software requirements relative to this project. As the lead technical point of contact, Jon directed and managed interface integration between Meta's EHR and foreign solutions including Pyxis Automated Dispensing Machines and multiple Meditech EHR solutions. During this integration phase, Jon directed the transition of Meta software on to SOPS' servers and was responsible for converting SOPS' data to our system. Jon also developed and specified requirements for the print job controller system and specified requirements for the replacement of the print job controller when SOPs transitioned to Meta's browser-based .Net environment. Post Implementation, Jon was the lead technical support contact and continues to provide technical support on a daily basis. Jon has been performing similar tasks for Meta for over ten (10) years. He has provided technical, interface, software, and hardware related support for a number of Meta's clients including the Missouri Department of Mental Health and the Oklahoma Department of Mental Health. Jon's fourteen (14) years of experience in directing interface, hardware, and software support in mental health environments has equipped him with the skills necessary to meet all of the technical services requested in this RFP.

Key Personnel Member: Arnold Clemente

Client Name: Commonwealth of Massachusetts State Office of Pharmacy Services (SOPS)

Client Contact Information: Phone: (978) -858-2114

Engagement: Public Sector Agency.

Project Name: SOPS Pharmacy, CPOE, and eMAR Implementation

Start Date: April 2014

End Date: Ongoing

Duration: Three (3) + Years

Project Overview: In late 2013, the Massachusetts State Board of Pharmacy released an RFP seeking to replace their legacy pharmacy software and awarded the contract to Meta to implement our MetaCare Enterprise Rx™ Pharmacy Management System. SOPS has repeatedly demonstrated its confidence in Meta's products and services and decided to contract with Meta for a second time to implement our Computerized Prescriber Order Entry (CPOE) and Electronic Medication Administration (eMAR) systems across forty-two (42) facilities including four (4) Department of Public Health Hospitals and five (5) Department of Mental Health Hospitals. Over the last three years, Arnold Clemente has provided multiple training sessions to hundreds of end users during the implementation of Meta's Pharmacy Management System. Additionally, Arnold has visited each of the aforementioned facilities during the Go-Live phase of Meta's CPOE and eMAR systems to provide on-site support and troubleshooting support. Arnold has been performing similar tasks for Meta for over twenty (20) years. He has provided pharmacy training and Go-Live support for a number of Meta's clients, including the Oklahoma Department of Mental Health, the Missouri Department of Mental Health, St. Vincent's mental health hospital, and NAVOS mental health hospital. Arnold's twenty (20) years of experience in training end users and providing implementation support in mental health environments has equipped him with the skills necessary to meet all of the training, implementation, and Go-Live services requested in this RFP.

Key Personnel Member: Trevor Cavness

Client Name: Commonwealth of Massachusetts State Office of Pharmacy Services (SOPS)

Client Contact Information: Phone: (978) -858-2114

Engagement: Public Sector Agency.

Project Name: SOPS Pharmacy, CPOE, and eMAR Implementation

Start Date: April 2014

End Date: Ongoing

Duration: Three (3) + Years

Project Overview: In late 2013, the Massachusetts State Board of Pharmacy released an RFP seeking to replace their legacy pharmacy software and awarded the contract to Meta to implement our MetaCare Enterprise Rx™ Pharmacy Management System. SOPS has repeatedly demonstrated its confidence in Meta's products and services and decided to contract with Meta for a second time to implement our Computerized Prescriber Order Entry (CPOE) and Electronic Medication Administration (eMAR) systems across forty-two (42) facilities including four (4) Department of Public Health Hospitals and five (5) Department of Mental Health Hospitals. Over the last two years, Trevor has utilized his experience as a registered nurse in mental health environments to assist SOPS' clinical staff implement Meta's EHR. While on-site at many of the SOPS facilities, Trevor assisted clinical staff build files and setup facility IT infrastructure and systems to ensure a smooth and seamless implementation. Additionally, Trevor performed on-site training of clinical staff which included hundreds of super-users and clinical end-users. Post implementation, he remained on site to assist with Pharmacy, CPOE, and eMAR Go-Live support to address any troubleshooting issues. Although a new addition to the Meta team, Trevor has a thorough understanding of the unique needs and challenges mental health facilities face. Before joining Meta, Trevor worked in a State enterprise environment similar to the ASH. Trevor worked as a registered nurse at two mental health facilities including the Northwest Missouri Psychiatric Rehabilitation Center and the Research Psychiatric Center. At each facility, he assisted in EHR and Health IT software implementation. Trevor's experience in EHR implementation and end-user training in mental health environments has equipped him with the skills necessary to meet all of the training, implementation, and Go-Live services requested in this RFP

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Key Personnel Member: Alexis Williams

Client Name: Foothill Family Service

Client Contact Information: Chris Howard, 626 993-3033, Choward@foothillfamily.org

Engagement: Foothill Family Service

Project Name: Implementation of Welligent EHR solution

Start Date: 6/30/2008

End Date: 11/11/2009

Duration: 18 months (total)

Project Overview: Comprehensive implementation of the Welligent EHR solution, business analysis services, complete system configuration and build, data conversion and migration, training services. Phase 1: Requirements Gathering, Phase 2: Preliminary Clinical and Billing Configuration of Production System, Phase 3: Standard/Required DMH Data Entry Forms and Paperwork (E-Forms), Phase 4: Standard/Required DMH Reports, Phase 5: Custom Electronic Data Entry Forms (E-forms) Development (optional), Phase 6: Custom Reports Development (optional), Phase 7: Final Billing Setup and Configuration, Phase 8: Billing and Medi-Cal Eligibility Verification EDI Testing and Certification, Phase 9: Interim Data Migration, Testing and Lodestar Interface, Phase 10: Buyer Acceptance Tests – Billing and Clinical, Phase 11: Production System – Final Data Migration and Acceptance Tests, Phase 12: Train the Trainer Training – Billing and Clinical, Phase 13A: Pilot and Go Live – Billing, Phase 13B: Pilot and Go Live – Clinical

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Key Personnel Member: Charles Sutelan

Client Name: Phoenix House Foundation

Client Contact Information: Blaine Atkins, BAtkins@phoenixhouse.org, 631-306-5880 Ext. 5880

Engagement: Phoenix House Foundation

Project Name: Implementation of Welligent EHR solution

Start Date: 8/1/2009

End Date: 7/01/2011

Duration: 18 months (total)

Project Overview: 1) A client substance abuse treatment intake and assessment system to be utilized throughout the Phoenix House national service system. The assessment system must include evidence based tools. 2) A comprehensive case management tool including treatment planning, progress notes, workflow notifications, reports, etc. 3) Mandatory state reporting and billing integration. 4) They system to support records management tracking forms modeling, flexible and user friendly reporting, minimize paper processing, and provide regulatory compliance tracking (sign-offs) with “workflow” functionality to notify responsible personnel and report exceptions.

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Key Personnel Member: Rick Hasson

Client Name: Pacific Clinics

Client Contact Information:

Engagement: Pacific Clinics IBHIS Web Services integration with Los Angeles County Department of Mental Health

Project Name: Pacific Clinics IBHIS Web Services integration with Los Angeles County Department of Mental Health

Start Date: 2/1/2016

End Date: 7/15/2016

Duration: 7 months

Project Overview: Implementation of Welligent's interoperability project to exchange data with Los Angeles County Department of Mental Health using Welligent web services.

3.0 Resumes

The Prospective Contractor should attach professional resumes of all proposed Key Personnel to this section of the Proposal.

Each resume should demonstrate experience germane to the position proposed. The resume should include work on projects cited under the Prospective Contractor's corporate experience, and the specific functions performed on such projects.

Instructions: Provide a resume for each proposed Key Personnel.

Meta and Welligent have attached Key Personnel resumes below.

Nancy Brill

nbrill@metacaresolutions.com

516-825-0415

401 Franklin Avenue, Garden City, NY 11530

SUMMARY:

Nancy has more than 20 years of experience in healthcare project management. She has a proven track record of providing the highest quality of service and is skilled in project and staff management with broad-based knowledge of information systems solutions for today's challenging healthcare systems. As Director of Project Management, she serves as senior manager, leader, and team builder to Meta's team of Project Executives and Project Managers, with the goal of raising the overall quality of service delivered to our clients including the Missouri and Massachusetts State Department of Mental & Behavioral Health.

EDUCATION:

- Adelphi University – B.S. Biology
- Adelphi University – M.B.A. Finance

PROFESSIONAL EXPERIENCE:

Meta Healthcare IT Solutions, Garden City, New York, 2014 - Present

Director of Project Management

- As Director of Project Management, Nancy is responsible for all of Meta's corporate projects. Currently, these projects include the State of Missouri implementation of MetaCare Enterprise (CPOE/eMAR) in seven behavioral health hospitals, the State of Massachusetts State Operated Pharmacy Services implementation of MetaCare RX in 40+ facilities and the Ministry of Health (Canada) implementation of MetCare RX in two Hospitals.

PSCH, Flushing, New York, 2012 - 2014

Director of Project Management

- Responsible for the implementation of internal transformation projects focused on improving patient outcomes. Projects included Census Management, Front Desk & Scheduling, Clinical Documentation, Patient Portal, Health Information Exchange connectivity, and E-prescribing. Implementations spanned three divisions, ten program types and seventy locations. Also acted as liaison to the Revenue Cycle Management team as billing guidelines, processes and/or rates changed. Recent projects include the transition to ICD10 diagnostic codes and the implementation.
- Responsible for a team that deployed system functionality based on the strategic organizational vision of PSCH. Deployment included developing implementation strategies, creating and managing to a project plan, detailed workflow analysis, weekly reports and troubleshooting software issues. Responsible for the technical design and specifications of new system features and the help desk support of internal systems.

Netsmart Technologies, Great River, New York, 2001 - 2012
Director of Project Management

- Responsible for the comprehensive, collaborative on-time installation and implementation of Netsmart’s electronic medical record projects for client organizations across the country. Implementations varied in size from small regional organizations to large state hospital networks.
- Accountable for Project Leadership, Including Practice Directors, Engagement Leaders, Solution Architects and Delivery Consultants. Determined project staffing requirements, including recruitment needs/goals; prioritized and assigned available project resources. Supported the selection, training, development and work evaluation project staff.
- Responsible for the coordination of daily departmental operations, including implementation time-lines and budgets. Responsible for the preparation and administration of annual departmental operating and capital expenditure budgets.
- Supported implementation planning (including Statement of Work creation/validation) and requirements gathering, activation and roll-out. Responsible for measuring, and reporting (to executive management and client) on both contract and staff performance. Responsible for client satisfaction (both internal and external) and overall client health.

ADDITIONAL SKILLS: 

Industry Skills

- Acute Care, Behavioral Healthcare, Mental Healthcare, Public Healthcare, Private Health, Insurance, Management Care

Technical & Meta Product Skills

- MetaCare Enterprise Rx, MetaCare Enterprise eMAR, MetaCare Intellidocs, Meaningful Use
- Well versed in SQL Server, C++, Visual Basic, Visual Fox Pro, Java, .Net, PHP, and HL7 Interfacing

Jon Walker

jwalker@metacaresolutions.com

804-306-4106

401 Franklin Avenue, Garden City, NY 11530

SUMMARY:

Jon Walker is the Director of Technical Services & Architecture for Meta Healthcare IT Solutions. He is highly adept in software development, programming and customer support on a daily basis. His experiences include Senior Consulting, Product Director, and Technical Analyst. For over a decade, John has provided excellent technical support to our clients and has continuously driven customer satisfaction.

EDUCATION:

- Averett University – B.S. Business Administration

PROFESSIONAL EXPERIENCE:

Meta Healthcare IT Solutions, Garden City, New York, 2004 - Present
Director of Technical Services & Architecture

- As Jon Walker is responsible for the setup, configuration, and overall installation of the Meta Solution and is the primary contact for new Meta clients prior to Go-live. Jon is also one of Meta's principal software developers and has maintained this responsibility since joining Meta. Additionally, Jon leads Meta's pharmacy development team Joined pharmacy development team using SQL Server back end. Jon's daily responsibilities and duties include providing technical knowledge in bar coding, inventory management, and SQL Server. Jon also assists in managing the installation and on-call technical support team.

Richmond, Virginia, 1998 - 2004
IT Consultant

- For six years, Jon provided technical expertise and mentoring for various Fortune 500 companies in the field of inventory control, sales tracking, and technical support of proprietary systems and database platforms.

NAS/Gagnon, Richmond, Virginia 1993 - 1998
Senior Developer

- Managed team to develop a PC based warehousing system for food and parts industry. Managed installing of customer systems. Provided training and mentoring to new team members. Lead development of the Windows conversion. Several articles were written about the warehousing system featuring: Neptune Food Services, Pitney Bowes, Atlantic Foods.

HiTech Automation, Kansas City, Missouri 1989-1993
Programmer

- Develop solutions for Allied Signal and DuPont using PCs,Allen/Bradley vision systems, and barcode readers. Develop software for R&D projects involving machine control and

capturing data for transmission to the customer's mainframe. Taught classes, developed applications, and designed Local Area Networks for clients. Development included computerized medical record keeping, Credit Union system, inventory management, and barcode POS/Inventory.

ADDITIONAL SKILLS: 

Industry Skills

- Acute Care, Behavioral Healthcare, Mental Healthcare, Public Healthcare, Private Health, Insurance, Management Care

Technical & Meta Product Skills

- MetaCare Enterprise Rx, MetaCare Enterprise eMAR, MetaCare Intellidocs, Meaningful Use
- Well versed in SQL Server, C++, Visual Basic, Visual Fox Pro, Java, .Net, PHP, and HL7 Interfacing

Arnold Clemente aclemente@metacaresolutions.com

917-549-8828

401 Franklin Avenue, Garden City, NY 11530

SUMMARY:

Arnold has more than twenty years of experience in implementing pharmacy and health care information technology. He is highly proficient in quality assurance and provides outstanding customer support on a daily basis. He has traveled to client sites extensively and has provided exceptional on-site support during the height of implementation. He is quality-driven and skilled in customer management with a broad-based knowledge of Meta's solutions. He is committed to providing excellent customer support and satisfaction. Prior to joining Meta, he worked in the retail pharmacy industry.

EDUCATION:

- University of Perpetual Help – B.S. Pharmacy
- St. John's University – B.S. Marketing

PROFESSIONAL EXPERIENCE:

Meta Healthcare IT Solutions, Garden City, New York, 1994 - Present
Implementation & Go-Live Specialist

- Arnold is responsible for the initial training and go-live portions of installation of our pharmacy and eMAR, software. He has been responsible for long-term and short-term implementations. He has been a client manager and trainer for pharmacy implementations at Meta for over fifteen years. He is an expert at utilizing all features of Meta's pharmacy, eMAR, and CPOE products and possesses intimate knowledge on how to properly instruct other on their use. He is the main contact for relaying questions from training to the appropriate staff at Meta.
- *Order Entry Training*
Arnold is the lead trainer responsible for onsite training of the order entry system for the MetaCare Enterprise pharmacy application. In his capacity as pharmacy trainer, he is also the main contact for relaying and helping to answer any questions that may arise during training.
- *Pharmacy Analyst*
Responsible for the integral quality of pharmacy software. Additional responsibilities include providing: monthly updates for the medication databases; assistance to pharmacist questions relating to the pharmacy software; on-site support for implementations; and continued support to assigned clients but and all other Meta clients (including during off hours)

ADDITIONAL SKILLS: 

Industry Skills

- Acute Care, Behavioral Healthcare, Mental Healthcare, Public Healthcare, Private Health, Insurance, Management Care, and Outpatient/Retail Pharmacy

Technical & Meta Product Skills

- MetaCare Enterprise Rx, MetaCare CPOE, MetaCare eMAR, MetaCare Intellidocs, Meaningful Use
- Well versed in SQL Server, C++, Visual Basic, Visual Fox Pro, Java, .Net, PHP, and HL7 Interfacing

Trevor Cavness

tcavness@metacaresolutions.com

573-489-0189

401 Franklin Avenue, Garden City, NY 11530

SUMMARY:

Trevor is a registered nurse with experience in implementing health care information technology. He is highly proficient in quality assurance and provides outstanding customer support on a daily basis. Since joining Meta, Trevor has traveled to client sites and has provided exceptional on-site support during the height of implementation. He is quality-driven, skilled in customer management, and has a broad-based knowledge of mental and behavioral healthcare environments. He is committed to providing excellent customer support and satisfaction. Prior to joining Meta, he worked in multiple mental health facilities in which he assisted in EHR and Health IT implementation projects.

EDUCATION:

- Park University – B.S. in Nursing, Magna Cum Laude

PROFESSIONAL EXPERIENCE:

Meta Healthcare IT Solutions, Garden City, New York, 2016 - Present
Clinical Informatics & Implementation Specialist

- Provide on-site training and implementation support of Meta's EHR applications and system at multiple client sites.
- Facilitate super-user and end-user training for electronic healthcare applications.
- Assist with the conceptualization and specification of new system functionality and enhancements, based on identified and reported client needs.
- Collaborate with software development teams to resolve product issues and develop new functionality.
- Provide exemplary customer support by identifying and developing solutions that continually improve the delivery of healthcare via the use of electronic applications.
- Create engaging client relationships through oral and written communications.
- Serve as a product expert to create user documentation for clients.

Research Psychiatric Center, Kansas City, Missouri 2015 - 2016
Mental Health Registered Nurse

- Utilized technology to identify and document appropriate interventions for individualized treatment plans, which included the assessment and revision of treatment goals.
- Employed the use of electronic health systems to promote consumer safety and prevent medication errors.

Northwest Missouri Psychiatric Rehabilitation Center, Saint Joseph, Missouri 2014 - 2015
Mental Health Registered Nurse

- Provided assistance with the implementation of a computerized documentation system.

- Collaborated with multidisciplinary team-members, which included unit team leaders, physicians, pharmacists, social workers, licensed nurses, and unlicensed assistive personnel, to plan and implement consumer-focused healthcare.

ADDITIONAL SKILLS: 

Industry Skills

- Acute Care, Behavioral Healthcare, Mental Healthcare, Public Healthcare, Private Health, Insurance, Management Care

4.0 Staff Retention

The Prospective Contractor should provide assurances that it will retain the appropriate level of staff to complete the scope of this engagement throughout the contract period. The Prospective Contractor should describe its approach to staff retention, with specific attention to ensuring staff consistency throughout the duration of the Engagement.

Instructions: Describe Prospective Contractor’s process and methodology for retaining personnel and ensuring that Key Personnel are consistently engaged on this Engagement. The Prospective Contractor should also discuss steps they have/will take to minimize staff turn-over to avoid costly re-training of Engagement resources.

At the heart of our company’s success is a talented and experienced team of technical and clinical professionals who develop and support our EHR applications. We boast one of the most experienced and stable staffs in the industry with more than forty full time employees positioned around the world to effectively support our clients. We have created a highly-motivated team that possess more than 20 years of HIT experience, and many of our team members, including the assigned implementation staff, have been with Meta most of their careers. Our annual employee retention rate is well over 90%. Moreover, employee calendars will be modified, if necessary, to ensure employees will not take any PTO during the implementation and training phase of the contract to prevent costly re-training. We are committed to providing the ASH with an experienced team that meets all of your implementation needs in a cost effective and timely manner. We firmly believe that our clients demand and require superb support, and it is part of our mission to provide excellence in this area by providing responsive, intimate customer care.

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Template T-4

Functional Requirements

Response Template

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 Template T-4 - Functional Requirements

Tab 1: EHR System Requirements

Directions: The table below provides the functional and technical requirements for the solution. Bidders must indicate with an ‘X’ in columns A, B, or C whether their solution supports the following requirements.
 A = Currently Available in the Solution
 B = Available via Contractor Modification or Development
 C = Not Available in the Solution (neither A nor B). If C is selected, in the comments please propose an alternative (that meets the needs of the State) or an explanation of why it is acceptable to forego this requirement. **A Prospective Contractor may not select C for a Mandatory Requirement.**

Mandatory Requirements are noted by an "x" in the Mandatory Requirement column. A failure to satisfy a Mandatory Requirement shall result in the disqualification of a proposal.

High Level Functional Requirements – Electronic Health Records Component

	Function	Mandatory Requirement?	Availability			Comments
			A	B	C	
No.	Software Capability to Support Organization Structure and Related Reporting					
1	The system has the capability to sort all data based on service lines Adults, Adolescents, Forensics, by Guarantors and fields to be specified.		X			
2	The system has the capability to filter data by payer source, diagnosis, specific medication, provider, referral source, and other fields to be specified.		X			

3	The system has the capability to allow data look up on specified fields (e.g. name, account number, location, physician, clinician, social security number, and other fields to be specified, legal status and court orders history by patient).		X			
4	The system must have the capability to apply date and timestamps (in military time) for each entry into the record.	X	X			
5	The system allows the entry of data one time and has the capability to populate all similar fields – write once functionality that is not forms based. (e.g. dates, times, user name, patient name, vital signs, date of birth and other fields to be specified).		X			
6	The system has flexible signature capabilities (i.e. electronic signature, signature pad, pin number) based on document type.		X			
7	The system has the capability to capture and save records in different stages of completion.		X			
8	The system must have the capability to electronically document electronic signature with a timestamp in military time.	X	X			
Configurable View						
9	Requirement Removed					
Security Controls						
10	The system must have the capability to support the implementation of administrative and technical safeguards as required under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) regulations, including the following technical security service requirements and communication / network controls: access control; audit controls; authorization control; data authentication; entry authentication.	X	X			

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11	The system must be available to certain user types only, and with various data access restriction levels based on user type.	X	X			
12	System must be able to work with anti-virus software. ASH currently uses System Center Endpoint Protection.	X	X			
13	The system must be ANSI X12 Electronic Transaction Compliant, for both inbound and outbound transactions. (HIPAA Electronic Data Transactions - Standardization of Clinical Data).	X	X			
14	The system must have the capability to provide an audit trail that can capture date, timestamp (in military time) and user ID for all data transactions (creation, modification, view, deletion, auto log off & printing) with the ability for designated employees to easily access this data in a report format to comply with HIPAA requirements.	X	X			
15	The system must provide the ability for users to print entire patient record.	X	X			
16	The system must have the ability for records to be locked with read only access for specified users.	X	X			
17	The system provides ability to print Patient ID bands.		X			
18	The system has the capability to allow users to electronically transmit patient records securely.		X			
19	The system has the capability to assign clinical codes and credentials.		X			
20	The system must allow for each staff member to have a unique number identifier for documentation purposes. The number is keyed into the electronic system when charges are keyed. The number is linked to all of the specific staff members "billing number" to be defined. When the billing files are created the system will "place/code" in the appropriate information needed for that specific 3 rd party provider.	X	X			

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Legal						
21	The system must have the ability to document and track patient legal status & court orders.	X	X			
22	The system must have the ability to track individual medical records rights in compliance with HIPAA privacy standards.	X	X			
23	The system must have the ability to accept and store electronically transferred data, as well as scanned paper based documents.	X	X			
Admissions						
24	The system has the capability to assign a minimum 6-digit Medical Record Number (terminal digit) upon patient's first admission to ASH.		X			
25	The system must have the capability to record hospital admission, program transfers, and discharge information for each patient, overall and by service line or program. <i>This functionality must include all fields specified by CMS for Meaningful Use Stage 2.</i>	X	X			
26	The system has the capability to capture Type and Source of Admission, as well as Discharge Status code.		X			
27	The system allows for users to review and sign notes for own visits and calls.		X			
28	The system must have bed management and census capabilities.	X	X			
29	The system supports the ability to search for available beds at ASH.		X			
30	The system must have the ability to gather admission data prior to admission.	X	X			
31	The system must have the ability to create a new admission utilizing set defined data from a patient's previous admission. The system must also assign a new sequential episode of care number related to the current hospital admission	X	X			

32	The system must capture a full Master Patient Index to be a defined set.	X	X			
33	The Master Patient Index must have the ability to search and include all past admission and discharge dates as part of the current record and display the information in a report format.	X	X			
34	The system must have the ability to link and cross-file patient records.	X	X			
35	The system must have a full Intake module, including Demographics, Financial and Guarantor Info, Referral Info, Admission Diagnosis, staff assignments, Alerts, Legal Status and Court Orders, and other fields.	X	X			
Scanning Capabilities for Other Record Documents						
36	The system must have an administration tool (Document Management) for scanning and indexing non-electronic documents.	X	X			
37	The system has the capability to annotate, index, mark-up, search, and sign scanned documents.		X			
38	The system has the capability to securely email scanned documents in and out of the system.		X			
Workflow						
39	The system must have the capability to be accessed on devices using wireless internet connectivity within the hospital and externally.	X	X			
40	The system must have the capability to provide alerts and notifications for work lists / to do lists / tasks per user.	X	X			
41	The system must have the capability to direct work / charts to others for completion on an “as needed” basis.	X	X			
42	The system must have the capability to document clinical notes for individual, group and family sessions.	X	X			
43	The system must have the capability to document clinical shift notes.	X	X			

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44	The system must have the capability to customize templates for standard notes.	X	X			
45	The system must have the capability to create customized forms.	X	X			
46	The system must have the capability to allow for user defined automatic routing of information (messages, lab results, other tests, etc.) with override capabilities.	X	X			
47	The system must provide for a list of providers' most used problems per provider.	X	X			
48	The system must have the capability to allow users to create test result letters.	X	X			
49	The system must provide for problem lists and allergy lists, including on-screen indicators of urgent reactions and medications that can be updated or edited.	X	X			
50	The system must have the capability to switch or toggle from one patient record to another quickly and easily.	X	X			
51	The system must have the capability to display a patient summary sheet including patient demographics, problems, medications, allergies, health maintenance, encounter listing, patient tasks, recent encounters, patient picture, personal profile.	X	X			
52	The system must allow for different assessment criteria based on program type (e.g., adolescent assessments, adult assessments, etc.).	X	X			
53	The system must have the capability to allow multiple users to access and edit the same patient record at the same time. The system must prevent users from simultaneously editing the same section of a record. The system must warn or inform all users that they are simultaneously viewing the same record.	X	X			

54	The system must have the capability to link internal information sources and send messages and a link to a patient chart to additional non-ordering providers re: results, documentation. ASH must be able to view the patient's entire medical record with the hospital.	X	X			
55	The system must have the capability to do dual routing (e.g. one set of results are simultaneously sent to multiple users or roles).	X	X			
56	The system must have the capability to customize alerts based on data / decision support rules and sends alerts to specified clinical staff by role designation.	X	X			
57	The system must provide a link to external sources providing medication information, drug interactions, and contraindications from within a specific patient record (i.e. First Data Bank).	X	X			
Order Entry						
58	The system has the capability to customize order sets based on individual clinician preference.		X			
59	The system has the capability to create orders for pre-admission, admission, privileges, restrictions, medications, lab, imaging, restraint and seclusion, dietary, interventions and medical services.		X			
60	The system has the capability to search orders using key fields and words.			X		
61	The system has the capability for system users to view all orders on a summary sheet for an individual patient.		X			
62	The system has the capability to confirm review of orders based on clinical role.		X			
63	The system has the capability to provide medical necessity and duplicate checking per orderable item.			X		
64	The system has the capability to connect orders to a result for follow-up and reconciliation.			X		

Assessments						
65	The system has the capability for users to easily create a discipline specific template for assessments. (e.g. Interview formats).		X			
66	The system must have the ability to track date sensitive, program specific assessments and provide reminders to the applicable clinician to complete assessments or reassessments.	X	X			
67	The system must have the ability to view standardized assessments from a 3rd party The System must be able to display assessments provided by a 3rd party as required by CMS Meaningful Use Stage 3 using C-CDA capabilities.	X		X		
Master Treatment Plans						
68	The system contains a treatment plan library of behavioral health specific content.		X			
69	The system must provide the capability for users to build customized treatment plan templates.	X	X			
70	The system must allow patients and family members to sign electronically for each specific treatment plan.	X	X			
71	The system must have the capability to document all components of the treatment and service plans including identified problems and goals for treatment.	X	X			
72	The system must have the capability for users to modify and update treatment plans with a view of the most current plan and an audit trail with previous plans.	X	X			
73	The system must have the capability to set automatic reminders for treatment plan modifications (e.g. completion, update, review, new medical problems, seclusion and restraint documentation) according to ASH and regulatory requirements.	X	X			

74	The system must have a progress measurement tool to track progress toward reaching treatment plan objectives over time with the ability to present this information in a graphical format.	X	X			
75	The system must have the capability to easily switch from one patient treatment plan to another.	X	X			
Assessment, Treatment, Treatment Progress, Outcome Decisions-Support Tools						
76	The system must have a decision tree to facilitate clinical decisions and best practice with clinician rated content for medical care and behavioral healthcare.	X	X			
77	The system must have the capability for users to utilize an electronic clipboard/device (i.e. iPad) for capturing observations and data such as vital signs, safety checks, behavioral checks, and other specified data.	X	X			
78	The system must have the capability for users to roll information forward from note to note.	X	X			
79	The system must provide the option to carry forward review of systems, problem list, medication etc. from previous admission.	X	X			
80	The system must provide the flexibility to document conditions including expanding details (severity, location, modifiers, etc.) for each clinical finding.	X	X			
81	The system must have the capability to allow clinicians to use nomenclature to build their own templates without programming or complex forms.	X	X			
82	The system must have the capability to add comments and details to each clinical finding.	X	X			
83	The system must provide the users with the capability to document ordered diet, nutritional intake, and supplements.	X	X			
84	The system must provide the users with the ability to document a clinical visit using templates.	X	X			

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85	The system must have the capability for users to document Restraint and Seclusion events.	X	X			
86	The system must have the capability to prompt and capture an electronic signature from patient for each specific restraint and seclusion event follow-up assessment.	X	X			
87	The system must provide the users with the ability to insert dictation markers into a note for insertion of transcription. The system must allow providers to build a note with a combination of structured data and transcription.	X		X		
88	The system must have an integrated transcription solution with macros, carbon copy and distribution features and full line count reporting.	X		X		
89	The system must have the capability to capture dictation on a mobile device and upload to the system.	X	X			
90	The system must have the capability for users to dictate while navigating through the chart.	X			X	Requires purchase of third party dictation software for the PC such as Dragon Naturally Speaking.
91	The system must have a dictation management system with intelligent routing and tracking of the status of each dictation job.	X			X	Requires purchase of third party dictation software for the PC such as Dragon Naturally Speaking.
Medical Conditions						
92	The system has the capability to track medical conditions and have appropriate alerts and reminders as needed.			X		
93	The system must have a patient education library for medical conditions.	X	X			
94	The system must provide the users with the ability to document education and makes available the specific information given to patient, in the record for review. (e.g. patient given a handout on diabetes, specific handout is available to link to the documentation).	X	X			

95	The system must provide the users the ability to document patient response to education.	X	X			
Medications						
96	The system must have an education material library for new medications and ability to document patient response	X	X			
97	The system must have an integrated evidence-based guidelines for medications.	X	X			
98	The system must have the capability to record and monitor medications using drug name, dosage, date range and prescribing physician.	X	X			
99	The system must have the capability for users to document non-medication items on the Electronic Medication Administration Record (e.g. dressing change).	X		X		
100	The system must have the capability for users to schedule medications for future administration. (e.g. medications given every 2 weeks or monthly).	X	X			
101	The system must have the capability for users to document lab results and vital signs within the electronic medication administration record.	X	X			
102	The system must have the ability to document and graphically trend response to medications, and lab results related to medications.	X		X		
103	The system must provide ability to create and display clinical alerts regarding drug interactions, contraindications, and allergies based on documented information within the electronic medical record.	X	X			
104	The system must have the ability to read bar code medications.	X	X			
105	The system must have the capability to store patient's preferred pharmacy phone number, fax number, and address.	X	X			
106	The system must have the capability to provide alerts for drug-disease incompatibility (ex: beta-	X	X			

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	blocker in asthma).					
107	The system must have the capability to allow providers to fax prescriptions to pharmacy using patient's stored pharmacy fax number.	X	X			
108	The system must have a prescription writing feature that records date, prescribing physician, type, dose, frequency, and directions.	X	X			
109	The system must have the capability to provide for plain paper prescription printing so that product is sufficient for patient to take to pharmacy.	X	X			
110	The system must have the capability to electronically send to pharmacies using fax and Script standard.	X	X			
111	The system must have a wireless device solution for prescription writing.	X	X			
112	The system must have the capability to track patients using specified medications.	X	X			
113	The system must provide functionality to customize formularies.	X	X			
114	The system must have the capability to search and report on prescribed medications in case of a drug recall.	X	X			
115	The system must have the capability to perform cost analysis of prescribed medications in comparison to formulary and generics.	X	X			
116	The system must have the capability to maintain medication lists based on current and historical medications for individual patients and hospital wide. The System must be able to display a list of medications prescribed to a patient, both currently and historically. The System must also be able to display by medication name a list of patients to whom it has been prescribed, both current and historical.	X	X			

117	The system must have the capability to provide alternative suggestions for medications.	X	X			
118	The system must provide a list of providers' most prescribed medications and dosages.	X		X		
119	The system must have the capability to perform population queries for decision support. Population refers to all patients of the Arkansas State Hospital, both current and historical.	X		X		
120	The system must have the capability to create a rule to have reminders for staff regarding medication order renewals	X	X			
Group Enrollment and Notes						
121	The system must have the capability to add and delete patients from groups, print group schedules, as well as allowing the ability to view a group under the group leader's name with all patients listed and generate/print an outstanding group roster report.	X	X			
122	The system must provide the ability to users to document all group leaders and assistants for each specific group meeting.	X	X			
123	The system must have the capability to handle progress notes for group therapy services, such that individual notes and group notes can be done simultaneously.	X	X			
124	The system must have the ability to generate a group roster for patients assigned to a specific group, document group attendance, and print an attendance roster for each group session.	X	X			
Track and Enforce Documentation Compliance						
125	The system must have the capability to create automated tasks to remind clinicians of missing or additional documentation required. (e.g. monthly medication updates).	X	X			

126	The system must support compliance with business rules for components of the electronic medical records (such as required fields or forms) to help ensure users comply with organizational requirements.	X	X			
127	The system must have the capability to set rules to require specific data prior to completing documentation. (e.g. stops to not allow finishing a record until specific information is entered).	X	X			
128	The system must have a Clinical Documentation Improvement (CDI) component capable of providing guidelines and edits for concurrent chart review. It must also identify potential compliance risks, frequently missed concepts and issues with working DRGs and ICD9-CM and ICD10-CM codes or have the ability to interface with a CDI and encoder software.	X	X			
Tracking						
129	The system must provide users with the capability to look up location of active patients, residing unit, attending physician.	X	X			
130	The system should provide users with the ability to apply business rules to referral services to manage admissions to the organization’s programs. (e.g. whose turn is next to utilize an available bed, court orders take precedence over some admissions).		X			
131	The system must provide the capability for users to record specific patient family members and other relationships, along with their relationship to the patient and multiple contact information.	X	X			
132	The system must have the capability to track date sensitive, program-specific outcome data. (e.g. group meetings, smoking, addiction, and other fields to be specified).	X	X			
133	The system must have the capability to trend program data utilizing a specified date range.	X	X			

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134	The system should have the capability for tracking of patients who are in the community (Act 9-11 program, non-discharge, leave of absence, court visits, medical center visits).		X			
135	The system has the capability to integrate ASH's additional databases, such as Patient Tracking for Department of Disability Services, Aftercare, Group Attendance, and Forensic Waiting List.		X			
136	The system should have the ability to track internal and external referral sources.		X			
137	The system must have the ability to capture the primary insurer and indicate the primary insureds' relationship to the patient for billing purposes.	X	X			
138	The system must have the ability to record all assigned care providers and specific date of service. (e.g. primary clinician, temporary clinician, psychologist, social worker, nurse, aide, one on one attendant, recreation staff) and be date-of-service sensitive.	X	X			
System Prompts						
139	The system must have the capability to easily create prompts for user actions (e.g. incomplete data entry of required fields, deletion of data, system log-off warnings).	X		X		
140	The system must have the capability to easily identify required components / data elements in the EHR and send staff alerts for quality indicators (e.g. outcome measures, satisfaction surveys).	X		X		
141	The system must have the capability to display notification to provider of critical lab and other test results for immediate attention with a prioritization alert.	X		X		

Discharge Planning						
142	The system must have the capability to list community providers and their service area.	X	X			
143	The system must have the ability to document and track detailed discharge planning activities for discharges to specific service providers.	X	X			
144	The system has the capability to create custom reports based on discharges to specific service providers.		X			
Medical Conditions and Metrics						
145	The system must have the capability to link medical metrics and document results within a patient record. (e.g. Assessment for involuntary movement scale, weight, blood pressure, body mass index, sugar levels).	X	X			
146	The system must have the ability to display and manage health maintenance alerts including chronic disease reminders per patient.	X	X			
DSM Diagnosis						
147	The system has (or provides for) a problem list with most common problems available for each provider.		X			
148	The system must have the capability to add problems beyond an ICD list to a recognized standard nomenclature (e.g. SNOMEDCT a systematically organized computer process capable of collecting medical terms providing codes, terms, synonyms and definitions used in clinical documentation and reporting.)	X	X			

149	The system must have the capability to translate the diagnosis to current ICD codes as required by third-party payers and state reporting.	X	X			
150	The system must have the capability to review current DSM codes and make recommendations.	X	X			
151	The system must have the capability to view all diagnosis on one screen as appropriate to a patient.	X	X			
152	The system must be able to demonstrate the severity of the patient symptoms over time.	X	X			
153	The system must provide the ability to review ICD-9 and ICD-10 codes and make changes as necessary.	X	X			
154	The system must have the ability to review current DSM codes and make changes as necessary.	X	X			
155	The system must be DSM-V compliant but also have ability to store historical data that includes DSM IV (with Axes), if present.	X	X			
Test Systems						
156	The system must have full size configurable testing and training environments and databases separate from the live environment with a customizable database. Testing and Training Environments and Databases must have all configurations and functionalities of the Live System.	X	X			
Reports						
157	The system must have the capability to easily create custom reports using specified data elements without customized programming.	X			X	Via Crystal Reports, SSRS, or other BI platform.

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158	The system must have the capability to create standard report templates.	X	X			
159	The system must have the capability to create graphs and charts to display data.	X	X			
160	The system must have the capability to create and distribute reports by user and team to identify incomplete files or requirements within the EHR.	X			X	Via Crystal Reports, SSRS, or other BI platform.
161	The system must be able to trend lab data for a specific patient over time.	X	X			
162	The system must be able to draw information from all databases maintained by the solution.	X	X			
163	The system must provide a data dictionary, schema and supporting documentation.	X	X			
164	The system should have a library of common reports available for use on the first day		X			
165	The system must have the ability to save and name certain report templates generated by the State users for re-use in the future.	X	X			
166	The system must be able to run reports in batches and at scheduled times.	X	X			
167	The system must provide an Admission/Discharge report and a Current Unit Census report. All Census reports should include length of stay.	X	X			
168	The system must have the ability to produce reports on case mix indices (such as viewing patients by Program, Age, Guarantor, Suicidal Tendency, 30, 60, 90 days, and other specified fields).	X	X			

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 Template T-4 - Functional Requirements

Tab 2: Patient Billing & Account Receivable System System Requirements

Directions: The table below provides the functional and technical requirements for the solution. Bidders must indicate with an 'X' in columns A, B, or C whether their solution supports the following requirements.
 A = Currently Available in the Solution
 B = Available via Contractor Modification or Development
 C = Not Available in the Solution (neither A nor B). If C is selected, in the comments please propose an alternative (that meets the needs of the State) or an explanation of why it is acceptable to forego this requirement. A Prospective Contractor may not select C for a Mandatory Requirement.

Mandatory Requirements are noted by an "x" in the Mandatory Requirement column. A failure to satisfy a Mandatory Requirement shall result in the disqualification of a proposal.

High Level Functional Requirements – Patient Accounting and Billing Component

No.	Function	Mandatory Requirement?	Availability			Comments
			A	B	C	
	Electronic Billing					
1	The system must have the ability to produce electronic billing for all major guarantors (Medicare using PPS billing rules, Medicaid, Blue Cross Blue Shield, etc.), plus continued support for all required billing changes (due to Federal requirements, etc.). Bill frequency (i.e., weekly, monthly, semi-monthly, admit-thru-discharge, etc.) must be controlled by user and payer preference.	X	X			

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2	At claims generation a minimum of two reports must be generated for each reimbursement - one report listing all patients billed and the second report listing all patients skipped, along with the reason why (i.e. bypassed due to PPS rules, missing data in a required field, etc.).	X	X			
3	The system must have the ability to concurrently bill using ICD-9, modifiers and ICD-10 diagnosis codes. The system must be able to report ICD-9, ICD-10, modifiers and CPT procedure codes as needed for institutional and professional claims.	X	X			
4	The system must be compliant with the Version 5010 transaction standard.	X	X			
5	The system must have the ability for billing staff to make comments on the electronic claim.	X	X			
6	The system must have the ability to balance bill and re-bill.	X	X			
7	The system must have the ability to route items through a workflow for approval.	X	X			
8	The system must have the capability to provide an audit trail that can capture date, timestamp (in military time) and user for all data transactions (creation, modification, view, deletion, auto log off & printing) with the ability for designated employees to easily access this data in a report format to comply with HIPAA requirements.	X	X			
9	The system must be able to report certain services as non-covered on 111, 112, and 117 bills.	X		X		
10	The system must support major billing formats, including but not limited to paper HCFA, paper UB, and paper Self Pay.	X	X			
11	The system must support 837P and 837I transactions.	X	X			
Posting of Remittance Advice						
12	The system must have the ability to electronically post Remittance Advices (RA).	X	X			
13	The system must provide for RAs and the ability to electronically back payments out for all major payers.	X	X			

14	The system must allow for manual posting of RAs and the capability to manually back payments out.	X	X			
Entering / Posting of Charges						
15	The system must have the ability to key multiple clients for one service on the same screen and to manually post charges.	X	X			
16	The system must provide immediate notification when a duplicate charge is keyed, along with the ability to override.	X	X			
17	The system must have the capability to handle a large volume of charges per patient per day (in excess of 20)	X	X			
18	The system must provide a flexible editing capability that will allow charges to be posted to accounts immediately after they are confirmed by staff. The confirmation rules will be set by the hospital. An example would be for charges to be allowed to be posted without waiting for a diagnosis to be entered.	X	X			
Posting of Adjustments						
19	The system must have the ability to do mass adjustment of charges electronically, as well as manual individual adjustments.	X	X			
20	The system must have the ability to handle a large number of Pharmacy adjustments.	X	X			
21	The system must have the ability to produce adjustment reports to be run by Activity Date, Date of Service, Adjustment Code, or Period Date to include patient level detail.	X	X			
Transferring of Charges						
22	The system must have the ability to electronically transfer a large volume of charges for one patient and a group of patients (multiple years' / tens of thousands worth).	X	X			
23	The system must have the ability to manually transfer individual charges.	X	X			

Billing Modifiers and Codes						
24	The system must have the ability to report condition codes, value codes, span codes, occurrence codes and corresponding dates, on all claims as needed and as outlined in CMS billing manuals.	X	X			
25	The system must have the ability to handle Modifiers as needed for billing (GP, GO, GN, KX, etc.).	X	X			
26	The system must have the ability to handle non-payable functional G-codes as needed for billing.	X	X			
Medicare 117 Claims						
27	The system must have the ability to bill Medicare 117 adjustment claims for long-term patients with the correct A3 benefits exhaust date and condition code.	X		X		
28	The system must also have the ability to report coinsurance days and corresponding value codes/amounts.	X	X			
29	The system must be able to produce 117 adjustment claims that will include dates of service that have already been billed and paid.	X		X		
Medicare 110 Claims						
30	The system must be able to produce Medicare 110 no-pay claims starting on the first non-benefit day.	X		X		
31	The system must be able to report the correct condition codes, span codes, value codes, occurrence codes and corresponding dates on all 110 no-pay claims.	X		X		
32	A claim must be generated every 60 days or until discharge.	X		X		
Self-Pay Statements						
33	The system must have the ability to generate a statement mailer for Self-Pay patients, as well as an itemized bill.	X	X			
34	The system must have the ability to run statements by sub-facility and/or program.	X	X			

35	The system must have the ability to Stop/Hold a statement mailer, as well as a method to release the Hold (this can be as simple as Hold Statement Y/N?).	X	X			
Billing of Secondary Insurance						
36	The system must have the ability to automatically bill paid claims to the next payer after one payer’s payment is closed. This must include Medicaid crossover, Medicare Secondary Payer claims, and private insurance when it is secondary to Medicare.	X	X			
Diagnosis Related Groups (DRGS)						
37	The system must have the ability to store DRGs assigned by an industry standard Encoder (at a minimum 3M), as well as DRGs Medicare assigns.	X	X			
38	The system must have the ability to produce reports on DRGs.	X	X			
Room and Board Charges						
39	The system must have the ability to automatically generate Room and Board charges from census.	X	X			
Patient Balances						
40	The system must have the ability to view all patient reimbursements on one screen.	X	X			
Collection Letters						
41	The system must have a collection letter system that will generate letters only for discharged patients that have entire remaining balances in self-pay. For patients with insurance, the biller must have the ability to set a date to start collection letters after billing is completed.	X		X		Integrated clearinghouse. Change Healthcare/Emdeon can mail out patient statements automatically.
42	The system must provide the ability to modify the Collection Letter system to meet ASH needs (to bypass patients who have bad addresses, or balances in guarantors other than Self, or for whom ASH does not send statements, as well as holding the letter until a specific date).	X		X		Integrated clearinghouse. Change Healthcare/Emdeon can mail out patient statements automatically.

Billing Reports						
43	The system must have the ability to run reports, both detailed and summarized, based on Revenue codes and/or program codes and/or sub-facility and/or reimbursement and/or CPT code and/or modifiers by activity date or date of service or period date and/or by active and discharged patients.	X	X			
44	The system must have the capability to generate reports both at the patient level and as summaries.	X	X			
45	The system must have the capability to generate Aged Trial Balance Reports, Cost Report, Quarterly Discharge Report for Department of Health, and Monthly Detailed Demographic Report for the Division of Behavioral Health.	X	X			
46	The system must have the ability to generate Aged Trial Balance Reports for active and discharged patients.	X	X			
47	The system must be capable of running billing reports by reimbursement, to include amount billed and amount paid.	X	X			
48	The system must be able to run reports in batches and at scheduled times.	X	X			
Insurance / Guarantor						
49	The system must have the capability to rank insurances as “Primary, Secondary, Tertiary,” and more.	X	X			
50	The system must have the capability to allow input of full insurance contact information, not just Identification Number.	X	X			
51	The system must have the capability to store insurance denials and provide the ability to run reports against that data.	X	X			
52	The system must have the capability to enter Prior Authorizations for insurance companies so that the Prior Authorizations appear as required on the electronic and/or paper claims as applicable.	X	X			

Service / Charge Master						
53	The system must have a Charge Description Master, including medications.	X	X			
Closing of Accounting Period						
54	The system must have the ability to close the accounting period each month, locking the data so that it can no longer be modified.	X	X			
55	The system Reopening of a Closed Period must require a specialized security level.	X	X			
56	The system must produce monthly closeout reports that will provide charge /adjustment /payment information that can be reported to other state agencies.	X	X			
Locking Records						
57	The system must have the ability to allow multiple users to access / update a record at the same time. They system must prevent users from updating/editing the same section of a record at the same time.	X	X			
Multiple Sessions						
58	The system must allow specified users to have multiple sessions open at once.	X	X			
Encoders						
59	The system must meet industry standards and interface with the Encoder (at a minimum 3M).	X	X			
Group Charges						
60	The system must have the capability to add and delete patients from groups, print group schedules, as well as allowing the ability to view a group under the group leader's name with all patients listed and generate/print an outstanding group roster report.	X	X			
61	The system must have the capability to produce a report of unconfirmed services for groups.	X	X			

62	The system must have the capability to automatically remove patients from future groups when discharged.	X	X			
Ancillary Billing						
63	The system must have the capability to evaluate - patients with Medicare Part B, when Medicare Part A benefits exhaust, the system shall be able to submit identified services as ancillary claims to Medicare (i.e. certain lab charges, x-ray charges and therapy charges).	X	X			
Test Systems						
64	The system must have the ability to easily copy software programs, customizable configurations / screens, letters, forms, other items to be specified and data from the live environment and database into a test, training environment and databases.	X	X			
Other Systems						
65	The system must have the capability to incorporate additional Access Databases (such as Patient Tracking for Department of Disability Services, Aftercare, Act 9-11 Program, Forensic Waiting List, and Group Attendance).	X	X			

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Template T5 –Prospective Contractor Staffing

Template T-5
Requirements Approach
Response Template

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1.0 Minimum System Compliance

Describe your company's choice of one fully integrated EHR and Patient Billing and Accounts Receivable system or two interfaced EHR and Patient Billing and Accounts Receivable systems.

If your company chooses two integrated systems, describe your company's plan to minimize visible interfaces and provide end users with a seamless, single look and feel.

The proposed solution will include two integrated systems between Meta Healthcare IT Solutions and Welligent Inc. The integrated systems will leverage a single sign-on functionality to provide seamless user UI integration. The end user will log in into the integrated front-end and individual components of both systems will be available in an integrated screen workflow or as options in an integrated menu structure. Both systems are web-based and will provide a unified user experience. Moreover, both systems will exchange data in real time in the background and no data re-entry would be required at any time while using the two integrated systems. This will give end users a seamless, single look and feel when utilizing the proposed EHR system.

Describe and provide evidence of your system’s compliance/certification with Meaningful Use Stage 1 and 2 requirements. Additionally, the Prospective Contractor should provide their plans and a timeline for attaining Stage 3 certification.

In June of 2011, Meta received certification as a full EHR by ONC-ATCB and has since offered our solution as a complete EHR. Currently, our clients leverage Meta’s complete EHR to provide their patients with the highest quality care. This certification not only reaffirmed our product’s functional strength, but has also allowed our clients to collect millions of dollars in reimbursement funding.

On July 1st, 2014 Meta was again as ONC-ACB 2014 certified by InfoGuard as a Stage 2 Modular Electronic Health Record. To achieve this, Meta worked carefully with its clients to enhance functionality as demanded by ARRA HITECH requirements. This ongoing interaction allows us to consistently improve our software, its usability and its functionality, ensuring that the providers under our banner are provided with the most accurate, powerful and up-to-date healthcare information technology. Meta is also committed to continuing with our Meaningful Use certification and is currently meeting 40% of Meaningful Use Stage 3 certification.

Please visit the following URL, <https://chpl.healthit.gov/#/search>, in which you can search and find Meta Healthcare IT Solutions as certified for Stages 1 and 2 of Meaningful use

Welligent is currently certified under Drummond group as a Complete Ambulatory EHR under the 2011/2012 Criteria and 2014 Criteria. Additional information can be found at the Office of the National Coordinator for Health Information Technology, Certified Health IT Product List:

<http://oncchpl.force.com/ehrcert/productdetails?productNumber=83149>

Product Name	Version	Certification (2015)	CHPL ID	Type (Modular, etc.)
Welligent, Inc.	8	2014 (5/21/15)	CHP-027121	Modular EHR
Welligent, Inc.	8MU	2014 (11/12/15)	CHP-028405	Modular EHR

As indicated in the provision from Welligent’s standard SaaS agreement below, Welligent is obligated to be and remain certified for all stages of the meaningful use program.

To enable Customer to meet the “meaningful use” criteria for purposes of qualifying for the Medicare and Medicaid Electronic Health Records (“EHR”) Incentive Programs administered by the United States Center for Medicare and Medicaid Services or other similar programs, the Software, the Welligent System and the Software Service shall be configured and continually maintained, at all times during the Term, to be and remain certified for all stages of certification in accordance with the standards, implementation specifications and certification criteria for EHR technology as adopted and amended by the United States Secretary of the Department of Health and Human Services, and as tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB).



Certified Health IT Product List
 The Office of the National Coordinator for Health Information Technology

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The information on this web site is no longer being maintained. While it will continue to display 2014 edition year product information for the next few months it will no longer generate CMS EHR Certification IDs. Visit the new Open Data CHPL web site at <http://chpl.healthit.gov> for up-to-date CHPL information and CMS EHR Certification ID generation.

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Welligent Integrated System

8 Last Modified 06/05/2015

Vendor Welligent, Inc.	Versions 8	Certification Edition 2014	CHPL Certification ID 05212015-3005-6	Add Product
Certifying Body Drummond Group Inc.	Classification Modular EHR	Practice Type Ambulatory	Test Result Summary	

Required Software
Emdeon eClinician

Describe how your organization will ensure that the system proposed will remain compliant with HIPAA, Joint Commission, CCHIT, CMS, state, and federal rules and regulations.

As we describe in more detail in Section 9.0 Security & Privacy, the proposed EHR solution has numerous security measures all of which support HIPAA rules and regulations as well as encryption requirements for Stage 2 of meaningful use. As an EHR vendor that provides applications to multiple Joint Commission and CMS certified mental health facilities across the United States, we remain compliant with all Joint Commission and CMS rules and regulations. We also currently meet all federal rules and regulations set forth in the 2009 ARRA and HITECH acts. Although Arkansas state rules and regulations are most likely met, we will work with your organization to ensure that all state rules and regulations are met before implementation of the proposed EHR system, and have done so successfully in the past with other state clients. We are happy to provide our certifications and encourage the ASH to contact our mental health State clients in Missouri, Oklahoma, or Massachusetts to address any Joint Commission, CMS, or state regulatory concerns.

Describe the proposed solution's compliance with MARS-E 2.0 as required by Section 2.6.1 of the RFP.

Describe whether or not the proposed solution is FedRamp compliant as preferred in Section 2.6.1 of the RFP. If so, describe how the system meets the preference. If the proposed solution is not currently FedRamp compliant, please describe any steps the Prospective Contractor is currently or planning to take to achieve FedRamp compliance in the future.

Both ITelagen and Welligent have extensive interoperability experience, including extensive experience interfacing with third party systems and exchanging data with County and state agencies. In Los Angeles California, Welligent is a leading vendor under the Los Angeles County Department of Mental Health Integrated Behavioral Health Information System (IBHS) web services project. Additional information about this project is included below. As a Meaningful Use certified product, Welligent has the capabilities and experience with building interfaces in order to transmit data with other EHR systems, to regional entities, payers and other regulatory bodies. Welligent has experience with automated secure FTP interfaces, HL7 messaging, web services and other transmission protocols, message types and methods.

Considering that most of the interoperability methods require some amount of custom development, additional information is necessary in order for Welligent to understand your specific business requirements. However, as your technology partner, we look forward to assisting you in meeting your current and evolving interoperability needs.

About Los Angeles County DMH (LACDMH) IBHIS Project

In California, Welligent is a leading vendor working directly with the Los Angeles County Department of Mental Health Integrated Behavioral Health Information System (IBHIS) system as follows:



- IBHIS is LACDMH's clinical, admin and financial information system
- IBHIS provides web services interoperability to contract providers
- Welligent was the first vendor/provider live on IBHIS
- Welligent has 19 providers live on IBHIS, onboarded since 2014
- LA County DMH has relied on Welligent as a development resource
- Welligent has a deep web service integration with IBHIS and proven interoperability experience in California
- Welligent's is in the process of onboarding an additional 9 providers



Welligent is aware of CMS' Minimum Acceptable Risk Standards for Exchanges (MARS-E) for implementation standards for key security and privacy controls consistent with the updated specifications of privacy and security requirements issued under the Department of Health and Human Services. While Welligent has not obtained compliance certification related to MARS, Welligent complies with many industry standards for exchanging data to ensure optimal security and privacy of data.

The Welligent solution is not currently certified under FedRAMP, however Welligent has completed a self-assessment analysis and believes that we comply with many/most FedRAMP and NIST standards. Additionally, Welligent is currently investigating FedRAMP certification and our ability to meet this or similar certification standards.

During the implementation period, Welligent anticipates working collaboratively with ASH technical resources to conduct a more thorough review and assessment of Welligent's current compliance with all applicable IT and security standards, policies and procedures. Welligent solutions are not currently FedRAMP certified. However, Welligent is committed to bringing its software solutions, application hosting infrastructure, policies and procedures into compliance to the greatest extent possible.

Describe how your system(s) allow ASH to export any and all data elements and allow for data portability through industry standard access protocols.

- a. Provide a file type of the export be readable in Microsoft Excel unless the volume of data exceeds Excel's capacity.

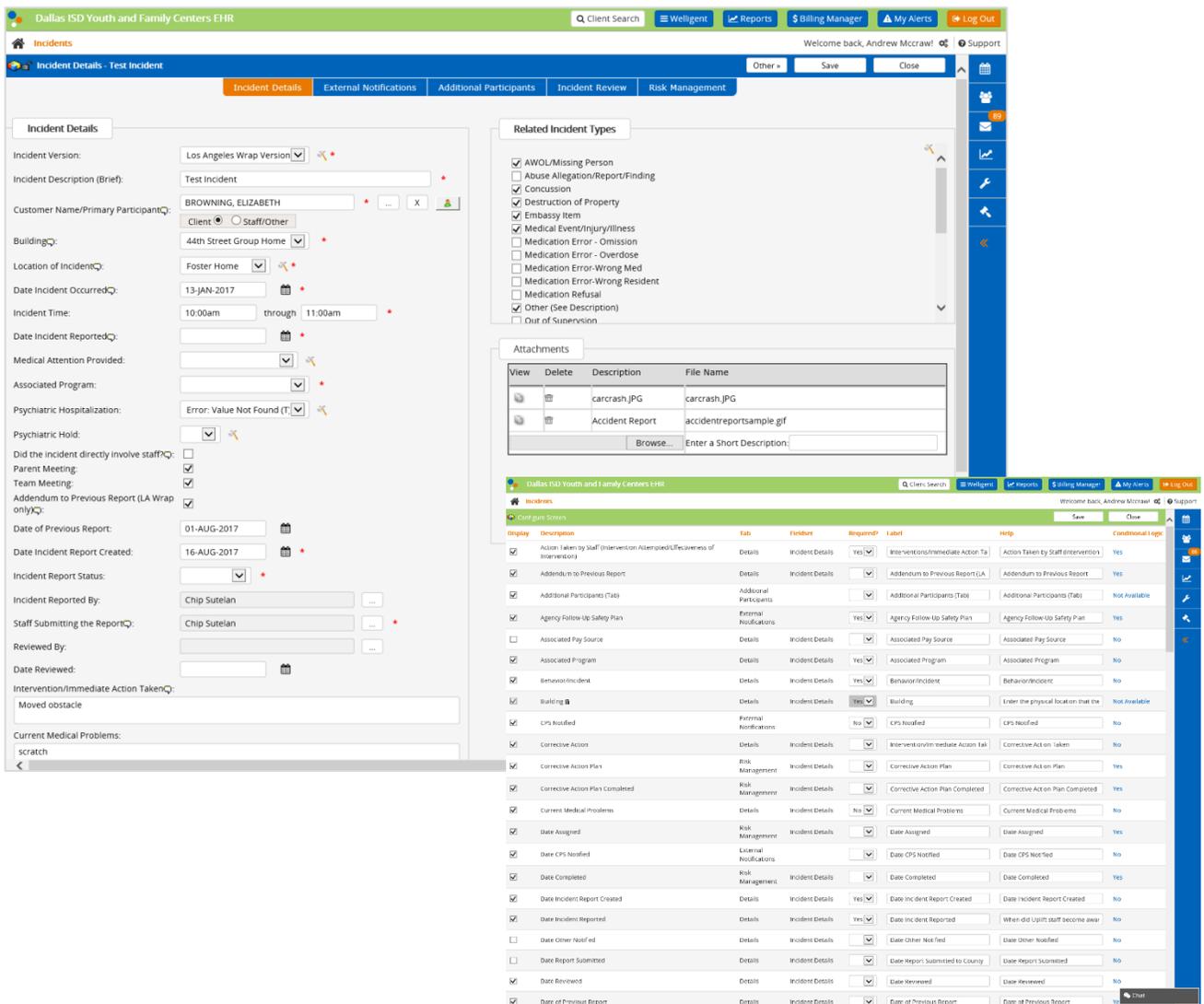
Any and all data elements within the proposed solution can be reported on and exported through Crystal Report Writer. Crystal has the capability to run reports in batches, or at scheduled times, and has the capability to export data to Excel. However, Meta recommends using SQL Report Writing Services or SQL queries in SQL Management Studio when exporting data to excel. This is less time consuming and is the most efficient method of data exportation.

State of Arkansas DHS-ASH
 EHR and Billing System
 RFP #: SP-18-0034
 Template T5 –Prospective Contractor Staffing

Describe your incident reporting system and how it can meet, at a minimum, the requirements set forth in the RFP.

The discussion may include appropriate **screen shots** and other descriptive materials in order to fully explain the product.

The Welligent System contains an extensive incident reporting system, which includes a stock incidents module, automated system alerts and stock reports which should meet most if not all ASH requirements. Part of this system is a stock incidents module, shown below. This module can be configured to meet a range of functional requirements. As shown in the inset screen below, a configuration management layer provides ability for field-level configuration, conditional logic, maintenance of drop down values and more. Welligent also offers an automated alerts system, which will generate system email alerts based on pre-defined clinical triggers.



Describe the proposed eMAR/Pharmacy solution. Description should include whether or not the Prospective Contractor will be interfacing with ASH's existing eMAR/Pharmacy solution or proposing an alternative solution (i.e. built in or third party). Prospective Contractor's proposing an alternative option should also describe their ability to interface with the State's current solution as preferred in Section 2.7.2.E.

All applications within the proposed EHR solution utilize HL7 to exchange data with external systems and populate patient information. This allows for integration between the proposed system and virtually all other external systems including Medisoft's eMAR and Pharmacy solutions. We have successfully interfaced to a number of behavioral health information systems in the past and maintain multiple interfaces for our clients. Moreover, we have worked with virtually every major EHR vendor in the market and have successfully integrated in their environments as well as municipal Admission and Billing systems via HL7 messaging.

At this juncture of Healthcare Information Technology (HIT), any decision to acquire a new Order Entry system should consider the ability to leverage that investment by acquiring additional products such as our Pharmacy Management system, MetaCare Enterprise Rx™, and our bar-coded Electronic Medication Administration Record system, MetaCare eMAR™. Each product is unified on a singular architectural database eliminating interface costs and reducing data redundancy. Meta's unified SQL database simplifies reporting by facilitating data exchange with automatic updates of current values. The system archives all medication data, making order information and clinical decision support features readily available to clinical staff. These features will help eliminate errors, improve care, and improve patient outcomes. Meta has provided a description of both clinical applications below.

MetaCare eMAR™ – Electronic Medication Administration Record

MetaCare Enterprise eMAR™ is fully integrated with the complete MetaCare suite of patient safety products to eliminate errors at every step in the medication process. Over the last ten years, barcode technology, positive ID verification, and administration documentation have radically improved patient safety. MetaCare eMAR™ not only embraces this technology, but is exceptional in that it improves patient care by encompassing the entire nursing process. Designed to ensure six rights checking at the bedside, MetaCare eMAR™ incorporates important nursing documentation into the medication administration process, such as progress notes, vital signs documentation, administration records, and the ability to document adverse drug events and other medication errors. With this solution, our clients have been able to achieve 99% bar code compliance—the key to patient safety at the point of care. MetaCare eMAR™ also includes a wide variety of alerts and warnings to prevent medication errors and allows for integration with all external EHR products and services via HL7 messaging.

The MetaCare eMAR™ system is capable of incorporating a wealth of ID verification capabilities including biometric identification, RFID sensors, and electronic proximity sensors, all of which are customizable based on end-user preference. To ensure systematic positive patient identification, MetaCare eMAR™ automatically tracks medications from inception to administration and utilizes barcode verification technology required of the nurse, patient, and medication for full system approval. Additionally, MetaCare Enterprise eMAR™ is equipped with Meta's medication alert system that checks for adverse drug events and interactions including drug/drug, drug/allergy, drug/vitals, dietary interactions, and more. The MetaCare eMAR™ system also allows for end-users to record and review designated vital signs. All alerts can be further specified based on facility mandates.

MetaCare Enterprise eMAR™ records all medication administration through a series of innovative features. The complete patient profile includes all patient history including demographics, vital signs, allergies and more. An innovative display of order details, medication distribution information, and report logs easily record all medication administration practices. The report logs include statistical reports of doses administered by the nurse including incidents of refused or skipped doses of medication. Additional report logs record the patient's response to new medications by logging adverse drug reactions, logging medication incidents, and displaying disease-related and drug-specific parameters for further patient monitoring.

MetaCare Enterprise Rx™ – Pharmacy Management System

MetaCare Enterprise Rx™ is a closed-loop medication ordering and patient safety verification pharmacy system that links pharmacists with physicians and nurses to improve the delivery of patient care. MetaCare Rx™ helps pharmacists monitor medication treatment and improve medical outcomes while simultaneously minimizing adverse medication effects and helping control costs. Pharmacists have direct access to customized charts during medication verification, helping them take an active role in patient care. Changes made by the pharmacist are automatically updated and available to all clinicians. The MetaCare Rx™ end-to-end solution integrates the workflow of every healthcare clinician involved in ordering and dispensing medications within the hospital environment. This complete integration enhances medication administration workflow, improves interdisciplinary communication, increases efficiency and reduces the potential for medication errors.

While many pharmacy systems limit clinical features to a small number of alerts, MetaCare Rx™ subjects all orders to a comprehensive screening process. This level of screening is unparalleled by other vendors, who typically offer drug-drug interactions, allergy warnings, and drug duplicate flagging or basic workflow rules for clinical documentation. However, at Meta, we have worked closely with our clients to identify and develop extensive, critical clinical functions into our system, including sophisticated dose range checking, drug-food interactions, age-based precaution modules, and IV incompatibility checking.

These alerts, warnings, and checking modules may be defined by your organization without the need for additional programming. The system also enhances medication compliance by means of our IntelliMed™ rules-based engine, allowing end users to build policy and procedures, formulary guidelines, and patient specific warnings based on a number of demographic and diagnostic results.

We have established our IntelliMed™ rules-based engine to identify required clinical action or documentation based upon status of the patient, medications prescribed, and specific mandates of the facility. This feature allows users to tailor the MetaCare system to meet their specific clinical protocol and manage patient therapy in real-time.

Additionally, using the Digital Order Management Panel as their primary resource, pharmacists benefit from a comprehensive overview of all pertinent patient and order details. Through this exchange of information, our system provides sophisticated Clinical Decision Support (CDS) features to pharmacists, an often-over-looked clinical discipline. The prominent display of MetaCare Alert Grid makes the comprehensive clinical alert system easily accessible, while our system's intuitive design allows users to determine criteria based on facility mandates to ensure streamlined order fulfillment and patient safety. The fully integrated system provides the user with system wide support centering on the pharmacy fulfilling the orders. MetaCare Rx™ is also capable, but not limited to, the following:

- Streamlined order verification processes.
- Powerful order entry capabilities that enable order initiation in pharmacy.
- Utilization of MetaCare Enterprise-wide rules-based engine.
- Powerful ancillary messaging to prescribers and point of care for easy and essential communication.
- Laboratory results integration to support therapeutic decisions.
- True bi-directional integration with MetaCare CPOE and MetaCare eMAR.
- Extended clinical alerts which are application-specific and user defined.
- Ability to easily see physician review of order alerts.
- Comprehensive, integrated pharmacy clinical intervention documentation.
- Patient discharge instructions and counseling and Medication reconciliation features.

MetaCare Rx™ also allows users to perform comparative cost analyses by keeping an accurate record of the facility's complete medication inventory. The system calculates prospective cost based on the drug's market price to determine the most cost effective solution for the facility. The combination of inventory management, reliable order fulfillment and cost analysis makes MetaCare Enterprise Rx™ an indispensable tool for improving security and productivity during pharmacy order processing.

MetaCare Rx™ also allows for integration with all external EHR products and services via HL7 messaging and allows for complete integration with Meta's additional clinical software solutions including; MetaCare Computerized Prescriber Order Entry (CPOE)™, MetaCare point-of-care-bar-coded Electronic Medication Administration Record (eMAR)™, and MetaCare Intellidocs™, a clinical documentation tool and eForms generator for a wide variety of clinical practices. These modules can be purchased at an additional cost if desired by the ASH.

2.0 System Design

2.1 Electronic Health Record

Describe how your product performs the functions listed in Template T-4 Electronic Health Records tab. It is preferable for the discussion to be broken out as follows:

1. Functional Grouping (i.e. Software Capability, Reporting, Medications, etc.)
 - a. Mandatory Requirements – The Prospective Contractor may group mandatory requirements into one discussion.
 - b. Optional Requirements

The discussion may include appropriate screen shots and other descriptive materials in order to fully explain the product.

Software Capability

Requirement 1: The proposed system has the capability to sort data based on a number of parameters/aspects, including clinical programs, service lines, payers and other aspects.

Requirement 2: The proposed system meets the stated requirements and provides the capability to filter or grant/restrict data by payer source, diagnosis, specific medication, provider, referral source, and other fields. Functionality is specific to certain Welligent modules, components and screens, and different application modules/components provide different capabilities depending on the application area.

Requirement 3: Data lookup is available for specified fields captured such as name, account number, location, physician, clinician, and social security number within the database.

Requirement 4: All records within the proposed EHR solution are auditable and contain date/time stamps in military time.

Requirement 5: Write once functionality exists within the EHR's records to allow the entry of data one time and populate all similar fields such as dates, names, vital signs, and date of birth.

Requirement 6: The proposed solution has the ability to embed an electronic image of a signature within an eform. An enhancement would be required to support a signature pad and pin numbers. Moreover, the system provides extensive support for digital signature capture. This configurable option permits digital signatures to be captured and associated with multiple document types, including progress notes, treatment plans, assessment tools and other document types and components, both stock system objects and custom data collection forms. Welligent supports signature capture using a variety of methods, including Topaz digital signature pads, computer mouse, touch screen, and Welligent's native mobile app, Welligent Express, supports digital signature capture by signing on the device touch screen.

Requirement 7: The proposed solution has the ability to capture and save records in different stages of completion.

Requirement 8: The proposed solution has the ability to utilize military time.

Legal

Requirement 21: The Welligent system contains a number of stock components which can use to track patient legal status and court orders. Welligent contains an entire complaints management/courts tracking module which is used by Welligent customers such as Broward Sheriff's Office in Florida to track client-offender court dates, hearings, etc. Welligent also has a number of stock demographic fields which can be used to meet this requirement.

Requirement 22: Depending on specific requirements, Welligent should be able to meet the stated requirements using only stock functionality. Welligent's access controls can be used to implement a sophisticated HIPAA/permissions strategy in order to grant/restrict access to patient records by individual users.

Requirement 23: The Welligent system provides stock scanning/document capture capability. Using any Twain compatible, USB scanner, users are able to scan and capture existing paper documents directly into client records. Welligent's one step document capture feature makes it easy to incorporate paper documents into the Welligent system. Additionally, users are able to upload existing electronic documents into the client record. Welligent provides customers with 100 GB document storage allowance as part of its cloud/SaaS service. Additional storage beyond this allowance is available on a per-GB basis.

Admissions

Requirement 24: The proposed system meets the stated requirements. A global system configuration enables medical record numbers to be auto assigned as required or manually keyed in by end-users.

Requirement 25: The proposed system meets the stated requirements. The Welligent system has a programs layer which can be used to designate and track episodes of care. Patients can be enrolled in one or more programs simultaneously or sequentially based on their needs and agency clinical program offerings. Extensive configuration settings permit your organization to tailor each program based on clinical needs.

Requirement 26: The Welligent system meets the stated requirements. The Welligent programs layer has stock fields or forms to capture this information for each program enrollment.

Requirement 27: The proposed system meets the stated requirements. Users can view and sign notes for their patient services. Additionally, the Welligent system has a supervisory workflow which supports routing of notes between therapists and supervisors, based on predefined automation rules.

Requirement 28: The proposed system meets the stated requirements. Welligent's location manager module permit your organization to set up facilities, floors, brooms, beds, etc. Attributes can be configured/designated down to the bed level, such as by gender, by payer, cable hookup, etc. the Welligent system's residential capabilities supports automatic bed day rollout at midnight.

Requirement 29: The Welligent system meets the stated requirements. Welligent has a bed board manager tool which specifically meets this requirement.

Requirement 30: The proposed system meets the stated requirements. The Welligent Call Center module is used by many customers to meet requirements such as these and is used as an intake and referral tool. Basic demographic information about patients can be captured, along with other information, including assessments, payer information and other information. With a single click, users are able to convert all of the pre-patient information into an active patient. Alternatively, organizations can bypass this module and create patients but with a status subtype such as 'Pre-Admission'.

Requirement 31: The proposed system meets the stated requirements. Additionally, the Welligent system supports transferring the patient program episode from one program to another, along with all of the requisite documentation under the previous program.

Requirement 32: The Welligent system meets the stated requirements. Welligent looks forward to working with ASH to optimally meet its unique requirements related to this item.

Requirement 33: The Welligent system meets the stated requirements. Welligent looks forward to working with ASH to optimally meet its unique requirements related to this item.

Requirement 34: The Welligent system meets the stated requirements. The Welligent system contains specific functionality to support this requirement, including ability to link patient records together or ability to link patient family contacts records together into family groupings.

Requirement 35: The Welligent system meets the stated requirements and contains stock modules, components, screens and functionality to meet the stated requirements.

Scanning Capabilities for Other Record Documents

Requirement 36: The proposed system provides stock scanning/document capture capability. Using any Twain compatible, USB scanner, users are able to scan and capture existing paper documents directly into client records. Welligent's one step document capture feature makes it easy to incorporate paper documents into the Welligent system. Additionally, users are able to upload existing electronic documents into the client record. Welligent provides customers with 100 GB document storage allowance as part of its cloud/SaaS service. Additional storage beyond this allowance is available on a per-GB basis.

Requirement 37: Using out of the box functionality, the proposed system should be held to meet the stated requirements. Welligent scanning and document management features do not permit certain features associated with traditional document management solutions, such as optical character recognition (OCR) features. However, our solution should meet the vast majority of document capture/management requirements.

Requirement 38: While this specific feature is not met through current stock functionality, the system can easily be enhanced to meet this requirement at no additional cost.

Workflow

Requirement 39: The proposed solution is accessibly anywhere an end user has access to the hospital's network. This is the case for either direct access or through virtual private networks, and whether the end user is connected wirelessly or physically to the network. In the case of a hosted solution, Meta will provide necessary access to the network where the solution is hosted for any required use-cases as long as all security requirements are sufficiently met.

Requirement 40: The proposed solution includes an Event Manager which drives activities performed by clinical staff, as well as a workload which provides a user with all upcoming tasks based on their assigned location and assigned patients.

Requirement 41: The proposed solution includes a messaging function to communicate notifications for "work to be done", to others, on an as needed basis.

Requirement 42: The proposed solution includes a comprehensive clinical documentation library which can be modified and added to using an electronic form designer solution by the client in order to complete all necessary clinical notes, including individual, group, and family sessions.

Requirement 43: The proposed solution includes a comprehensive clinical documentation library which can be modified and added to using an electronic form designer solution by the client in order to complete all necessary documentation, including clinical shift notes.

Requirement 44: The proposed solution includes a comprehensive clinical documentation library which can be modified and added to using an electronic form designer solution by the client in order to complete all necessary documentation, including customizable templates for standard notes.

Requirement 45: The proposed solution includes a comprehensive clinical documentation library which can be modified and added to using an electronic form designer solution by the client in order to complete all necessary documentation, including the creation of customized forms.

Requirement 46: The proposed solution includes a Patient Profile where information related to lab results and testing are displayed. In addition, a messaging function is available to facilitate communication among providers. An enhancement would be required to automate routing to specific providers along with override capabilities.

Requirement 47: An enhancement would be required to meet this requirement at no additional cost.

Requirement 48: The proposed solution provides the ability to create test result letters for patients. Standardized letters or custom letters can be created within the solution.

Requirement 49: The proposed solution provides documentation of problem and allergy lists backed by the required code sets (ICD-10, SNOMED, RXNorm, etc.) and provide comprehensive screening during the entry process to check for potential drug allergies and sensitivities using First Data Bank clinical knowledge database.

Requirement 50: The proposed solution provides the ability to quickly select another patient from user-defined picklists (i.e. My Patient’s List) or ad-hoc through an easy to use patient search on various unique identifiers (name, account, date of birth, social security number, medical record number, etc.)

Requirement 51: The proposed solution provides a Patient Cumulative Profile with a lifetime visit/encounter record for the patient. The banner at the top of the application is customizable for each facility and contains the patient photo, demographics, and allergies. The Welligent solution includes a patient summary sheet. Currently the Welligent patient face sheet is configurable by organization. However, some enhancements may be necessary to create a summary sheet which meets all stated requirements.

Requirement 52: The proposed solution allows specific assessment criteria to be customized for any group or service line.

Requirement 53: The proposed solution allows users to access and edit the same patient record at the same time. Meta uses a ‘locking’ mechanism on elements of the patient record which should not be edited at the same time, i.e. individual documents and so forth, but provides a warning mechanism indication to the user that a record is ‘in use’ by another user.

Requirement 54: The proposed solution includes a messaging function to communicate among providers within the application. An enhancement would be required to link a patient chart and provide communication outside the application.

Requirement 55: The proposed solution has the ability to route results simultaneously to multiple users and roles.

Requirement 56: The proposed solution includes a comprehensive rules engine which allows clients to customize alerts, drive events and documentation, and enhance workflow within the application based on patient demographic and clinical information.

Requirement 57: The proposed solution includes First Data Bank as the clinical knowledge data source for all clinical screenings, including allergies, drug interactions, food interactions, precautions, compatibility, contraindications, and so forth.

Order Entry

Requirement 58: The proposed solution provides clients the ability to create customized order sets for individual clinician use as well as user-specific order favorites.

Requirement 59: The proposed solution provides the capability to generate all required order types including pre-admission, admission, privileges, restrictions, medications, lab, imaging, restraint/seclusion, dietary, interventions, and medical services using client defined service departments for order types. Clients have control over which service departments are deployed, which subsets of orders are applicable, and which data entry fields are available for each service department type.

Requirement 60: The proposed solution includes a comprehensive item search which spans across all orderable items for the ability to order multiple orders and order types at once. Further, each patient table (orders, results, etc) includes a search function.

Requirement 61: The proposed solution has the capability for system users to view all orders on a summary sheet for an individual patient.

Requirement 62: The proposed solution provides role-base review of orders. Role based review features include Physician co-signature of communicated orders and review of results, nursing acknowledgement of new and modified orders, and pharmacist verification of new and modified medication orders.

Requirement 63: The proposed solution has the ability to identify duplicate orders.

Requirement 64: The proposed solution has an event manager feature which allows orders to have follow up tasks generated

Assessments

Requirement 65: The Welligent system meets the stated requirements. Welligent's stock assessment tool component permits your organization to easily create new document templates for assessments. Additional configuration options are available for other stock Welligent screens and components, such as progress notes, demographic records and many other stock screens.

Requirement 66: The Welligent system meets the stated requirements. Welligent's stock assessment tool component enables your organization to define program specific workflow related to assessments and other documentation tools. Multiple workflow criteria can be set, such as age of client, payer, due dates and many other settings. Workflow settings are used to drive reminders to users for completion of necessary paperwork, according to program-specific rules and business logic.

Requirement 67: The Welligent system should be able to meet the stated requirements using out of the box functionality, however additional specific information related to this requirement is necessary.

Master Treatment Plans

Requirement 68: The Welligent system meets the stated requirements. The Welligent system incorporates treatment plan libraries from a third-party, John Wiley. Additional per-user license fees are required in order to license this third-party content. However, your organization is able to load its own libraries of treatment plan information. Or clinicians are able to build a treatment plan for patients from scratch.

Requirement 69: The Welligent system meets the stated requirements. Users are able to build and individualized treatment plans for patients.

Requirement 70: The Welligent system meets the stated requirements. Patients and family members are able to sign using a digital signature capture pads, mouse or by signing on a smart phone or tablet screen using their finger.

Requirement 71: The Welligent system meets the stated requirements and enables clinicians to easily document all components of the treatment plan and service plans.

Requirement 72: The Welligent system meets the stated requirements. The Welligent system contains stock functionality to meet the stated requirements, including ability to take a snapshot of the entire treatment plan comparison over time.

Requirement 73: The Welligent system meets the stated requirements. The Welligent system contains stock fields, such as Frequency of Care Plan Review.

Requirement 74: The Welligent system meets the stated requirements. The Welligent treatment plan system permits users to track and measure progress for individual treatment plan items for patients. The system also includes graphical/dashboard progress tracking both for individual patients and groups of patients.

Requirement 75: The Welligent system meets the stated requirements. Welligent's Active Windows features permits users to have multiple patient records open simultaneously and be able to jump back and forth depending on need.

Assessment, Treatment, Treatment Progress, Outcome Decisions - Support Tools

Requirement 76: The Welligent system should be able to meet the stated requirements, however some additional enhancements may be required in order to fully meet the stated requirements.

Requirement 77: The Welligent system meets the stated requirements. Welligent's native app, Welligent Express, has extensive stock functionality to meet the requirements. Additionally, custom forms can be created to meet any identified requirements.

Requirement 78: The Welligent system meets the stated requirements through stock functionality.

Requirement 79: The Welligent system meets the stated requirements through stock functionality.

Requirement 80: The Welligent system meets the stated requirements through stock functionality.

Requirement 81: The Welligent system meets the stated requirements through stock configurations.

Requirement 82: The Welligent system meets the stated requirements through stock configurations.

Requirement 83: The Welligent system meets the stated requirements through stock configurations or addition of custom fields/forms.

Requirement 84: The Welligent system meets the stated requirements through stock functionality. Welligent’s Incidents Management module should meet the stated requirements.

Requirement 85: The Welligent system meets the stated requirements through stock functionality.

Requirement 86: Welligent does not currently meet the stated requirements. Additional customizations are necessary in order to meet this requirement. May incur additional costs.

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Requirement 88: Welligent does not currently meet the stated requirements. Additional customizations are necessary in order to meet this requirement. May incur additional costs.

Requirement 89: Welligent’s mobile app currently supports using the integrated speech-text capabilities with outputs into text fields.

Requirement 90: The Welligent system does not currently support dictation-based navigation.

Requirement 91: The Welligent system does not currently support the stated requirements.

Medical Conditions

Requirement 92: The proposed system meets the stated requirements.

Requirement 93: The proposed system contains patient education and resource ‘hooks’ on many screens. The Welligent system contains a sum, minimal content, however the user organization is able to add their own content as needed.

Requirement 94: The proposed solution has the ability to document education, including the specific information provided to the patient by utilization of eforms. As part of Welligent’s Meaningful Use capabilities, the Welligent system should meet the stated requirements.

Requirement 95: The proposed solution has the ability to document a patient response to education by utilization of eforms.

Medications

Requirement 96: ASHP Drug Monographs are available from various places in the system including, pharmacy order entry, pharmacy order verification, eMAR, CPOE, item file, and inquiry menu. Patient Education Monographs are also available from various places in the system including, pharmacy order entry, eMAR, and inquiry menu. Patient response to medication can be documented in eMAR and via clinical documentation.

Requirement 97: The proposed solution includes a Clinical Decision Support engine which allows for custom-defined evidence-based guidelines which are triggered during the entry of applicable patient clinical information such as medications, allergies, problems, issues, etc. Meta's solution also includes Button technology for linked-referential information from external sources, such as Medline Plus.

Requirement 98: Medication orders can be entered via CPOE or via direct order entry in the Pharmacy module. CPOE orders can be verified by Pharmacy. In all cases the order details include: drug name, dose, start and stop date, route frequency, notes, prescribing physician and more. Pharmacy verified orders display on eMAR and MAR with same order details. Verified orders display on patient medication profile. Orders can be monitored via eMAR, clinical documentation and via clinical intervention documentation.

Requirement 99: Non Med orders can be added to the Item File. Non Med orders can be entered (such as via CPOE or direct entry) and verified. Non med orders can be displayed on eMAR and MAR with schedules based on the ordered frequency.

Requirement 100: All types of medication frequencies can be defined in the frequency table including; times per day, repeat pattern, days of week, every other day, every xx days, every 14 days, weekly, monthly, even days, odd days, once, continuous and more. A frequency is selected for each order entered.

Requirement 101: Lab results can be documented or received via a lab interface. Vital signs can be documented in the Electronic Health Record (including eMAR) and updated. Trending for Vital signs is also available.

Requirement 102: At this time, the proposed solution can document responses to medications. For example, we can capture and document whether or not an anxiety level has decreased as the result of being given a Lorazepam dose. However, it would take an enhancement to integrate this documentation into data fields which are graphically trended through a flowsheet.

Requirement 103: Clinical screening is provided by incorporation of First Data Bank modules. The screening alerts include: allergy, drug-drug interaction, drug-food interaction, incompatibility, dose (advanced screening that takes into consideration age, gender, route, indication and more), disease elements (additive side effectsion, contraindicated diagnosis, using drug to treat side effect of another drug), geriatric alerts, pediatric alerts, drug duplication, and Pharmex (label) alerts. In addition there is a rule writer that allows the client to create user defined alerts.

Requirement 104: Bar code med administration is available within the eMAR. Bar codes on manufacture packages can be scanned for oral meds (for example) and bar codes on order

labels can be scanned for compounded continuous and intermittent IV's (for example). The system includes a bar code mapping table that allows one or more bar codes to be mapped to an NDC.

Requirement 105: At the time of the patient's first visit end users can save their preferred pharmacy. Preferred pharmacies are automatically saved within the system and will always be there each time that patient returns. End users can store up to 5 "favorite" pharmacies per patient that will be in a dropdown list when you write the prescription.

Requirement 106: Disease Elements screening is available during medication order entry. The module screens for iatrogenic illness (is the drug being used to treat the side effect of another drug). The module screens for contraindicated diagnosis, where diagnosis is determined by ICD 10 coded diagnosis or by proxy (indications for other drugs considered potential diagnosis). The module screens for additive side effects with other drugs the patient is taking.

Requirement 107: Faxes are used as a failsafe in if the prescription cannot be sent electronically. End users are always encouraged to send the prescription electronically first but if it fails to send it drops to fax. All fax numbers are automatically stored and kept up to date.

Requirement 108: Every prescription that is written is saved and accessible at any time by looking at that patient's medication history.

Requirement 109: The discharge instruction module allows for printing of discharge prescriptions that can be given to the patient. In addition e-prescribe is also available.

Requirement 110: There is e-prescribing functionality that allows the system to electronically send prescriptions to pharmacies.

Requirement 111: A mobile and wireless e-prescribe solution, known as IPrescribe, will be provided to all end users capable of writing and sending prescriptions.

Requirement 112: There is functionality to locate all patients on a specific medication (such as via Item File/ General Page). Reports can also be generated to show all patients on a specific medication. Clinical Intervention documentation can also be used to follow patients on specific medications. Clinical Interventions can be flagged for follow up.

Requirement 113: The item file allows for creation and customization of the formulary. NDC's can be added to the item file. Each item can then be flagged as formulary, non-formulary, non-stock, or restricted. Manufacture generic and brand names can be stored in the item file as well as user defined alternate names. One or more mnemonics can be created for each item. A user defined billing code can be added to each item. Numerous other customization opportunities exist in the item file.

Requirement 114: There is functionality to locate all patients with active orders for a selected medication. In addition usage/utilization reports can be used to location medication orders (active, held, discontinued, discharged) for a selected medication.

Requirement 115: Cost analysis can be done during order entry by using the optional tool to view all other drugs with same indication including cost and awp details. Cost analysis can be done using Usage/ Utilization reports or user defined reports.

Requirement 116: Each patient has a medication profile list that includes all active, held, expired, and discontinued medication orders. In addition a cumulative profile of all medications from all visits for a selected patient can be displayed. Crystal reports can be used to generate reports that included order details for all patients on a selected drug or group of drugs.

Requirement 117: The IntelliOrder rules writer allows the client to create rules that result in user defined alerts and automatic substitutions. The rules can be triggered during CPOE order entry or Pharmacist direct order entry.

Requirement 118: The CPOE application allows the prescriber to create "favorites" for medication orders, order sets, and more. The preferred orders can be displayed prior to initiating new order entry.

Requirement 119: Existing and client created Crystal reports can be used to perform decision support and population queries.

Requirement 120: There is a stop order list that can be displayed and filtered by date and order type. The list can be used to assist with medication order renewals. In addition Crystal reports can be utilized to assist with renewal notification. The CPOE module has specific functionality to alert prescribers regarding renewals.

Group Enrollment and Notes

Requirement 121: The proposed system meets the stated requirements through stock functionality. It contains a comprehensive group progress note module/system which can meet the stated requirements using out of the box functionality.

Requirement 122: The proposed system meets the stated requirements through stock functionality. It contains a comprehensive group progress note module/system which can meet the stated requirements using out of the box functionality.

Requirement 123: The proposed system meets the stated requirements through stock functionality. It contains a comprehensive group progress note module/system which can meet the stated requirements using out of the box functionality.

Requirement 124: The proposed system meets the stated requirements through stock functionality. It contains a comprehensive group progress note module/system which can meet the stated requirements using out of the box functionality.

Track and Enforce Documentation Compliance

Requirement 125: The proposed system meets the stated requirements through stock functionality. Some configuration may be required in order to meet specific requirements, and no additional cost.

Requirement 126: The proposed system meets the stated requirements through stock functionality. All requirements can be met through stock configurations.

Requirement 127: The proposed system meets the stated requirements through stock functionality. All requirements can be met through stock configurations.

Requirement 128: The proposed system should be able to meet the stated requirements; however some customizations may be required depending on actual requirements. Some additional cost may be necessary in order to meet all requirements.

Tracking

Requirement 129: The proposed system meets the stated requirements through stock functionality.

Requirement 130: The proposed system meets the stated requirements through stock functionality. Welligent's programs layer and residential systems incorporate business rules and logic for matching patients and beds based on facility settings and capabilities.

Requirement 131: The proposed system meets the stated requirements through stock functionality. Users are able to create and manage patient family members, contacts and others and manage relationships. Patient contact records can be linked into family groupings and patients can be linked to each other depending on the needs of the patient.

Requirement 132: The proposed system meets the stated requirements through stock functionality. Welligent contains numerous stock fields and screens which can be set up multiple levels/locations to meet the stated requirements and additional configurations of custom fields can be created to meet unique requirements.

Requirement 133: The proposed system meets the stated requirements through stock functionality. Welligent's stock Program Manager component provides a dashboard view for program-specific trend analysis.

Requirement 134: The proposed system meets the stated requirements through stock functionality. Patient status fields can be set to designate actual/logical status (e.g. respite) or location. This information can also be used to drive or modify billing based on these settings and changes to the patient record.

Requirement 135: The proposed system has the capabilities and experience to meet the stated requirements. Depending on specific requirements, additional fees may be necessary.

Requirement 136: The proposed system meets the stated requirements through stock functionality.

Requirement 137: The proposed system meets the stated requirements through stock functionality. Multiple payers, fee schedules, exceptions and relationships (including waterfall billing capabilities) can be established uniquely for individual patients.

Requirement 138: The proposed system meets the stated requirements through stock functionality. These individuals can be set at multiple levels, including program episode, service and others.

System Prompts

Requirement 139: The proposed solution provides identification of all required fields through stock functionality.

Requirement 140: The proposed system meets the stated requirements through stock functionality, however depending on specific requirements some configuration or customization may be required. No additional cost.

Requirement 141: The proposed solution has a watch list displayed on the patient to chart indicating lab values with specific information on values out of the normal range along with current medications vital signs.

Discharge Planning

Requirement 142: The proposed system meets the stated requirements through stock functionality.

Requirement 143: The proposed system meets the stated requirements through stock functionality, however depending on specific requirements additional custom forms creation and/or enhancements may be necessary.

Requirement 144: The proposed system meets the stated requirements through stock functionality, however depending on specific requirements additional custom forms creation and/or enhancements may be necessary.

Medical Conditions and Metrics

Requirement 145: The proposed solution includes the capacity to integrate metrics within clinical documentation using custom plugins to add, update, and modify metrics through clinical assessment, plans, notes, etc, as well as pull in metrics from the system into documentation for review.

Requirement 146: The proposed solution includes the capacity to integrate metrics within clinical documentation using plugins. An enhancement would be necessary to manage chronic disease reminders. or meet other specific requirements.

DSM Diagnosis

Requirement 147: The proposed system meets the stated requirements through stock functionality. Welligent programs can be configured to support specific diagnosis code sets, based on agency need.

Requirement 148: The proposed system meets the stated requirements through stock functionality and supports a number of diagnostic code sets and nomenclature, such as ICD10, DSM-V, SNOMED, etc.

Requirement 149: The proposed system meets the stated requirements through stock functionality.

Requirement 150: While the proposed system provides access to a number of diagnosis code sets, the Welligent system does not currently recommend diagnosis codes to clinicians.

Requirement 151: The proposed system meets the stated requirements through stock functionality. This information is available from within the patient record, and from other application screens such as progress notes.

Requirement 152: Depending on specific requirements, the proposed system should be able to meet this requirement with minimal configurations. For example, clinical users are able to track changes in the patient's level of care over time.

Requirement 153: The proposed system meets the stated requirements through stock functionality.

Requirement 154: The proposed system meets the stated requirements through stock functionality.

Requirement 155: The proposed system meets the stated requirements through stock functionality.

2.2 Patient Accounting and Billing

Describe how your product performs the functions listed in Template T-4 Patient Accounting and Billing tab. It is preferable for the discussion to be broken out as follows:

1. Functional Grouping (i.e. Electronic Billing, Transferring of Charges, Medicare 117 Claims, etc.)
 - a. Mandatory Requirements
 - b. Optional Requirements

The discussion may include appropriate screen shots and other descriptive materials in order to fully explain the product.

Electronic Billing

Requirement 1: The proposed system meets the stated requirements through stock functionality. This includes the ability to produce claims for services configured in the system users. It can support electronic billing either through direct submit EDI, or using its integrated clearinghouse, Change Healthcare (Emdeon). The system can support nearly any billing modality, such as outpatient fee-for-service, residential per-diem billing, miscellaneous charges, recurring invoices, etc.

Requirement 2: The proposed system meets the stated requirements through stock functionality and contains numerous stock billing reports which should be able to meet ASH business needs using out of the box functionality.

Requirement 3: The proposed system meets the stated requirements through stock functionality. It can support multiple code sets, including ICD-9, ICD-10, CPT and other code sets. The choice of diagnostic code sets is configurable at the program level.

Requirement 4: The proposed system meets the stated requirements through stock functionality. As a vendor, Welligent has extensive experience with electronic claim submission following the 5010 standards. The system also exposes many of the configurations within file formats, such as 837 and 835, permitting users to modify EDI files without Welligent's involvement based on payer requirements.

Requirement 5: The proposed system meets the stated requirements through stock functionality.

Requirement 6: The proposed system meets the stated requirements through stock functionality and the system supports balance/waterfall billing.

Requirement 7: The proposed system meets the stated requirements through stock functionality. Welligent has a concept of billing workgroups which enables a billing administrator to define groups of users having access to different sets functionality and workflow.

Requirement 8: The proposed system meets the stated requirements through stock functionality. The system integrates audit tracking and reporting in its system. Administrative users are able to easily view audit history reports, which displays user activity, system modifications and other activity.

Requirement 9: The proposed system has extensive experience supporting various billing/payer requirements and modalities, including outpatient/ambulatory, residential, per-diem, Institutional and Professional claims. However, the system may need a minor modification in order to support the specified bill types.

Requirement 10: The proposed system meets the stated requirements through stock functionality. It currently provides support for the major billing formats, such as HCFA, UB04, custom invoices and other bill types.

Requirement 11: The proposed system meets the stated requirements through stock functionality. The system has extensive experience working with providers submitting both 837P and 837I claim formats.

Posting of Remittance Advice

Requirement 12: The proposed system meets the stated requirements through stock functionality. Billing operators are able to upload and process and 835 remittance files generated from an 837 out of the system. Additionally, for customers utilizing Welligent's integrated clearinghouse, 835 files are automatically available to billing operators for posting and reporting.

Requirement 13: The proposed system meets the stated requirements through stock functionality. With proper configuration, users are able to submit void and replacement claims as needed.

Requirement 14: The proposed system meets the stated requirements through stock functionality. In fact, the billing system requires users to manually process 835 files so that they are actively engaged in the remittance protesting process.

Entering/Posting of Charges

Requirement 15: The proposed system meets the stated requirements through stock functionality. The system has a bulk charge entry screen for customers who prefer or need to bulk enter services/charges (eg, not entered through service documentation by clinical users).

Requirement 16: The proposed system meets the stated requirements through stock functionality.

Requirement 17: The proposed system meets the stated requirements through stock functionality. There is no designated limit to the volume of patient charges processed or keyed in on a daily basis.

Requirement 18: The proposed system meets the stated requirements through stock functionality.

Posting of Adjustments

Requirement 19: The proposed system enables users to adjust charges on individual claims and in bulk, although some manual intervention is required.

Requirement 20: The proposed system meets the stated requirements through stock functionality.

Requirement 21: The proposed system has an extensive library of stock/canned reports which should meet ASH requirements.

Transferring of Charges

Requirement 22: The proposed system meets the stated requirements through stock functionality. Billing operators can transfer charges according to need.

Requirement 23: The proposed system meets the stated requirements through stock functionality. Billing operators can transfer charges according to need.

Billing Modifiers and Codes

Requirement 24: The proposed system meets the stated requirements through stock functionality. The system's billing codes are able to be configured to meet unique ASH billing and payer/regulatory requirements, with appropriate condition codes, modifiers etc depending on configuration.

Requirement 25: The proposed system meets the stated requirements through stock functionality. The system's billing codes are able to be configured to meet unique ASH billing and payer/regulatory requirements, with appropriate condition codes, modifiers etc depending on configuration.

Requirement 26: The proposed system meets the stated requirements through stock functionality. The system's billing codes are able to be configured to meet unique ASH billing and payer/regulatory requirements, including \$0 claims and similar requirements.

Medicare 117 Claims

Requirement 27: The proposed system does not currently meet the stated requirements through stock functionality. However, Welligent has extensive experience with residential billing, Medicare and experience with many other billing modalities and payers. We are confident we can meet the stated requirements during the implementation period, however additional information as necessary. Some system enhancements may be necessary.

Requirement 28: The proposed system meets the stated requirements through stock functionality. The billing system and patient account can be configured to meet the stated requirements.

Requirement 29: The proposed system does not currently meet the stated requirements through stock functionality. Welligent has extensive experience with residential billing, Medicare and experience with many other billing modalities and payers. We are confident we can meet the stated requirements during the implementation period, however additional information as necessary. Some system enhancements may be necessary.

Medicare 110 Claims

Requirement 30: The proposed system does not currently meet the stated requirements through stock functionality. However, Welligent has extensive experience with residential billing, Medicare and experience with many other billing modalities and payers. We are confident we can meet the stated requirements during the implementation period, however additional information as necessary. Some system enhancements may be necessary.

Requirement 31: The proposed system does not currently meet the stated requirements through stock functionality. However, Welligent has extensive experience with residential billing, Medicare and experience with many other billing modalities and payers. We are confident we can meet the stated requirements during the implementation period, however additional information as necessary. Some system enhancements may be necessary.

Requirement 32: Based on our current understanding of the requirements, the proposed system meets the stated requirements through stock functionality.

Self-Pay Statements

Requirement 33: The proposed system meets the stated requirements through stock functionality. Welligent has an optional integration with Change Healthcare in order to generate mailed patient statements. This optional service enables the patient statement to be automatically mailed to patients with outstanding balance or based on some predefined criteria. Two-page statements can be mailed along with return/postage-paid envelope.

Requirement 34: The proposed system meets the stated requirements through stock functionality. Welligent has stock reports which meet the stated requirements.

Requirement 35: Depending on specific requirements, the system should meet the stated requirements through stock functionality. Some basic configuration or rule may be required in order to implement this requirement.

Billing of Secondary Insurance

Requirement 36: The proposed system meets the stated requirements through stock functionality, however assignment to secondary payer may require some manual intervention by the billing operator.

Diagnosis Related Groups (DRGS)

Requirement 37: Welligent has experience with DRGs and Encoders, such as 3M. During the implementation, Welligent will work with ASH in order to meet specific requirements.

Requirement 38: Welligent has experience with DRGs and Encoders, such as 3M. During the implementation, Welligent will work with ASH in order to meet specific requirements.

Room and Board Charges

Requirement 39: The proposed system meets the stated requirements through stock functionality. The system can automatically generate Room and Board charges from census.

Patient Balances

Requirement 40: The proposed system meets the stated requirements through stock functionality. The system provides stock screens and reports from within the patient record in order to view the patient statements, account, claims, payments, etc. Welligent's patient portal, Welligent Connect, also provides access by patients to this information. Using our optional integrated electronic credit card payment processing service, SkyBank, patients are able to pay bills in our patient portal.

Collection Letters

Requirement 41: The proposed system meets the stated requirements through stock functionality. The system can generate collection letters based on set/pre-defined criteria. Some configuration or customization may be necessary to meet ASH specific requirements.

Requirement 42: The proposed system meets the stated requirements through stock functionality. The system is can generate collection letters based on set/pre-defined criteria. Some configuration or customization may be necessary to meet ASH specific requirements.

Billing Reports

Requirement 43: The proposed system meets the stated requirements using stock reports. The system contains hundreds of reports, including canned billing reports, which should meet the stated requirements. During the implementation, we will work with ASH's billing team to modify existing billing reports or a custom develop new reports which shall meet ASH's unique requirements.

Requirement 44: The proposed system meets the stated requirements using stock reports. The system contains hundreds of reports which can be run at multiple levels, including patient, payer, summary level, etc.

Requirement 45: The proposed system should be able to meet the stated requirements using stock reports, however we anticipate that some report customization may be necessary to meet the stated requirements. In our experience, reports such as Cost Reports are unique to the provider organization, payer or County.

Requirement 46: The proposed system meets the stated requirements using stock reports.

Requirement 47: The proposed system meets the stated requirements using stock reports.

Requirement 48: The proposed system meets the stated requirements using stock reports. All stock reports can be scheduled by end-users to run on predefined basis. Report output is mailed to the individual user according to the schedule//date and time specified.

Insurance/Guarantor

Requirement 49: The proposed system meets the stated requirements through stock functionality. Users can specify patient payers as “Primary, Secondary, Tertiary,” and more.

Requirement 50: The billing system meets the stated requirements through stock functionality.

Requirement 51: The billing system meets the stated requirements through stock functionality.

Requirement 52: The billing system meets the stated requirements through stock functionality. The service authorizations component should meet the stated requirements

Service/Charge master

Requirement 53: We are confident the proposed billing system meets the stated requirement, however additional information as necessary. The inclusion of “medications” in this requirement is not clear.

Closing of Accounting Period

Requirement 54: The proposed billing system meets the stated requirements through stock functionality. The billing system provides the capability to close the accounting period each month, locking the data so that it can no longer be modified.

Requirement 55: The billing system meets the stated requirements through stock functionality.

Requirement 56: The billing system meets the stated requirements through stock functionality. The report system contains monthly closeout reports that will provide charge /adjustment /payment information that can be reported to other state agencies.

Locking Records

Requirement 57: The proposed system meets some of the stated requirements. Multiple users can access or update the same patient record simultaneously. The system does not currently prevent two users from updating/editing the same section of the patient record simultaneously.

Multiple Sessions

Requirement 58: The proposed system meets the stated requirements and users are able to have multiple sessions opened simultaneously.

Encoders

Requirement 59: Both vendors have experience working with Encoders, such as 3M. However, we anticipate that, during the implementation, it shall need to fully understand ASH's requirements in this area and conduct configuration/customization and testing in order to meet the stated requirements.

Group Charges

Requirement 60: The proposed system meets the stated requirement using stock system functionality. The groups module has the capability to add and delete patients from groups, print group schedules, as well as allowing the ability to view a group under the group leader's name with all patients listed and generate/print an outstanding group roster report.

Requirement 61: The proposed system meets the stated requirement using stock system functionality. The Groups module contains stock reports which can meet the stated requirements.

Requirement 62: The proposed system meets the stated requirement using stock system functionality. The Groups module has the capability to automatically remove patients from future groups when discharged. Additionally, any pending/future services are also deleted in this scenario.

Ancillary Billing

Requirement 63: While either vendor has not yet encountered this particular billing scenario, we believe that with minimal configuration, we can meet the stated requirements.

3.0 Hardware Requirements

Describe what hardware your company will use and why this hardware is optimized for the performance of the system.

Provide a systems specification that outlines the server, networking, and communications requirement of its solution.

Provide the location where the solution will reside. Include information that will ensure your solution meets hosting and hardware requirements as set forth in the RFP.

While the proposed solution is hardware agnostic, if it is Wintel hardware, Dell is the preferred vendor of choice for direct customer installs. For a direct customer install, the backend database server is, at a minimum, an 8 core, 64GB RAM, 2TB RAID 5 hard disk system. The web servers are a minimum of 2 cores, 8GB RAM and 500GB hard disk. All other servers are a minimum of 4 core, 16GB RAM and 1TB hard drive. The network will be a 1GB Ethernet. All servers are expected to run under Windows 2012 R2. For a hosted environment, the specifications of the virtual machines will be similar and based in one of the US based SoftLayer locations. Both installations use SQL Server 2012, 2014 or 2016 (preferred).

The solution will reside in a cloud environment at the following locations;

1. 200 Webro Road, Parsippany, New Jersey
2. 9 Wing Drive, Cedar Knolls, New Jersey
3. 101-143 Stewart Avenue, Las Vegas, Nevada

Describe any optimal or minimal specifications for laptops, desktops, and wireless devices which will serve as workstations.

Users will run the proposed solution and system on workstations, desktops, laptops or Microsoft based tablets that run the Windows operating system 7 or later. A dual core system with 4 GB RAM and 256 GB hard disk is typical. Workstations might have a 1D or 2D bar code reader, set up with a keyboard wedge, connected for scanning industry standard barcodes. Bar code readers can be wired or use Bluetooth. The Meta system can also be set up to require users to plug in a USB dongle for authentication. RDID cards are not currently supported, but, if required, could be supported in a go-live version.

Describe how your system(s) accept(s), at a minimum, data input through the following input devices:

- a. PCs/Laptops
- b. Wireless devices (tablets, smartphones, etc.)
- c. document scanners

In addition, describe other input devices that your system(s) can support.

The proposed solution provides a web interface that works with Internet Explorer, Chrome and Safari on PCs and Laptops. There is support for certain Microsoft-Based wireless devices such as Microsoft Smart Phones and Microsoft Tablets including Microsoft Surface's and Microsoft Surface Pro's. Document scanning is also readily available/.

Describe how your company's solution would run on ASH's existing workstations, tablets, and other wireless devices.

As the proposed solution is hardware agnostic for Wintel devices, it will run via supported web browsers on PCs and certain Microsoft-Based wireless devices and Microsoft-Based Tablets. There is typically no need to install special programs as the system runs completely through the browser. Depending on certain configurations, a PDF reader may need to be installed for certain reporting functionality.

Describe the bandwidth requirements for each individual, networked component (wired and wireless), both the minimum amount to work effectively and the optimal amount for system performance under a Contractor hosted solution.

Bandwidth needs are typically used for thick-net applications. Web applications typically discuss peak bandwidth usage. In a customer hosted environment, bandwidth consumed by the system is usually not even considered as a typical physical network's bandwidth excess capacity is far more than what the system will consume. For an externally hosted system, the number of users and types of users dictate how many pages are consumed per hour. If a typical user consumes 5 pages per minute and the typical page is 30k in size, then one user consumes 150k per minute or 9M per hour. If you have 100 people doing that same amount of page views then there is a consumption of 900MB per hour. That comes to 250k per second, which means that the average 10MB hosted connection would likely handle the needs of 100 users with ease. Bottlenecks in systems tend towards CPU, RAM and Disk resources than over network speeds. If there are dispensing machines which will be connected to the hosted system, then the extra bandwidth is calculated at an average of 2500 bytes per message. Printed reports will require extra bandwidth based on type and frequency, while label printing typically consumes up to 5000 bytes per label. Again, a 100-user system will typically do well over a 10MB hosted connection. However, latency and other external issues could dictate higher bandwidth requirements for improve response times.

A small externally hosted environment would typically do well with a 10MB connection while larger sites might find 25MB, 50MB or higher bandwidth needs; largely due to reporting and external communications (labs, dispensing machines, etc).

Describe what browsers and browser versions your product supports. Describe any plug-ins that may be required. If the solution requires the use of browser cookies, please explain.

The proposed solution directly supports Internet Explorer Version 11 and Google Chrome. Although the solution was not designed to officially support Firefox or Safari, multiple tests on both browsers have been done and the system successfully runs on both browsers. If official support of these browsers is necessary, we can complete system testing to ensure official support.

4.0 User Management

Describe your system(s) user creation and management process. Please include, at a minimum, how users are added and deleted from the system, a list user types that are currently available out of the box, and how existing user types can be modified or customized to meet the State's needs.

Describe any flexibility that is available within the system to create additional user types not available out of the box, but required by the State.

Each user will be assigned a specific User ID and User Password which, when entered, will give the user access to Meta's EHR. Once the user signs onto the domain, they will use their specific sign on to log onto and access the system.

We also allow for modification or customization of users based on affiliation and role. User role definition, based on security groups defined by the client, allows for multiple security levels of access for certain individuals to protect patient health information outside the scope of the user's job description. For example, we can configure different levels of security for administrative super users in which super users have access to multiple organizational units or departments. A pharmacist, nurse, physician, or student however, unless otherwise specified, can have limited access to their specific role, organization; department, etc. are never physically deleted in the system as their information is used for audit purposes. However, once a user is marked as inactive, it requires multiple steps to reactivate them. Typically, when deactivated, only administrative users can see or access the deactivated user record.

User type and user role definitions will be based on the needs and security groups defined by the State. This will give flexibility within the system to create additional user types not available out of the box, but required by the State. This flexibility will also give certain individuals authority to create records, delete records, create and save reports, run reports etc. The Arkansas State Hospital will define and will designate user limitation.

5.0 System Interfaces and Integration

Describe your solutions ability to interface with the products identified in Section 2.7.3.A. Include information regarding how the interface works with each product and how your organization ensures that as upgrades are completed (either with your system or the interfaced system) the interface continues to function as designed.

As mentioned above, all applications within the proposed system utilize HL7 interface messaging to exchange data with external systems and populate patient information. We have worked with virtually every major EHR vendor in the market and have successfully integrated in their environments via HL7. This allows for integration between the proposed system and virtually all other external systems including Medware's eMAR and Pharmacy solutions, industry standard encoder software solutions such as 3M, ADT solutions, and foreign laboratory vendors as well. As part of the implementation process with the Massachusetts State Office of Pharmacy Services (SOPS), we developed six different ADT inbound interfaces to accommodate multiple agencies. We have also developed inbound interfaces to a number of outside laboratory vendors including LabCorp, Sunrise Laboratories, and Quest Diagnostics. For every upgrade, we perform a thorough test of the interface environment(s) to ensure each interface continues to function as designed.

Describe your solutions ability to interface with solutions identified in Section 2.7.3.B. Include information regarding how the interface works with each and how your organization ensures that as upgrades are completed (either with your system or the interfaced system) the interface continues to function as designed.

The proposed solution's adjudication system provides real-time approval for third party and Medicaid insurance claims. Other insurance information can be communicated via the HL7 messaging system as needed. When changes are made to any part of the system, it is placed into the customer's test environment so that they can do a final review and verification before having those changes placed into the production environment.

Describe your solutions ability to interface with solutions identified in Section 2.7.3.C. Include information regarding how the interface works with each and how your organization ensures that as upgrades are completed (either with your system or the interfaced system) the interface continues to function as designed.

The proposed system can communicate in a number of industry standards in order to interface with outside systems through secure communication channels including HL7 Messaging and/or using encrypted file transfer. We have always ensured our client's interfaces continue to function as designed before, during, and after software upgrades and new releases. Although unlikely to occur, any interface issues will be immediately addressed by your client manager and our technical support team.

List and describe any other systems that you integrate with that are similar to those listed in 2.7.3.A.

Current interfaces include a number of EHR modules and applications such as ADT, multiple dispensing machine and robot dispensing machine vendors including both Omnicell and Pyxis dispensing machines, physician interfaces, order entry, imaging, lab, and billing interfaces. The communications system is configurable to allow for rapid changes to existing or deployment of new interfaces.

Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third party systems. Describe the process you use to settle disputes over interfaces between your solution and others.

The approach taken for creating a new interface is to agree upon a standard (HL7 version, flat file, etc) and to fully document the required and optional data parts being passed between the systems. Development of the interface usually requires some coding to be included with the configurations added to our Interface system. We tend to request extensive testing over a period of weeks to ensure that a new interface is functioning properly. Any potential issues that are raised during testing or after implementation are dealt with by conferencing with the vendor in question to compare documented requirements and review of the issues in question. Our aim is to make sure the system works and continues to work for the customer, and to fairly partner with vendors to synergize the abilities of each.

6.0 Conversion of Existing Information

Describe your organization's approach to providing training and technical support to State resources converting the past 30 days of clinical records from paper to the new system prior to Go-Live.

The discussion should follow all requirements set forth in Section 2.7.4.A.1.

About Welligent Training Services

Training is a critical factor in the successful adoption of an EHR. Welligent has a layered approach to our training process that begins with our first project team meeting and continues through your go-live transition, and into support. Once your project team is in place, your Welligent project team will begin training. During our weekly team meetings, we will have regular trainings starting with general navigation and working our way through the application looking at each module and component including the proper method to convert the past 30 days of clinical records from paper to the Welligent system. Each training session also includes homework for each section. This training begins in month one and continues throughout the implementation process.

Towards the end of the testing phase, Welligent trainers will conduct onsite train-the-trainer (TTT) with the assistance and support of your project team members. These TTTs will be the first end users to "go live" and might consist of program or location managers or any computer-savvy staff who are willing to learn the system first and be the go-to person for other members of their program/location. These users are considered "Super Users." As part of the TTT approach, your Super Users and/or TTTs will convert a paper chart to an electronic record in Welligent. The objectives of this workshop are to uncover agency workflow issues, identify areas for additional project team training, and evaluate your readiness to "go live."

There are many ways to approach end-user training, but in general, agencies tend to underestimate the amount of time to dedicate to end-user training and how many staff should attend each training session. Our recommended classroom size is 10-15 users per class but can vary based on the scheduling constraints of the agency. We will work with you to determine a successful training schedule for your end users.

Describe your organization's approach to providing the training and technical support necessary to support State resources who will be scanning medical records older than 30 days at time of Go-Live into the system.

The discussion should follow all requirements set forth in Section 2.7.4.A.2.

Out of the box, Welligent's software provides many features for managing client data and documents either created using the product or created from other parties outside of the product. Welligent's Client Attachment feature enables users to upload electronic files into the client record and organize content into logical folder categories. Welligent now offers enhanced document capture features including the ability to scan directly into the browser and drag and drop capabilities.

Simplifying the process of capturing and converting paper documents into Welligent's EHR, Welligent's Scan Direct feature enables users to scan directly into the client chart. Welligent has integrated a third party Twain driver component which supports most third party scanning hardware. Your users are able to scan, capture, and organize documents more efficiently than ever before. Screen shots of our re-designed document capture features are included below.

Welligent's Scan Direct Feature

As shown in the screenshot below, when using Welligent's integrated Scan Direct component, users are able to scan directly into the client chart from any Twain compatible USB desktop scanner. Documents appear in the client's Welligent record while they are being scanned. Once documents have been captured, users are able to add metadata including description, confidentiality status and folder location. Welligent's scan direct component enhances the document capture process, enabling your staff to remain more focused on clinical care. This scanning feature is available under your Welligent license (no additional cost).

Welligent provides most agencies with an allowance of 50GB for managing scanned documents. Additional document storage is available on a fixed per-GB fee basis.

Welligent Support for ASH

Welligent anticipates working with ASH in order to support its legacy paper records needs. While Welligent has some experience providing on-site professional services to manually convert paper record on behalf of new Welligent customers, Welligent has not factored this service into its professional services or implementation plan. However, Welligent is open to working with ASH in order to meet its unique records management needs. During the implementation period, Welligent and ASH can jointly develop a plan which will provide strategic direction and assistance to ASH in the conversion of its paper records. For example, Welligent can offer ASH a license to a Canon and eCopy solution. This scanning station could be hosted on-site and would provide a high-volume solution which would support ASH in converting existing paper records. This solution can be configured so that a pre-printed cover page can be used to provide OCR capabilities and more easily 'tag and index' paper records as they are scanned into the system.

Describe your organization's approach to handling data conversion. This discussion should include information about how your organization handles data conversion from a user's current billing system to the new system.

The discussion should follow all requirements set forth in Section 2.7.4.B.1.

Welligent Standard Data Conversion and Migration

During the implementation, Welligent is able to migrate client demographic data, clinical treatment episodes, client diagnoses, client services, primary therapist, and client payer information. Welligent can also support custom data migration from your existing third-party software systems. During implementation, Welligent will provide you with data migration templates and instructions on how to provide the data to Welligent in a clean, usable, electronic format. As a standard, Welligent conducts up to two (2) test data loads and one (1) production data load. However, for the ASH project Welligent is able to conduct additional data loads and no additional cost in order to meet project requirements. Additional data loads can be provided during initial implementation as needed. Welligent will work with your project team, including a technical resource, during the data migration phase.

During the implementation period, Welligent anticipates migrating the following ASH data from its current electronic health record.

- Demographics
- Client Billing Information
- Financial Demographics (Family income, Guarantor, Family size)
- Allergies
- Medications
- Lab Results
- Progress Notes (some, limited)
- Vital Signs
- Treatment Plan
- Assessment/Forms

While Welligent is able to bring over client balance forward information, Welligent does not typically migrate customer claims data from existing electronic health record systems. For claims already generated and transmitted, sent to payers, Welligent suggests that customers manage their accounts receivables out of their existing system, running both systems in parallel for a period. However, Welligent is open to finding the best fit to meet ASH billing/balance forward requirements.

7.0 Ongoing System Maintenance and Updates

Describe in detail how software maintenance is handled. This should include a discussion regarding the following topics:

- What is included in your maintenance package?
- How does your maintenance meet all requirements in Section 2.7.6.A?
- Will the state be required to upgrade to the latest version of software as it is released?
- What type of user support is available during maintenance periods?

Our maintenance and support services will be provided on a continuous basis during the contract period. The formal maintenance and support period will begin upon acceptance of the Hosted EHR solution. For the purposes of this contract, acceptance is defined as production usage of any or all parts of the solution. During this period, we will provide user support for issues, problems and complaints through a Client Manager, who will track, record, prioritize and escalate issues as needed.

We will provide 30 day ‘hyper-care’ support after Go-Live. This intensive support period will be used to accelerate issues through the support process so that resolution of issues is quickly realized by the client. In terms of service level escalation, our Technical Support Team and Help Desk provides support services as follows

The proposed solution will be available 99.9% of the time each month, excluding scheduled down-times agreed to by the Contract Monitor. We provide support on a 24-hour basis, 7 days a week, 365 days a year. During regular business hours (8:30-5:30 EST), problems are reported to the assigned Client Manager. In the event that the Client Manager is not available, the business office is called to speak to an application specialist. Outside of normal business hours, serious software problems that prevent the safe operation of the system will be reported to our 24-hour service hotline, which is staffed by a team of (English speaking) application specialists.

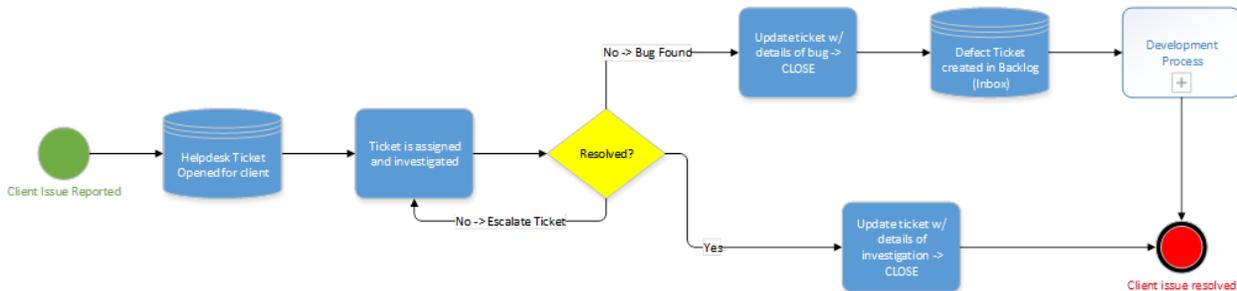
Our Technical Support Team and Help Desk Team categorize incoming support issues as follows:

Priority	Definition	Estimate Time Resolution
ALERT	<ul style="list-style-type: none"> • Problem affecting entire system • System down • Potential direct patient care affected • Data integrity at risk • Early Warning Alert 	Within 1 hour
CRITICAL	<ul style="list-style-type: none"> • Problem affecting single critical production function • System operating in degraded state • Financial impact 	Within 1 hour
HIGH	<ul style="list-style-type: none"> • Minor subsystem failure has occurred • Data entry or access is impaired on a limited basis 	Within 4 hours
MEDIUM	<ul style="list-style-type: none"> • System is operating with minor problems that disrupt the 	Within Twenty-Four (24) Hours

	<p><i>normal flow of clinical process</i></p> <ul style="list-style-type: none"> Request for assistance, information, or services that are routine in nature 	
LOW	<ul style="list-style-type: none"> System is operating with minor problems that can be circumvented 	Within Three (3) Days

All reported issues are tracked in our automated ticketing system with an assigned priority level described above. Once an issue is reported and a ticket is created in the issue tracking system, the issue is assigned to support personnel for investigation. The issue is escalated as necessary until a resolution is determined or an application defect is found. If the investigation does not yield an application defect (software ‘bug’), the support personnel will resolve the issue on site or work with the client’s support staff to resolve the issue. At this point the ticket in the issue tracking system is closed with documentation of the resolution to the issue.

If the investigation yields an application defect, this will be communicated to the client. Application defects must be resolved by modifications to the installed solution to resolve the issue. The client manager will work with the client as well as the Release Manager and QA Manager to ensure the reported defect is fixed and planned for an upcoming release of the application for delivery to the client to resolve the issue. Depending on the nature of the reported defect, a hot-fix release of the software may be issued to resolve the reported defect prior to the next scheduled release of the software. During the development process, the client manager will keep the client informed of the status of the ticket.



The tracking system tracks data such as date opened, date of any priority changes, estimate to complete, status, date closed and notes. Reports can be created and distributed on a regular basis regarding number of tickets opened, number of tickets closed, number of tickets in process, etc.

There are six possible statuses in a ticket lifecycle:

1. **New:** When a ticket is initially placed in the tracking system, it has a status of ‘New’. These tickets have yet to be assigned a support or technical resource to investigate the issue, fix a defect, or program an enhancement. New support tickets are the responsibility of the client manager to track and make sure an appropriate resource is assigned in a timely manner to work on the reported issue. New defects and enhancements are the responsibility of the release manager to plan and coordinate given the ticket’s priority and the priority of other tickets in the development backlog.

2. **Assigned:** Once a resource has been assigned to a ticket, the ticket is given the status of 'Assigned.' Assigned for which work or investigation has not been started, or work or investigation has been escalated to a higher level resource, and are in the assigned individual's workload. Assigned tickets will be accepted by the resource based on the priority of the ticket.
3. **Accepted:** Once the assigned ticket has been accepted by the assigned resource, the ticket is changed to 'Accepted' status. This status indicates to the client manager and release manager that the ticket is actively being worked on.
4. **Testing:** Once a ticket has been worked on and the resource has resolved the issue, the ticket is placed into 'Testing' status. If the ticket is a defect or enhancement, a QA analyst is assigned to test the application to ensure the defect is resolved or the enhancement meets the client's requirements. The QA Analyst will test the ticket based on the priority of the ticket and release of the application for which the defect or enhancement is planned. Tickets in Testing are the responsibility of the QA manager and the assigned QA resource.
5. **Reopened:** During the course of testing, if the assigned QA resource discovers that the reported defect has not been corrected, the enhancement does not meet specified requirements, or an additional related defect has been found, the QA resource documents the remaining issues in the ticket and changes the status to 'Reopened.' A reopened ticket is the responsibility of the assigned programming resource. A reopened ticket is placed in the same queue for the programmer as the programmer's assigned tickets. The ticket cycle then iterates from step 3 until the ticket meets requirements
6. **Closed:** Once a defect or enhancement ticket has passed testing, the assigned QA resource then completes the documentation to be included in the planned version's release note document, and closes the ticket. Once a support ticket has been resolved, the client manager confirms the issue has been resolved on site with the client and closes the support ticket.

Escalation Procedures

We employ a multi-tiered approach to customer support in order to provide the best possible service in the most efficient possible manner:

Level 1 support: The client manager, applications specialist or help-desk resource that takes the phone call will gather as much information as possible from the end user and enter it into the issue tracking system. In most instances, a tech support specialist will quickly handle straightforward and simple problems such as interface problems, userid/password issues or navigating the application, and will report status back to the client.

Level 2 support: This support is needed for more complicated problems that require either more advanced technical troubleshooting, or specific application knowledge. The level 2 resource may be a technician, programmer or application specialist, depending on the nature of the problem. The client will need to send screenshots and specific information on how to reproduce the issue. If the specialist cannot reproduce the issue in the environment, s/he may use remote access to connect to the customer's installation to be guided by the customer's application coordinator to view the problem on a test patient.

Level 3 support: This is high-end support. The level 3 resources are experts in their area of the EHR application. This team can analyze the code and data using information from Level 1 and Level 2 analysis.

Problems from level 2 or 3 might be solved by configuration or data changes to the system. The specialist will change the setting in the customer's Test system first. It is then the customer's responsibility for full testing of the newly installed setting(s), to insure that the change has the desired result. When the customer has approved the change, they can schedule the same configuration change to be made in the Production environment. Downtime may or may not be required, depending on the change. In some instances, the problem will require a programming change to the application. In that case, the same procedure is followed as for change requests to the system. In all levels of support, the specialist will keep the client informed as to the status of the issue until it is closed.

If for some reason an issue is not getting resolved within acceptable parameters, the Technical Manager and/or the Product Manager is contacted for assistance. If the issue still cannot be resolved, then the issue is escalated through the chain of command up to and including the Chief Technology Officer. Depending on the specific situation, an on-site resource may be deployed to recreate and resolve the issue.

Maintenance for Updates & Upgrades

Our products are continually enhanced with both internal and client-requested modifications to the system that augment product functionality and keep up with state and federal regulations. New versions of this kind are released every six (6) weeks. In addition, hotfixes containing corrections to current versions are released throughout the year on an as-needed basis. In all cases, full release notes are provided so that our clients can read about the new features and determine whether these features are relevant for their environment. Guidelines for testing the release are included in these notes.

Clients are never required to upgrade to the latest version of software as it is released. The client will be provided with release notes to review the contents of the release, and then will notify us when they want the release installed into their Test region, if desired. Releases are always installed first in the Test region to allow the client ample time to conduct acceptance testing of the new release. If there is any target timeline for production installation (eg. in the case of an impending change in Windows or another support vendor), the client will be notified in writing of the timeline.

Upon completion of acceptance testing, the client will then schedule the update to the Production region. This update will be performed at a date/time of the client's choice (with mutual agreement), giving the client full flexibility for a 14-day lead time. Production upgrades generally require some down-time and are therefore generally performed after-hours to minimize the impact on patient care. We are responsible for all release updates, and therefore do not provide an installation guide.

First Data Bank updates are provided to the client on a monthly basis. This process updates prices and clinical information on the client's formulary tables. The client may opt to receive a CD with this data, or to download the update from an FTP site. FDB updates are performed by the client on their own schedule. Full instructions/documentation of this process will be provided.

Provide a brief descriptive summary of your software development methodology for product enhancements and include a description of your testing and quality assurance process prior to release.

Meta Development Process Overview

Meta operates in a modified Scrum/Agile development environment emphasizing speed and flexibility in delivering functionality to its client base. Main releases occur once every 1 to 2 months, with 'hotfix' releases planned as needed for urgent fixes to issues identified by clients. Each release has 2 to 4 two week sprint cycles, allowing for flexibility in the final release based on feasibility of initially planned functionality without disrupting the planned release cycle. The following outlines briefly the four main stages of each release cycle.

Planning

Product Managers in conjunction with Client Managers and Project/Implementation Managers work within the framework of a Product Improvement Committee to identify, specify, and prioritize enhancement requests (either from clients, identified improvements internally, or to align with market strategy) and defects into a product backlog. Each item in the backlog has a set of requirements (user stories/conditions of acceptance for enhancements, defect description and recreation steps for defects) as well as a business value priority and level of effort.

The release manager, in conjunction with the Product Improvement Committee, then uses the product backlog as a basis for planning releases based on business value priority as well as the expected level of effort.

Development

Once a release has been planned, the development managers work with the scrum teams to split up the backlog items into the appropriate teams based on product category, and plans the sprints for the release accordingly. Each day the scrum teams meet in a standup meeting to review progress within the sprint, allowing for the development managers to adjust priorities and responsibilities during the process to work toward delivering the expected work in the sprint.

Testing

Testers are integrated as part of the scrum teams and continually test the backlog items as they become ready for testing during the sprint process. The testers work directly with the developers to ensure development aligns with the specifications in the backlog items. Once all requirements are met, testers will pass the backlog item and document a release note.

Release

When all sprints have concluded for a release cycle, the development team will 'cut off' the release. At this point, testers will conduct User Acceptance Testing to regression test the release, ensuring that all prior requirements are still maintained and no new bugs are introduced. Once the UAT process commences and any new bugs fixed, the release will be made available to the clients along with a compiled release note document.

Prior to new releases, we utilize industry recognized development and testing methodologies to assure quality. The quality assurance cycle begins in the initial phase of development through requirement analysis, planning and development of test cases. Application testers work directly with developers, clinical analysts and business analysts, throughout the development life cycle

to ensure adherence to requirements and viability of solutions. At the end of each cycle, individual issues are organized into a release which is then closed to further development and subjected to rigorous application and integration testing, prior to general availability to clients. Release notes are compiled, organized and provided to our clients with each upgrade. Release notes, when applicable, contain step by step instructions to facilitate user acceptance testing.

Provide an overview of your major and minor release cycle process. In your discussion please include the following:

- What is the frequency for major and minor upgrades?
- What is the typical down time required for major and minor upgrades?
- How are customizations or configurations maintained during an upgrade?
- How are enhancements prioritized (state, federal, Joint Commission)?
- What type of user support is available during major and minor upgrades?
- Provide one brief case illustrative example of a recent software enhancement to your core product. Please note the development cycle dates from initiation to completion and the testing and release process.

Fixes and enhancements requested or contracted by any one client go into the general product and are available for every client. This gives our clients the benefit of a wide variety of innovative features and functions.

We provide a major release every six (6) weeks. When the system has passed all internal testing, the internal prelease version is “cut off” to a production version and clients are notified that a new production version is available for release. Release notes are provided for all releases. When a client needs a critical or high priority ticket, and cannot wait for the next major release to be distributed, we may determine that the individual ticket can be moved, as a hot fix, to an incremental product version. When all tickets that are needed for this incremental release are included and tested, the release will be provided to the client(s) who requested it.

Scheduled downtime for production always occurs with a major release and depends on the specific release or upgrade. The amount of downtime is estimated, reported and scheduled in advance with the client. All upgrades to the proposed software are performed by our internal staff. During the downtime, our specialists will do a full backup of the system and databases upgrade the release, and QA the upgrade. When we have deemed the upgrade to be successful, the client is notified that they may resume use of the system.

Upgrades to a release do not affect data, and therefore do not affect the client’s customizations and configurations. However, some upgrades do involve changes to the structure or indexes of the database. As mentioned above, a complete backup is performed before each upgrade, as a defense against an inadvertent issue that may affect a piece of data or configuration.

Client-requested customizations to the system are reviewed by our Professional Services team on an individual basis. If deemed advantageous, we will create a ticket and schedule that customization within normal scheduling constraints. If ASH would like a specific customization in a shorter period of time, the client can contract to complete the issue in a shorter, more specified timeframe. Bugs and unexpected system behaviors should be reported to the Client Manager with as much documentation of the problem as possible. This may include, but is not limited to, screenshots, exact account numbers and order numbers (if applicable) for the errant behavior and exact steps needed to duplicate the error. The Client Manager will open a ticket and the issue will be reviewed by the Professional Services group.

Professional Services will attempt to duplicate the problem in its internal system or at the client site, using programmer help if needed, in order to determine if user error or incorrectly set flags/settings are the source of the problem. In the case of a necessary configuration change,

the client is notified and an appropriate resource is assigned to resolve the problem. If the issue has been determined to require a fix, or the customization or enhancement has been approved for work, a priority will be assigned to the ticket, as follows:

Critical: Patient safety issues involved; Programmer begins work immediately.

High: Non-critical production problems; Programmer begins work as soon as possible.

Medium: Non-urgent requests by clients for changes (enhancements or fixes).

Low: Enhancements, new feature requests or cosmetic refinements to existing features with minimal impact on functionality to all clients.

Based on the priority, the Client/Project Manager will follow up with the client and give an estimated time to resolution. We treat Federal and Joint Commission enhancements as a High level priority, and will plan to implement any new enhancements accordingly. We also treat State enhancements as High level priority. However, we will work with the ASH and ADOH to implement any necessary State enhancements on an agreed upon schedule. We have attached one brief case illustrative example of a recent software enhancement.

Enhancement Request to Home Med functionality:

The proposed system allows end users to document the medications that the patient was on at home or prior to coming to the facility. Included in this documentation is the ability for the end user to select the hospital's equivalent to this medication, to streamline the ordering process.

Example1:

The MD is recording the patient's prior medications on the Home Med form. The patient takes Tylenol 500mg twice a day. The MD can document on that same form that the hospital equivalent is Acetaminophen 500mg. Later, when the MD reviews the patient's med list during order entry, the facility's equivalent (Acetaminophen 500mg) will automatically default into the order.

Example 2:

A nurse records the patient's prior medication on the Home Med form as Lopressor 50mg Tablet. Later, a pharmacist can review the home med form and document on that record that the hospital equivalent is 2 tablets of Metoprolol Tartrate 25mg. Later, when the MD reviews the patient's med list during Order Entry, the facility's equivalent (2 tablets of Metoprolol Tartrate 25mg) will automatically default into the order.

Enhancement request:

Create a crosswalk table so that the hospital's equivalent formulary item will default automatically into the Home Med Equivalent field on the Home Med form, thus saving the MD, pharmacist or other user from doing this on every home med.

Timeline:

- 8/30/2016: Client began to talk about enhancement; Meta scheduled for early next year
- 12/29/2016: Client provided specs for crosswalk
- 1/1/2017: Programing specifications written, reviewed, revised
- 1/26/2017: Final specifications approved by client
- 2/1/2017: Programmer began work
- 2/3/2017: Prototype review; suggested screen changes
- 3/6/2017: First testing done on new feature
- 3/6-3/15: Revisions, retesting
- 3/15/2017: Testing complete
- 3/20-3/29: Regression testing of release including new feature
- 3/28/2017: Documentation (release notes, training material) completed; Ticket closed
- 3/29/2017: Release with enhancement closed

Provide a copy of your Quality Assurance Guidelines for testing new software releases (i.e. updates, patches, upgrades).

Meta has attached a copy of our Quality Assurance Guidelines for testing new software releases, updates, patches, upgrades, etc below.



Metacare™
*Quality Assurance
Testing Guidelines*



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1. Introduction

Purpose

This document provides software testing guidelines, defined by Quality Assurance. It describes the recommended approach for test management, planning, and execution.

Scope

This document applies to the software testing effort that verifies new software development. This guideline applies to all software testing activities.

Overview

This guideline document defines possible test approaches and standards for software testing. It provides key testing measures that will be tracked and managed.

Guidelines for the following are included:

- Stages of Test
- Test Approaches
- Testing Standards
- Key Measurements
- Successful Completion Criteria
- Defect Management Process
- Change Management Guidelines

2. Testing Phases

Phase of Test	Deliverable
Unit Testing	Code and Testing for a unit
Integration Testing	Code for related units Interactions among units Interfaces to units
System Testing	Completed system as defined in requirements and design specifications
Acceptance Testing	Completed system as defined by business objectives

Unit Testing:

Unit testing focuses on early examination of software such as units of code, modules, subroutines, and procedures. It evaluates functionality that may not be visible during integration, system, and acceptance testing. Structural testing is conducted to verify that paths and conditions follow detailed design specifications. Unit testing reduces defects by evaluating a system during development rather than at its completion.

Structural

- **Execution** – Achieve desired level of efficiency.
- **Operation** – Executes in a normal operating status
- **Compliance** – Developed in accordance with specifications.
- **Security** – Protects sensitive data in accordance with importance to organization.

Unit testing is complete when the following criteria are met:

- Code review conducted and issues resolved.
- Test results and documentation provided by the test team.

Integration Testing:

Integration testing is incremental. It begins with small groups of related units and continues until all units are incorporated into the intended system. Integration testing verifies that all related components such as functions, screens, or scripts interact as specified in approved requirements and design specifications. Integration testing also verifies the interaction between components and their interfaces.

Integration testing is complete when the following criteria are met:

- Remaining defects logged in the defect tracking tool (TRAC)
- All Integration Test Cases Scripts have been successfully executed
- Test results and documentation provided by the test team.

System Testing:

System testing demonstrates that a system meets its documented requirements. The following types of testing may occur:

- Functional
- P/L/S (Performance/Load/Stress)
- Inspection of Static Text
- Usability
- Documentation
- Security
- Multi-platform/browser

Types of Functional tests are:

- **Requirement** – Performs as specified (system testing)
- **Regression** – Unchanged functionality still performs as it did prior to implementing the change.
- **Error Handling** – Edits data/outputs and reports problems for corrective action

- **Manual Support** – Processes needed by people to effectively use the software, such as documentation for users
- **Interfaces/Intersystems** – Confirm data exchange systems are viable and operating within specifications.
- **Control** – Reduce system risk to an acceptable level
- **Parallel** – Old system and new system are run in production, and the results compared to detect unplanned differences and validate that each system produces the same result

System testing is complete when the following criteria are met:

- Test cases executed for the scope as defined in the test plan
- All critical and major defects resolved or postponed.

Acceptance Testing:

Acceptance testing verifies that a completed system meets the original business objectives as described by the system requirements. Tests are conducted on a platform as close to the real production environment as possible.

Acceptance testing is complete when the following criteria are met:

- All critical and major incidents resolved or postponed

3. Testing Approaches

Goal of Testing:

The primary goal of testing is as follows:

- Evaluate the quality of a system throughout the software development process
- Verify systems function according to requirement and design specifications
- Verify system meets business and user needs
- Finding and documenting defects in software product

Best Practices:

The following are recommended software testing best practices:

- Utilize SCRUM development and testing strategies.
- Involve testing team early in a project to review requirements
- Create Test Case Scripts as Use Cases and coding is completed, don't wait until coding is completed before starting Test Case Scripts. (For Automated tests, record scripts as early as possible)
- Minimize hard-copy documentation, identify re-usable Test Cases Scripts and reduce the number of signoffs needed.
- Involve the System Analyst in designing Test Cases.
- Manage the test environment.
- Prioritize items to be tested. Use checklists, inspections and high-level test cases for low priority testing instead of scripts.

4. Testing Standards

- **Test Case standards:** Test cases should be derived from use cases on all projects. If the use cases do not address all aspects necessary, additional test cases should be designed and implemented.
- **Naming Convention:**
 - Test Case Parent – TC1, TC2
 - Test Case Child (Test Script) – TC1.1, TC1.2
 - Verification Points – TC1.1.1, TC1.1.2
- **Design Guidelines:** Client, complexity and time will determine the detail level of test scripts. All test scripts should be written as detailed as possible. On smaller, non-regulated projects, the Quality Assurance Analyst could write test cases only and not write detailed test scripts. The Test Analyst will work with both the Project Manager and system owner to determine the level of detail in test scripts.
- **Test Data standards:** The Test Manager or Analyst should work with the appropriate person(s) to determine the test data needs. Test data should be included in the test cases or scripts. Test data should be relevant to the specific functionality. Likewise, in negative testing, test data should test limits and format.

5. Test Completion Criteria

Testing is considered complete when all the following is achieved:

- Acceptance criteria has been met
- All test scripts have been successfully executed
- All test scripts have been analyzed
- No open critical or major severity defects exist
- All executed test scripts have been reviewed

6. Test Readiness Reviews

The Test Readiness Review is an informal peer review conducted prior to performing each testing stage, such as system testing and acceptance testing. It should be scheduled and conducted as a meeting. The length should be between 1 – 2 hours. The objective is to verify that all prerequisite activities for the stage of test have been satisfactorily completed, such as:

- All preceding test stages have been satisfactorily completed.
- Testers have been appropriately trained
- Communicate the testing schedule and expectations
- The project team has access to and knows how to use the test incident tracking process
- The testing environment and data have been properly set up
- Test cases/scripts have been reviewed according to plan

7. Defect Management Tracking

Defects should be logged and tracked using TRAC, with specific reference to the effected module. Tickets should be addressed to helpdesk for assignment to the appropriate development milestone.

Describe how your company will provide on-going user support via telephone and email per the requirements set forth in RFP Section 2.7.7.

Our quality of service and customer support is our top priority. We go to great lengths to ensure clients experience a smooth and easy transition when adopting and implementing our EHR products. Our superb product offering is backed by a top notch team of English speaking Quality Assurance and Healthcare IT professionals, comprised of both healthcare clinicians and IT professionals. Many of our Quality Assurance team members possess more than 20 years of health IT experience will provide software and hardware support on a 24-hour, 7 days a week, 365 days a year basis.

We will provide ASH with a Client Manager to specifically address any issues or needs of the facility which will be quickly communicated to our Service Support and Quality Assurance teams. Before, during, and after go-live, we provide hardware and software support on a 24-hour basis, 7 days a week, 365 days a year by email and by phone. During normal business hours, from 8:30 am - 5:30 pm EST Monday through Friday, the ASH system coordinator or his/her designated backup can either email or call their assigned client manager or our offices in New York or Norfolk to report any problems. In the unlikely event a Client Manager is unavailable; a competent professional will be immediately located to deal with the particular issue. Technical and service support will be provided by knowledgeable technical professionals to resolve or answer any technical or information technology issues. Moreover, product and service support personnel are also available to support questions regarding specific use of the system. In terms of service level escalation, our Technical Support Team and Help Desk provides support services as follows

Priority	Definition	Estimate Time Resolution
ALERT	<ul style="list-style-type: none"> • Problem affecting entire system • System down • Potential direct patient care affected • Data integrity at risk • Early Warning Alert 	Within 1 hour
CRITICAL	<ul style="list-style-type: none"> • Problem affecting single critical production function • System operating in degraded state • Financial impact 	Within 1 hour
HIGH	<ul style="list-style-type: none"> • Minor subsystem failure has occurred • Data entry or access is impaired on a limited basis 	Within 4 hours
MEDIUM	<ul style="list-style-type: none"> • System is operating with minor problems that disrupt the normal flow of clinical process • Request for assistance, information, or services that are routine in nature 	Within Twenty-Four (24) Hours
LOW	<ul style="list-style-type: none"> • System is operating with minor problems that can be circumvented 	Within Three (3) Days

For ASH, we will provide 30 day ‘hyper-care’ support after Go-Live. This intensive support period will be used to accelerate issues through the support process so that resolution of issues is quickly realized by the client. Outside of normal business hours, the client can call the Helpdesk phone on a 24-hour basis, 7 days a week, 365 days a year, to report serious hardware and software problems that prevent the safe operation of the proposed system. We provide competent, English proficient, professionals who will be on-call to provide after-hours support to ensure the highest level of service support possible.

8.0 Reporting

Describe your solution's reporting capabilities and how it meets requirements set forth in RFP Section 2.7.9.

For report production and requirements, we utilize Crystal Reports Writer; an industry standard report generator which can access and report on any data element within the proposed EHR designed for end-users. Using this report generator, end-users define and/or design their own reports without intervention. Although reports can be customized or created by the client without intervention, reports can also be scheduled to be generated by Meta or Welligent, at an additional cost as needed by the client. We will produce reports on demand from customers on a time and materials basis, and will begin work on such reports upon receiving a purchase order with detailed specifications from the customer. Most reports created do not require a new release of the software to be generated, and thus can be delivered upon completion. Most report requests are completed within one week of receipt of purchase order. There are many available reports including medication order and profile reports. Routine and custom order sets can be created in both Meta's CPOE module, MetaCare CPOE™, (including the ability to create prescriber "favorite" orders) and also in MetaCare Enterprise Rx™, if desired.

A report can be designed to include specific details, such as allergies, diagnosis, workload, quantity, cost, prescriber, etc. Parameters can be required at time of report "run," such as user type based on data access restriction levels, date range, specific AHFS class, specific facility or department, specific order status (pending, active, held, discontinued, expired), and more. Usage reports can be printed to capture meds that were dispensing during stay to patient(s), by date range specific at run time. Summary and Detailed Clinical Intervention Reports can be printed by category, by subcategory, by user, or by interventions that require follow up, and more. Patient Education Monographs are available and can be printed from Meta's Computerized Prescriber Order Entry (CPOE) system, Electronic Medication Administration Record (eMAR) system, or Pharmacy Management System. Additionally, Crystal has the capability to run reports in batches, or at scheduled times, and has the capability to export report data to Excel.

Describe how the reports listed in RFP Section 2.7.9.C can be produced from existing templates, from reports library, or created from the Report Writer feature.

Many reports are provided including all clinical, medical, and quality reports outlined in Section 2.7.9.C of this RFP. We will provide to the ASH an existing library of reports utilized by other clients. Moreover, without any intervention, Crystal Report Writer allows the end users to produce additional reports on any data element such as Usage, Patient Profile, Inventory, Clinical Intervention, Billing, Adjudication, Productivity, ADT, Wholesaler, Reconciliation, Stop Order, Audit History, Batch, Discharge Med Instruction, and many more. We have provided a list of reports that include, but are not limited to;

- Active Medications at Discharge Report
- Adjudication Report
- Adjudication by Adjudication Date Report
- Audit History for Allergy Report
- Audit History for Notes Report
- Audit History for Allergy Overrides Report
- Authentication Sheet Report
- Clinical Intervention by Category Report
- Clinical Intervention by Patient Report
- Clinical Intervention Summary Report
- Creatinine Clearance Report
- Departmental Inventory Report
- Detailed Billing Report
- Drug Usage by AHFS Code Report
- Drug Usage by Nursing Station Report
- Drug Usage Summary report
- Floorstock by Department Report
- Inpatient Profile Report
- Inventory Adjustment Report
- Inventory Location Stock Report
- Inventory Order Transactions report
- Inventory Transfer Report
- Inventory Value Report
- Non-Stock Report
- Patient Census Report
- Patient Discharge Report
- Patients on Anti-Psychotic Med Report
- Patients on Clozapine Report
- Patient Profile by Diagnosis Report
- Patient Transferred Report
- Patient Visit Locations History Report
- Productivity by Nursing Station Report
- Reconciliation Report
- Stop Orders Report
- SNF – Beers Drug Search Report
- Therapeutic Medication Profile Report

9.0 Privacy and Security

Please describe your company's experience and plan to comply with all applicable State and Federal privacy and security requirements, including but not limited to the specific additional requirements set forth in RFP Section 2.7.10.

The proposed solution has numerous security measures to ensure the safety and security of protected patient health information, including data encryption, strict but flexible password management requirements, configurable user roles to prevent access, support for positive identification including biometrics, non-repudiation features, and automatic logout of user sessions, all of which support HIPAA rules and regulations. If any additional security modifications are required to meet the Arkansas personal Information Protection Act guidelines, we will happily work with the ASH to ensure all requirements are fulfilled.

The proposed EHR solution meets all encryption requirements for Stage 2 of meaningful use. This includes proper encryption of health information exchanges using a secure hashing algorithm, meeting NIST designated Federal Information Processing Standards FIPS-140. No protected patient health information is stored on end-user devices, ensuring all PHI is stored on the facility's secured database servers. Furthermore, the application time is synchronized using NTP, ensuring all timestamps are recorded properly.

We also provide for clients the ability to define password requirements for facility staff. This includes requirements for password length, minimum number of lowercase, uppercase, numeric, and special characters, as well as password expiration timeframe. Furthermore, user role definition, based on security groups defined by the client, allows for limiting access to protected patient health information outside of the scope of the user's job description. The application also allows for configuration of global inactivity auto-logoff setting for all users, as well as specific inactivity auto-logoff settings by security group, allowing for flexibility based on the user's role in the application. Our solution provides an immutable system audit, recording all viewed, saved, and changed patient information, who accessed the information, and the date and time of access.

We fully support positive identification features, such as dongle keys and badge IDs, to accommodate two-factor authentication. We can also incorporate biometric identification including finger prints for each individual for further user authentication security. Password and security question user authentication can be configured to occur during key events within the application to provide for non-repudiation, such as while placing orders, signing orders or making changes to the patient's order profile. If required, we will provide to the state and DHS Federal criminal background checks for each individual performing services at the ASH.

Furthermore, we will, within thirty (30) days after Contract Award, provide a full Information Security Plan for review and approval by the Contract Monitor. If necessary, we will make any changes to the information security plan requested by the Contract Monitor and resubmit the plan to the Contract Monitor within five (5) Business Days of the request.

10.0 Training and Change Management

Describe how your company will ensure all training is completed sufficiently in advance of “go-live”.

Meta goes to great lengths to ensure all training of end users is completed sufficiently in advance of "go-live." Meta utilizes a Train-the-trainer approach to provide a time sensitive and effective learning process. We believe that effective learning is one of the cornerstones of successful software solution implementations and therefore focus significant effort on training throughout our implementation process. This training occurs not only in the formal training sessions described in our implementation plan, but also in an organizational philosophy that focuses on continuous education for system configuration and usage throughout the implementation process.

The methodology utilized by Meta for our formal training sessions is based on principles of adult learning with a focus on continual review during all steps of planning, organizing, and conducting a training session. The training leverages a variety of effective training methodologies, including demonstration, practice, discussion and role play. All training sessions follow a similar design which has been found to be extremely effective with adult learners of all skill levels.

Please review Meta's implementation plan for further detail.

Describe how your company will ensure electronic training sessions such as webinars are available online or through the proposed solution for access by ASH staff and users of the system as set forth in RFP section 2.7.11.B.

In addition to on-site implementation training, we will provide online electronic training sessions to the ASH medical, pharmacy, IT, and any required staff. The objective of these electronic demonstrations and online training courses is to provide a preliminary visual of the proposed EHR system. This will not only better familiarize clinical and IT staff with the EHR, but will also prepare ASH staff on proper navigation of the proposed EHR. This preliminary educational experience will enable ASH staff to gain a thorough understanding of how our system works in comparison to other EHR systems and will also provide the opportunity to witness first-hand proper utilization of the proposed EHR. Ultimately, these electronic training courses will support an efficient, and most importantly for your organization, timely implementation and training experience. All electronic and webinar training sessions will be scheduled and made available online in electronic form for on-demand use by ASH employees and users of the system.

Describe your company's Train the Trainer program for training designated State resources to serve as Trainers and how it will meet the requirements set forth in Section 2.7.11.

The proposed EHR solution has been implemented in several mental health facilities in recent years. As such, our trainers and project managers are intimately familiar with the challenges of such environments and know how to execute the best training methodologies prior to Go-Live. We utilize a “train the trainer” approach and will work with your organization to implement our software and educate ASH staff in a way that allows super-users to pass down their knowledge and experience with the EHR to additional and new end-users. Once on-site, our implementation and Go-Live support staff will provide and execute multiple training courses to better familiarize ASH staff with the proposed EHR solution. Each training course will address, at a minimum, the learning objectives addressed in Section 2.7.11.C and additional learning objectives as well.

We will provide targeted training for different types of users such as clinical staff, administrative staff, support staff, IT staff, and more. In the File Build phase, the client work group will set up the many configuration choices that allow for a customized solution, and will build the support files for the system. We will provide a 2.5 day training course for the administrative super-users. The training covers the basic configuration setup of the software and how to build/modify all of the maintenance files in the system, which includes patient locations, frequencies, physicians, user/security settings and formulary. The purpose of this training is to give the administrators an understanding of how their selected settings affect their solution, how they can make configuration adjustments in the future, and how they will build and maintain their maintenance files.

At the end of the file build, or when the formulary is at least 80% completed, we will train ASH's clinical staff on order entry processes. This 2.5 day training session will include entering orders, clinical responses, processing cart fills, running IV processes, medication distribution and all the other general procedures related to ASH's clinical day-to-day operations. After completion of these training courses, our trainers will supervise further internal training of additional end-users. ASH administrative and super-users will gain necessary experience to provide internal training and successful knowledge transfer to subsequent users for years to come.

Describe your company's approach to providing on site assistance for the State's Trainers as they train the initial batch of Users prior to Go-Live as set forth in Section 2.7.11.E.4.

Our product experts and implementation team possess an intimate knowledge of the proposed EHR system and utilize their own experience as pharmacists, technicians and nurses to provide exceptional on-site assistance during training and prior to Go-Live. As described above, we provide several implementation and Go-Live support team members who develop a multi-day curriculum with the goal of providing a successful a “train the trainer” experience. During training exercises, ASH staff will receive training manuals that describe proper use of the proposed EHR solution which include Frequently Asked Questions (FAQ) to assist with common questions or troubleshooting concerns. Helpline phone numbers and proper methods to submit an electronic help request or help request by phone will also be covered during on-site training sessions. After Go-Live, our support team members will remain on-site, for an agreed upon number of days, to assist the newly trained State Trainers and assist with any troubleshooting issues and ensure a smooth launch. Our product experts, implementation team members, and your dedicated project manager are with you the entire way through the implementation process, from kick-off to Go-live.

Describe how your company will work with ASH to support cultural and behavioral shifts as a part of this change management effort and empower ASH to motivate its employees to embrace the solution.

Adopting and implementing a new EHR system can be a daunting, time consuming, and intimidating task. Therefore, at Meta, we work with each client to support cultural and behavioral shifts as part of the implementation process. In previous installations, Meta's enthusiastic and knowledgeable implementation team has made this process a fun and enjoyable experience for facility staff and administrators. Previous implementations typically include a creative theme to encourage a fun and friendly environment.

During Meta's MDMH and SOPS implementation for example, we created a wizard / medieval theme complete with magic wands used during training to ease the stress of learning a new system and the election of the Head Wizard (voted on by each class as the most knowledgeable go to person). This person received a special magic wand, proclamation, and wizard hat to recognize their achievements. This easily identified the star performers for each class and gave everyone a good idea of who to go to for help at go live.

Provide sample training material that has been used in past implementations of similar size and scope to ASH's requirements.

Meta has prepared and included a sample of one of our end user training manuals below. Due to the proprietary nature of Meta's training manuals which include intellectual property, Meta will not provide an entire training manual. However, if awarded the contract, Meta and Welligent will provide training manuals and other training material for ASH staff. These manuals, which include training on MetaCare CPOE, MetaCare eMAR, MetaCare Enterprise Rx, were used to help train mental health facility clinical staff during our implementation of MetaCare EHR in the State of Oklahoma Department of Mental Health (ODMH), the Missouri Department of Mental Health (MDMH), and the Massachusetts State Office of Pharmacy Services (SOPS).



Metacare™
CPOE Training Manual



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CPOE End User Training

Login

- Same as Meditech Login Name. However, if your Meditech Login is longer than 8 characters then your login will be the 1st 8 characters for Meta.



Password

- Minimum 8 characters in length
- 1 uppercase
- 1 lowercase
- 1 numeric
- 1 special character Example (!@#\$\$%)
- 90 day renewal

Password Reset: if I forgot my Password

- 1) At the Meta Login Screen Select Forgot Password



- 2) Enter in User login: Meta will automatically email you with a temporary password



- 3) Go back to Meta Login screen
- 4) Enter Login
- 5) Enter Temporary Password

6) The system will then require you to change your password



The image shows a 'Change Password' form. It has three input fields: 'OLD Password', 'NEW Password', and 'Confirm NEW Password'. Below the fields is a 'Change Password' button.

Changing My Own Password

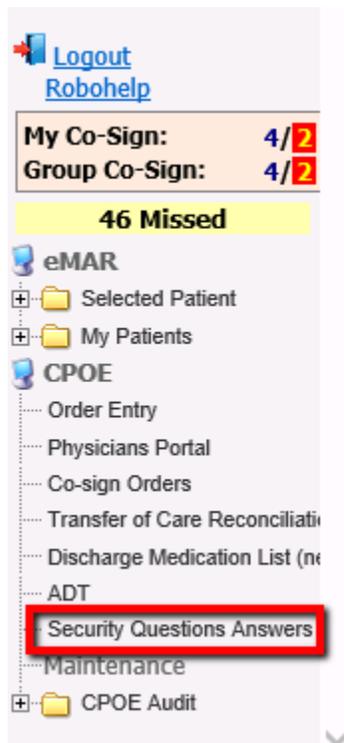
- 1) Maintenance
- 2) Password: I will then be able required to change my own password if I felt it was compromised. I am still required to use another password with the same requirements.

Menu Tree

- May look different depending on security rights
- This is a user's access points for the Meta Enterprise System

Security Question Answers

- This is a requirement to save CPOE orders



Adding Patient

- 1) My Patient
- 2) Patient List
- 3) Choose Nursing Station
- 4) Option #1- Select All Patients on NS: If selected this will select all patients on Nursing Station that has been selected with a check mark.
- 5) Option #2- Select NS: If selected this will allow user to select individual patients on the NS that has been selected with a check mark.
- 6) If Option #2 is selected than place a check mark in the black box next to the patient name. Once your selection is complete scroll to the bottom of the page and click on Select Patients.

ADT

Admitting a Patient

1. ADT
2. Add New
3. Input information within the fields

Agency Hosp ID: 10020/Meditech Number

Alternate MRN : **WM**_____

Agency Pat ID: 10120/Account Number

Alternate Visit: 10120

The screenshot shows a web interface for 'Patient ADT' with the following elements:

- Header: 'Current patient: *No patient selected*' and a dropdown menu 'My Patients' with a downward arrow.
- Section Title: 'Patient ADT' with a red asterisk and the text '*New entry*'.
- Buttons: 'Discard new record' (green) and 'Enter new admission' (blue).
- Form Fields:
 - 'Agency Hosp ID:' followed by a yellow input field.
 - 'Agency Pat ID:' followed by a yellow input field.
 - 'SSN:' followed by two yellow input fields and an 'Unknown' checkbox.
 - 'Date of birth:' followed by a yellow input field.
 - 'Patient initials:' followed by a yellow input field.
- Navigation: A blue 'Continue' link and a blue 'Go Top' link.

4. Continue

5. Only fields that are required are in Red:

Patient ADT << 1 of 1 >>

[Back to List](#) [Add New](#)

Visit Demographics Next of Kin Allergies Ht/Wt/BSA/CrCl/Dose Calc. Notes Interface Location

Account#: 195698 MRN: TC800501102101

Last, First and Middle name: The Chad Prefix: Suffix: Unknown Date of birth: 05/01/1980 Unknown

Last, First and Middle Alias: Prefix: Suffix: Sex: Male

Admission date: 04/05/2016 09:51

Discharge date:

Discharge disposition: Please Select

Visit type: Inpatient

Observation Services

Charge type: Inpatient

Billing code: No billing code selected

Hosp. Service:

Smoking: --Please Select-- SNOMED CT: Smoking from: Smoking to:

Race: Declined to specify

Ethnic group: --Please Select-- Declined to specify

Language: Declined to specify

Date of death: Cause of death:

Alternate

Alternate Visit: 10021

Alternate MRN: 10021

Practitioners [Add](#) [Remove](#)

No data to display in this grid

Practitioner: No practitioner selected

Type: No practitioner type selected

Current Patient

Chief Complaints [Add](#) [Remove](#)

No data to display in this grid

Coded Free text

ICD9 Code: No ICD9 selected

Chief complaint:

Date:

Status: --Please Select--

Diagnosis [Add](#) [Remove](#)

No Known Problems

No data to display in this grid

[Show Deleted](#)

Diagnosis Diagnosis (free-form text description)

Locations

Location: WESTS3 WESTERN MA HOSPITAL S3

Room: 321 Bed: 01

Date/Time: 04/05/2016 00:00

NS	Room	Bed	From
	WESTS3	321	01

6. Select Save

Transfer a Patient

1. ADT
2. Select Patient
3. Select Transfer

Patient: **The, Chad** (0021) DOB: 05/01/80
 Location: WESTS3321 WESTERN MA HOSPITAL S3, 321-01
 Alias: Zanyx

Last, First and Middle Alias: [] [] [] (Prefix: [] Suffix: []) Sex: (Male)

Admission date: 04/05/2016 09:51
 Discharge date: [] [] [] [] [] []
 Discharge disposition: --Please Select--
 Visit type: Inpatient

Observation Services: Observation Services
 Charge type: Inpatient
 Billing code: [] (No billing code selected)
 Hosp. Service: []
 Smoking: --Please Select-- SNOMED CT: Smoking from: [] Smoking to: []
 Race: Declined to specify
 Ethnic group: --Please Select-- Declined to specify
 Language: [] Declined to specify
 Date of death: [] Cause of death: []

Alternate: Alternate Visit: 10021
 Alternate MRN: 10021

Practitioners: No data to display in this grid
 Practitioner: [] (No practitioner selected)
 Type: [] (No practitioner type selected)
 Current Patient

Locations: Location: WESTS3 WESTERN MA HOSPITAL S3
 Room: 321 Bed: 01
 Date/Time: 04/05/2016 00:00
NS Room Bed From
WESTS3321 01 (Transfer)

Diagnoses: No Known Problems
 No data to display in this grid
 ICD9 Code: [] (No ICD9 selected)
 Chief complaint: []
 Date: []
 Status: --Please Select--

*Diagnosis - Diagnosis (Free form text description)
 ICD9 Code: [] (No ICD9 selected)
 Free Text: []
 Chronic Problem Type: --Please-- Source: --Please-- Level: --Please Se-- Valid To: []
 Date Diagnosed: [] Status: --Please Select--
 Chronic diagnoses will be copied to next visits.

4. Update the highlighted boxes with new location, room and bed #

Patient ADT << 1 of 1 >>

<< Back to List Add New

Enter Current Location Information

Location: WESTS3 WESTERN MA HOSPITAL S3
 Room: 321 Bed: 01 04/05/2016 00:00
NS Room Bed From
WESTS3321 01
 Go Top

5. Save

Discharge a Patient

1. ADT
2. Select Patient
3. Enter Discharge date & Time which is highlighted in Yellow

Patient ADT << 1 of 1 >>

<< Back to List Add New

Visit Demographics Next of Kin Allergies Ht/Wt/BSA/Cr/Cl/Dose Calc. Notes Interface Location

Account#: 195698 MRN: TC800501102101
 Last, First and Middle name: The, Chad Prefix: [] Suffix: [] Unknown
 Date of birth: 05/01/1980 Unknown
 Last, First and Middle Alias: [] Prefix: [] Suffix: [] Sex: (Male)

Admission date: 04/05/2016 09:51
 Discharge date: 04/05/2016 09:51
 Discharge disposition: --Please Select--
 Visit type: Inpatient

Observation Services: Observation Services
 Charge type: Inpatient
 Billing code: [] (No billing code selected)
 Hosp. Service: []
 Smoking: --Please Select-- SNOMED CT: Smoking from: [] Smoking to: []
 Race: Declined to specify
 Ethnic group: --Please Select-- Declined to specify
 Language: [] Declined to specify
 Date of death: [] Cause of death: []

Alternate: Alternate Visit: 10021
 Alternate MRN: 10021

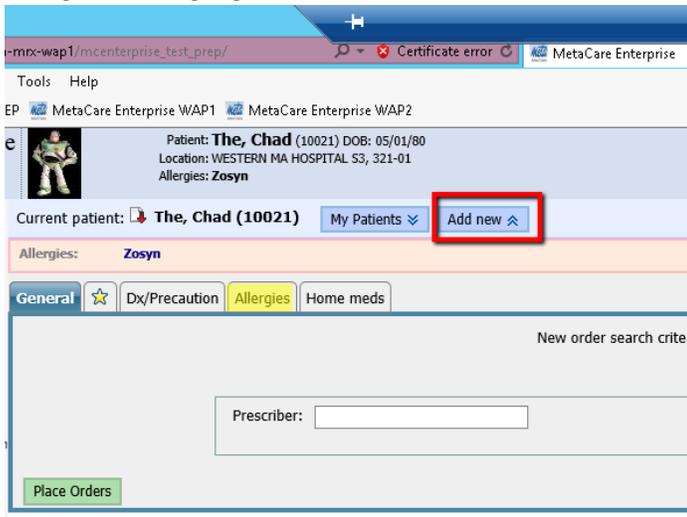
Practitioners: Add Remove
 No data to display in this grid
 Practitioner: [] (No practitioner selected)
 Type: [] (No practitioner type selected)
 Current Patient

4. Save

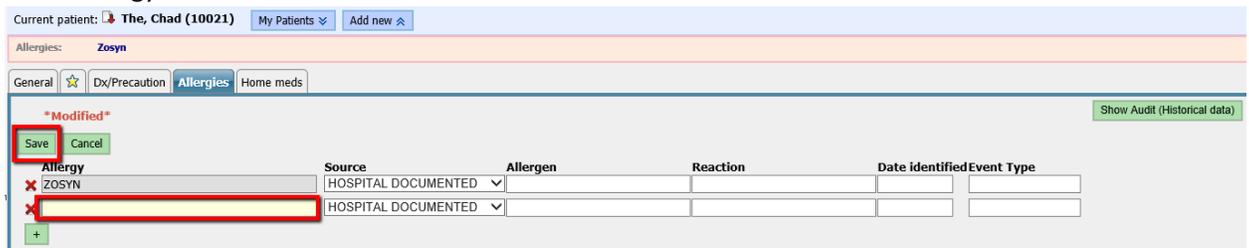
Order Entry

Allergies

1. CPOE
2. Order Entry
3. Select Patient
4. Add New in Red Box
5. Allergies Tab Highlighted Yellow



6. Click on (+) sign to Add
7. Enter Allergy in Red Box



8. Save

Delete Allergy

1. Click on the Red (X) next to the allergy to remove
2. A reason will be required to save the removal

Home Meds

Placing Medication Orders

1. CPOE
2. Order Entry
3. Select Patient
4. Add New
5. Type the Name of the Medication

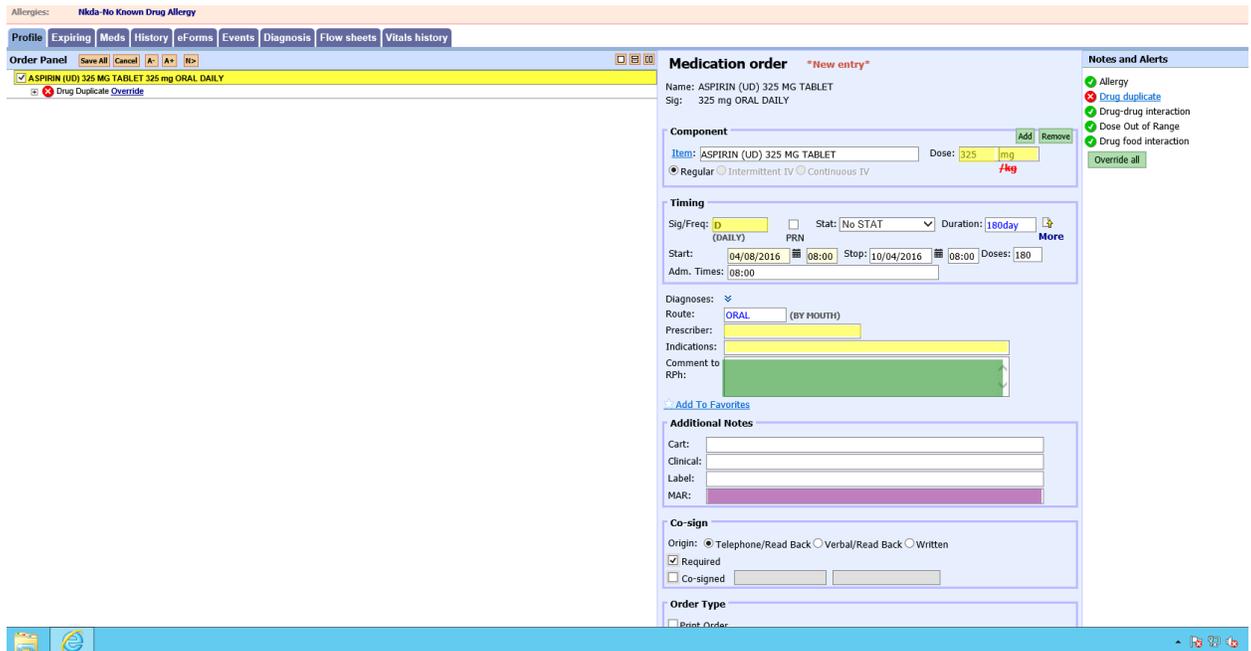
The screenshot shows the EHR interface for patient Ghost, Casper Friendly (DOB: 11/11/11). The patient's allergies are listed as Colace. The 'Home meds' tab is selected in the navigation bar. The 'New order search criteria' field is empty and highlighted with a red box. To the right of this field is a 'Search' button, also highlighted with a red box. Below the search field are three columns of checkboxes for various medical orders: Common Diets, Common admission orders, and Usability Orders. The 'Search' button is highlighted with a red box.

6. Click Search
7. Click on the Box next to the Medication to Order, Red DM indicates that the medication is located in the pyxis machine where the patient is located.

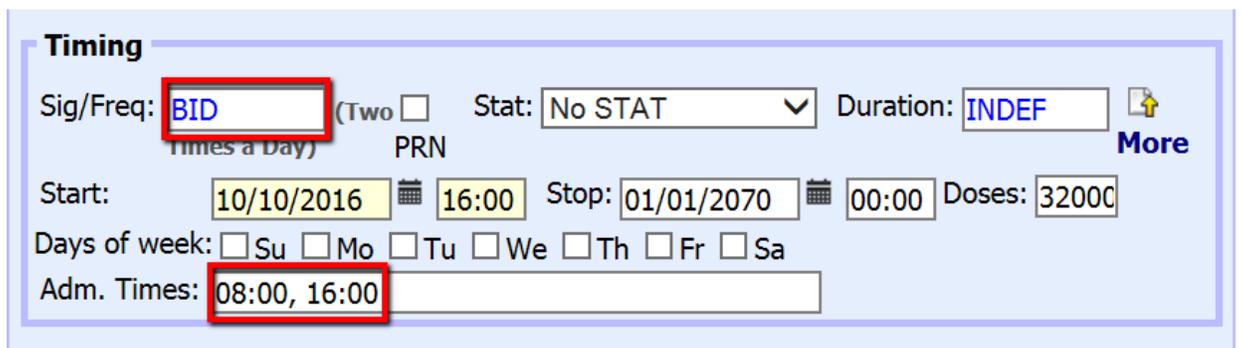
The screenshot shows the EHR interface for patient apple, red (WM00202197). The patient's allergies are listed as Nkda-No Known Drug Allergy. The 'Home meds' tab is selected. The 'New order search criteria' field contains the text 'aspirin'. The 'Search' button is highlighted with a green box. Below the search field, there are fields for 'Prescriber' and 'Origin' (with radio buttons for Telephone/Read Back, Verbal/Read Back, and Written). The 'Medication results' section shows three items: ASPIRATION PRECAUTIONS, ASPIRIN (UD) 325 MG TABLET DM, and ASPIRIN (UD) 81 MG TAB CHEW DM. The 'ASPIRIN (UD) 325 MG TABLET DM' item has a red 'DM' indicator and a green checkmark.

8. Click Place Order

- Order Panel: Yellow highlighted fields are required.
 Green Highlighted area is comment to RPh this is note is only seen by Pharmacy.
 Purple Highlighted area is MAR note this is seen by any administering the medication.
 *Sig/Freq if you select the spacebar while in the Box Field a list of sigs will populate to choose from. These are the sigs/freq created by pharmacy.



- Manipulating Administration times: Depending on the Sig/Freq the system will auto display standard Administration times based on your facility configurations.



Example: BID for this facility means (0800 and 1600) this is the standard administration time for BID. However, I can manipulate the adm. Times box by changing the time to 0900 and 1500.

Timing

Sig/Freq: **BID** (Twice a Day) PRN Stat: No STAT Duration: INDEF [More](#)

Start: 10/10/2016 21:00 Stop: 01/01/2070 00:00 Doses: 32000

Days of week: Su Mo Tu We Th Fr Sa

Adm. Times: **0900, 1500**

11. Define Days of the week: End user can choose the days of the week this med will be given.

Timing

Sig/Freq: **DAILY** (DAILY) PRN Stat: No STAT Duration: INDEF [More](#)

Start: 10/10/2016 08:00 Stop: 01/01/2070 00:00 Doses: 32000

Days of week: Su Mo Tu We Th Fr Sa

Adm. Times: 08:00

12. Clinical Checking Alerts

Green Check marks: don't need to be addressed as there are no conflicts

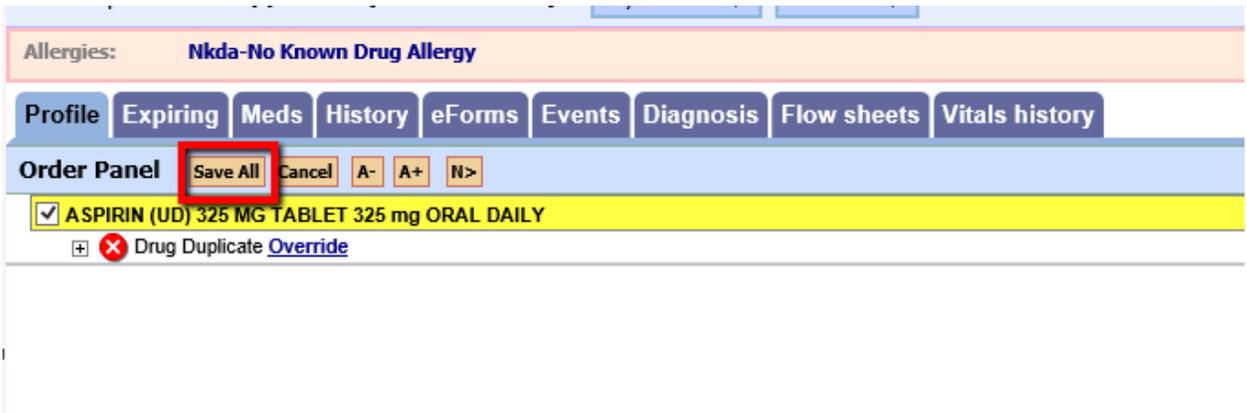
Red X: require an override to address the conflict. The red X will turn Yellow when they've been addressed.

Notes and Alerts

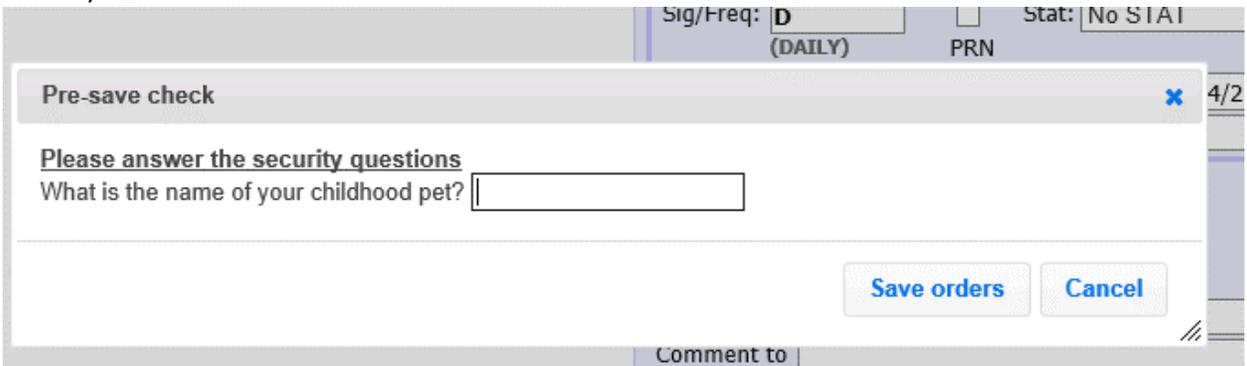
- Allergy
- Drug duplicate**
- Drug-drug interaction
- Dose Out of Range
- Drug food interaction

[Override all](#)

13. Save All



14. Security Question



15. Save Orders

Order then gets sent to Pharmacy to Verify Order

Replace Order: Function to make any necessary changes to an existing order (Dose, Sig/Freq, Notes etc)

1. CPOE
2. Order Entry
3. Select Patient
4. Select box next to Medication to Replace
5. Select Replace

Allergies: **Nkda-No Known Drug Allergy**

Profile Expiring Meds History eForms Events Diagnosis Flow sheets Vitals history

CPOE - Patient profile

Med Non-med eForms Events Follow-ups Discontinue Hold Reactivate Renew Replace Refresh

Sel	Type/Status	Ord#	Ext#	Name / Frequency	Notes	Start/Stop	Ordered
<input checked="" type="checkbox"/>	PHA Active	0005		AMOXICILLIN (UD) 500 MG CAPSULE 500 mg ORAL TWICE A DAY test		04/07/2016 20:00 04/14/2016 08:00	04/07/2016 12:17 Physician, Chad
<input type="checkbox"/>	PHA Active	0002		metFORMIN HCL 500 MG TABLET 500 mg ORAL TWICE A DAY test		04/06/2016 20:00 10/03/2016 08:00	04/06/2016 10:37 Physician, Chad
<input type="checkbox"/>	PHA Unverified	0003		LEVEMIR 100 UNITS/ML VIAL 2 Unit SUB-Q AT BEDTIME test		04/06/2016 21:00 10/02/2016 21:00	04/06/2016 10:37 Physician, Chad
<input type="checkbox"/>	PHA Active	0004		LISINOPRIL (UD) 40 MG TABLET 40 mg ORAL DAILY hypertension		04/07/2016 08:00 10/03/2016 08:00	04/06/2016 10:37 Physician, Chad
<input type="checkbox"/>	PHA Active	0001		ASPIRIN 325 MG TABLET 325 mg ORAL DAILY test		04/07/2016 08:00 10/03/2016 08:00	04/06/2016 10:36 Physician, Chad

6. Order Panel: Make changes (Dose, Freq/Sig, MAR Note, etc)
7. Save All
8. Security Question
9. Save Order

Renew Order

1. CPOE
2. Order Entry
3. Select Patient
4. Select box next to Medication to Replace
5. Select Renew

Med	Type/Status	Ord#	Ext#	Name / Frequency	Notes	Start/Stop	Ordered
<input checked="" type="checkbox"/>	PHA Active	0005		AMOXICILLIN (UD) 500 MG CAPSULE 500 mg ORAL TWICE A DAY test		04/07/2016 20:00 04/14/2016 08:00	04/07/2016 12:17 Physician, Chad
<input type="checkbox"/>	PHA Active	0002		metFORMIN HCL 500 MG TABLET 500 mg ORAL TWICE A DAY test		04/06/2016 20:00 10/03/2016 08:00	04/06/2016 10:37 Physician, Chad
<input type="checkbox"/>	PHA Unverified	0003		LEVEMIR 100 UNITS/ML VIAL 2 Unit SUB-Q AT BEDTIME test		04/06/2016 21:00 10/02/2016 21:00	04/06/2016 10:37 Physician, Chad
<input type="checkbox"/>	PHA Active	0004		LISINAPRIL (UD) 40 MG TABLET 40 mg ORAL DAILY hypertension		04/07/2016 08:00 10/03/2016 08:00	04/06/2016 10:37 Physician, Chad
<input type="checkbox"/>	PHA Active	0001		ASPIRIN 325 MG TABLET 325 mg ORAL DAILY test		04/07/2016 08:00 10/03/2016 08:00	04/06/2016 10:36 Physician, Chad

6. Add Days: Yellow Highlighted Box adds days to the existing order’s stop date
 N+ ___ will add today’s date plus the days indicated to the order
 T+ ___ Will add Tomorrow’s date plus the days indicated to the order

New Stop Date: Blue Highlighted box- Choose the new Stop Date

Renew order

Add days:

New stop: 08:00

Prescriber:

Reason:

Note:

Co-sign

Origin: Telephone/Read Back Verbal/Read Back Written

Required

7. Click Renew to Save: FYI Renew only changes the Stop Date of the order.

Discontinue Order

1. CPOE
2. Order Entry
3. Check the box next to the Medication or Medications to D/C

CPOE - Patient profile Search

Med Non-med eForms Events Follow-ups Discontinue Hold Reactivate Renew Replace Refresh

Sel	Type/Status	Ord#	Ext#	Name / Frequency	Notes	Start/Stop	Ordered
<input type="checkbox"/>	PH2 Unverfied	0013		KETOCONAZOLE 2% CREAM 1 APP TOPICAL DAILY itch		04/06/2016 08:00 10/02/2016 08:00	04/05/2016 12:41 Physician, Chad
<input checked="" type="checkbox"/>	PH2 Active	0001		INSULIN REGULAR (NOVOLIN R) 100/ML VIAL (U-51) Unit, SC, THREE TIMES DAILY BEFORE MEALS		04/05/2016 11:30 10/02/2016 07:30	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active	0002		ACETAMINOPHEN (UD) 325 MG TABLET 650 mg ORAL PRN EVERY 4 HOURS Breakthrough pain 6-10		04/05/2016 10:00 10/02/2016 06:00	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active DisSign	0003		LISINAPRIL (UD) 20 MG TABLET 20 mg ORAL DAILY hypertension		04/06/2016 08:00 10/02/2016 08:00	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active	0004		TRIAMCINOLONE ACETONIDE 0.1 % CREAM (G) 1 APP TOPICAL TWICE A DAY eczema		04/05/2016 20:00 10/02/2016 08:00	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active DisSign	0005		PIPERACILLIN/TAZOBACTAM 3.375 G ADDV 3.375 g DEXTRROSE 5 % IN WATER (A/V) IV SOLN 50 ml 3.375 g, 50 ml IV EVERY 8 HOURS Pneumonia		04/05/2016 13:00 10/02/2016 05:00	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active DisSign	0006		IPRATROPIUM/ALBUTEROL SULFATE (UD) 0.5-3MG/3ML AMPUL-NEB 1 NEB INHALATION EVERY 8 HOURS bronchitis		04/05/2016 13:00 10/02/2016 05:00	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active DisSign	0007		LEVALBUTEROL HFA 45 MCG INHALER 2 Puff INHALATION PRN EVERY 4 HOURS SOB		04/05/2016 10:00 10/02/2016 06:00	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active DisSign	0008		ACETYLCYSTEINE 20% VIAL 4 ml (ML) EVERY 8 HOURS bronchitis		04/05/2016 13:00 10/02/2016 09:00	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active DisSign	0009		FORMETASONE/FORMOTEROL (DUHLERA) 100-5 MCG HFA AER AD 2 Puff INHALATION TWICE A DAY asthma		04/05/2016 20:00 10/02/2016 08:00	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active DisSign	0010		ACLDININUM BROM 400 MCG INHALER (30 DOSE) 1 Puff INHALATION TWICE A DAY COPD		04/05/2016 20:00 10/02/2016 08:00	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active DisSign	0011		CICLESONIDE 80 MCG HFA AER AD 2 Puff INHALATION TWICE A DAY asthma		04/05/2016 20:00 10/02/2016 08:00	04/05/2016 09:57 Physician, Chad
<input type="checkbox"/>	PH2 Active DisSign	0012		ACETAMINOPHEN (UD) 325 MG TABLET 325 mg ORAL DAILY lower back pain		04/06/2016 08:00 10/02/2016 08:00	04/05/2016 09:57 Physician, Chad

4. Click Discontinue
5. In the next screen you may enter a note as to why you are Discontinuing the medication, however this is not required.
6. Click Discontinue: This will discontinue the medication from today's date and time after Pharmacy verifies the Discontinue.

Transfer of Care Reconciliation

1. CPOE
2. Transfer of Care Reconciliation
3. Select Patient
4. Begin/Lock Profile

5. Action: Select one of the following items
 Continue: keeps the order exactly how it's written, no changes will be made
 Replace: Make's changes to the existing order (Dose, Notes, Sig etc.)
 Stop: Discontinues the order
6. Select continue
7. If all meds were Stopped or Continued Select Save order
8. If a replace was selected for one or more medications, select continue to Order Panel
9. Make necessary changes within the Order Form
10. Save all
11. Security Question
12. Save Orders

Discharge Medication List

1. CPOE
2. Discharge Medication List
3. Select Patient
4. Action:

Select Home: if the patient is continuing this med when they leave this facility

Select Stop: if the patient is not continuing this med when they leave this facility

PEM Box: Select to Print a Patient Education Monograph

Rx: Select to Print a Prescription

Discharge medication list

Save as draft Add new Add "not ordered" Continue >> Print Clear Draft Audit

Co-sign origin: Written Verbal/Read Back Telephone/Read Back
 Prescriber:

Please mark all orders.

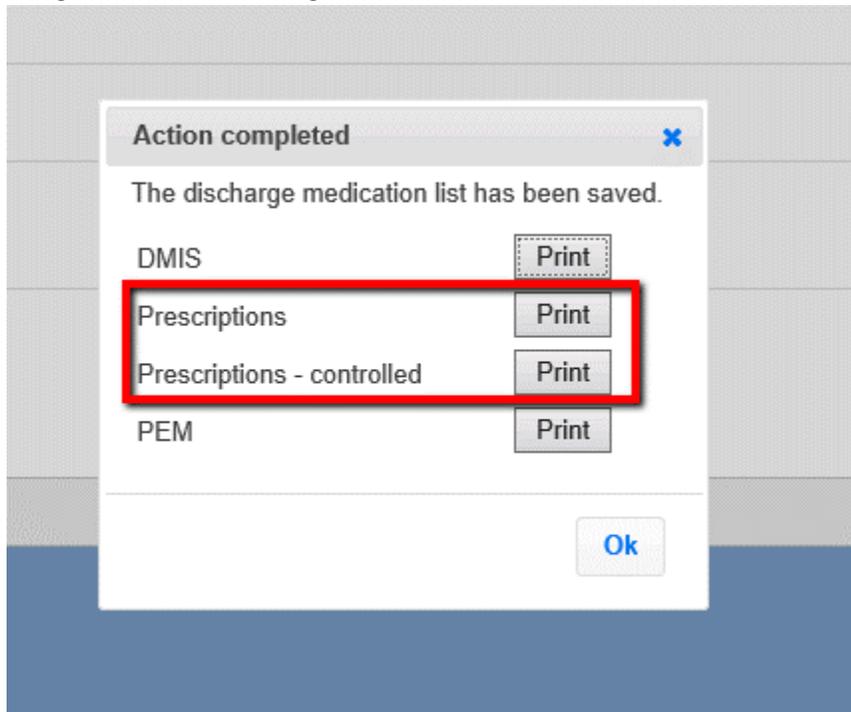
Patient Profile Medications

Action	PEM	Rx	Medication	Notes
<input type="radio"/> HOME <input type="radio"/> STOP Edit	<input type="checkbox"/>	<input type="checkbox"/>	AMOXICILLIN 500 MG CAPSULE 500 mg TWICE A DAY test	
<input type="radio"/> HOME <input type="radio"/> STOP Edit	<input type="checkbox"/>	<input type="checkbox"/>	LISINAPRIL 40 MG TABLET 40 mg DAILY hypertension	
<input type="radio"/> HOME <input type="radio"/> STOP Edit	<input type="checkbox"/>	<input type="checkbox"/>	Home medication ASPIRIN 325 MG TABLET 325 mg BY MOUTH DAILY	
<input type="radio"/> HOME <input type="radio"/> STOP Edit	<input type="checkbox"/>	<input type="checkbox"/>	ASPIRIN 325 MG TABLET 325 mg DAILY test	
<input type="radio"/> HOME <input type="radio"/> STOP Edit	<input type="checkbox"/>	<input type="checkbox"/>	Home medication LEVEMIR 100 UNITS/ML VIAL 2 Unit SUBCUTANEOUS AT BEDTIME	
<input type="radio"/> HOME <input type="radio"/> STOP Edit	<input type="checkbox"/>	<input type="checkbox"/>	SEROQUEL XR 400 MG TABLET 2 Unit AT BEDTIME test	**DO NOT CRUSH**
<input type="radio"/> HOME <input type="radio"/> STOP Edit	<input type="checkbox"/>	<input type="checkbox"/>	Home medication METFORMIN HCL 500 MG TABLET 500 mg BY MOUTH TWICE A DAY	
<input type="radio"/> HOME <input type="radio"/> STOP Edit	<input type="checkbox"/>	<input type="checkbox"/>	METFORMIN HCL 500 MG TABLET 500 mg TWICE A DAY test	**LASA**

Save as draft Add new Add "not ordered" Continue >> Print Clear Draft

5. Select Add now to add additional Meds that weren't administered within the facility but you want them to start when they leave.
6. Select Continue: when med list is complete
7. Override Clinical Checking Alerts if any fire
8. Save Discharge Medication List

- Prescriptions will be separated by Controlled and Non-Controlled. User can define the Printer designation after selecting Print.



DMIS: Prints the Discharge Medication List
Prescriptions: Prints Non-Controlled Meds
Prescriptions Controlled: Prints Controlled Meds
PEM: Prints the Patient Education Monographs

CPOE Audit

- Shows all actions/clicks within the Meta Application: Remember that everything you do within the system can be tracked

11.0 Ownership of Data and, Disaster Recovery and Business Continuity

Provide the locations of all data centers where the state's information would be housed per the requirements set forth in section 2.7.12.B.3.

ITelagan data centers are located at the following addresses;

4. 200 Webro Road, Parsippany, New Jersey
5. 9 Wing Drive, Cedar Knolls, New Jersey
6. 101-143 Stewart Avenue, Las Vegas, Nevada

Describe your process for transitioning data back to the client or another contractor at the end of a contract. Please identify what format types are available.

Post-Termination Transition

Upon termination of this HAS, ITelagen will take commercially reasonable steps to assist the ASH in the transition to another service provider. ITelagen will provide any assistance needed at ITelagen's standard hourly service rate of two hundred and fifty (250) dollars per hour. ITelagen agrees to cooperate with other vendors selected by the ASH in connection with such transition.

Effect of Termination

Immediately after termination of this HAS for any reason, ITelagen shall;

1. Return to the ASH all confidential information and, unless otherwise requested by the ASH, any of the ASH's equipment and any equipment and other property purchased by the ASH from third party providers.
2. ITelagen will not retain or permit any other person to retain any copy of confidential information in any form or medium. Upon termination and the ASH's fulfillment of financial obligations under this HSA, ITelagen will provide all ASH data via complete backup in an industry standard machine readable format.

Describe how the system can be backed up and how a system recovery would be accomplished.

Backup Methodology

ITelagen will perform incremental backups daily of the virtualized hosted servers and data storage ("backups") thereafter until the termination of this HAS. Backups are stored on disk within the ITelagen datacenter facility and mirrored offsite ("offsite backup"). ITelagen shall retain said archived data for a period not to exceed fourteen (14) days. ITelagen will proactively monitor the results of the backups in a commercially reasonable manner and take extensive efforts to fix any errors in the backup process identified via said alerts for an error-free backup is achieved within forty-eight (48) hours of any alert. However, ITelagen will not test retrieval from any backup unless requested to do so by the ASH. The ASH may provide a written schedule to test data restoration. In the event that ASH data is unprotected by the backups for more than twenty-four (24) hours, there shall be a penalty credit of \$100 per day for each day data is unprotected.

Disaster Recovery

In the event of the catastrophic failure or loss the ITelagen's datacenter facility, ITelagen will procure a different datacenter where ITelagen shall relocate the hosting services. ITelagen is solely responsible for providing replacement hardware at ITelagen's sole expense in the event of such a catastrophic failure, to the extent that existing hardware is no longer serviceable.

Describe the redundancy features that are available in your system.

See **backup methodology** for a description of ITelagen's redundancy features. To adhere to HIPAA rules and regulations, ITelagen mirrors offsite all of the data.

How is the disposal of records handled at the end of a contract with a client? How do you ensure that all information has been destroyed?

See **effect of termination**, ITelagen will fully delete any data that has been stored in our cloud and redundant back up once the client new system is up and running and the contract has been terminated.

12.0 Optional Services (Not Evaluated)

Describe your solution's ability to manage the cash receipts program referenced in the RFP Section 2.8.A. Include the features and functionality that are available.

<Response>

Describe your company's plan to convert the remaining historical billing and associated information into the new system per RFP Section 2.8.B.

<Response>

Describe your company's plan to migrate historical billing data and associated information onto State servers and provide a graphical user interface (GUI) for accessing the information per RFP Section 2.8.C.

<Response>

Template T-6

Requirement Plans

Response Template

RFP #: SP-18-0034

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<u>2.0</u>	<u>Communications and Issue Resolution Plan</u>
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<u>5.0</u>	<u>Disaster Recovery and Business Continuity Plan</u>

1.0 Implementation Plan

Instructions: Provide an Implementation Plan.

The Implementation Plan should demonstrate that the Prospective Contractor has a thorough understanding of all activities required to seamlessly implement the system. DHS-ASH wants the Prospective Contractor to provide a schedule with the shortest duration while providing enough time to perform activities required to successfully implement the system. Please refer to Section 2.7.5 of the RFP.

The Implementation Plan should show all key elements including details with responsibilities, timelines, durations, milestone dates, deliverables, and Prospective Contractor personnel hours by deliverables during the implementation. The Implementation Plan may be an attachment to the Prospective Contractor's Technical Proposal and tabbed as such in the submission as well as an electronic soft copy (Microsoft Project ® or equivalent and Adobe ® PDF) version in the Prospective Contractor's electronic submission of the Technical Proposal.

All content should be formatted for effective viewing.

Include or attach associated artifacts such as Gantt charts and flowcharts as appropriate.

Meta has provided an implementation plan.

2.0 Communications and Issue Resolution Plan

Instructions: Provide a Communications and Issue Resolution Plan.

The Communications and Issue Resolution Plan should demonstrate that the Prospective Contractor has a thorough understanding of all activities required to provide effective and efficient communication and resolution. Please refer to Section 2.7.8 of the RFP.

All content should be formatted for effective viewing.

Include or attach associated artifacts as appropriate.

Meta has provided a Communications and Issue Resolution Plan.



Metacare™
*Communication & Issue Resolution
Plan*



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1. Introduction

Communication is a major component of successful project delivery. Without effective communication, vital information may not be exchanged between the project team and Arkansas State Hospital (ASH) stakeholders. Lack of communication among project team members and ASH stakeholders may prohibit or delay the execution or completion of scheduled tasks. Success is enabled through the effective development and execution of a Communication & Issue resolution Plan.

Our Project Management team establishes a strong partnership with clients and delivers project management and technical expertise that ensures solutions are successfully implemented within an agreed-upon time schedule. A central theme of this methodology will be continuous bi-directional communication between our staff and the ASH staff to ensure that requirements are captured accurately to minimize rework and increase end user satisfaction.

The Communication & Issue Resolution Plan (CIRP) will establish a consistent method for communication planning and management by identifying project stakeholders and the information that is to be exchanged between the ASH Project Manager and the ASH Contract Monitor. The Project Manager will take a proactive role in ensuring effective communication through all areas of the project. We believe an ongoing exchange of communication and information is essential to a successful system implementation.

In addition, the CIRP documents the methods and activities needed to ensure timely and appropriate generation, collection, dissemination, storage, and ultimate disposition of project information among both organizations.

1.1. Use of Communication & Issue Resolution Plan

Within the framework of this RFP, the CIRP is a key deliverable of the Project Planning process. The CIRP is executed throughout the life of the project to facilitate communication among the project team and stakeholders and to contribute to the success of the project. The CIRP should be developed in coordination with and be accessible by all project team and stakeholder entities. All schedule, work plan activities, roles, and responsibilities required for execution of the CIRP should be integrated into the Project Plan. All information in the CIRP should be consistent with all plans that make up the whole of the Project Plan. For example, the CIRP identifies communication methods for the exchange of information required for status reporting and describes how status reports will be used to monitor and control the project.

1.2. Governance & Scope

Meta’s Project Manager(s) have the ultimate responsibility for ensuring the CIRP is developed in conjunction with and is successfully integrated into the entire Project Plan.

2. Project Stakeholders

The project stakeholder section lists and describes each project stakeholder and their information requirements. The description includes project roles, responsibilities, and contact information.

2.1 Project Stakeholders & Responsibilities

Project Stakeholder	Roles / Responsibilities
Arkansas State Hospital (ASH) Contact Monitor	<ul style="list-style-type: none">• Project Oversight• Communication of project goals, successes, and issues• Monitor the making of project related decisions concerning ASH resources, system design, and priorities• Serve as the focal point for all internal installation questions and concerns• Issue Resolution

Project Stakeholder	Roles / Responsibilities
<p>Nancy Brill, Director of Project Implementation, Meta</p> <p>Contact Information</p> <p>Phone: 516-488-6189</p> <p>Email: nbrill@metacaresolutions.com</p>	<ul style="list-style-type: none"> • Project Oversight on Meta EHR Related Project Activities • Monitor the making of project related decisions concerning Meta EHR resources, system design and priorities. • Coordinates communications regarding Meta EHR system • Communication of project goals, successes, and technical issues • Serves as focal point for all Meta internal installation questions and concerns • Issue Resolution
<p>Trevor Cavness; RN Implementation & Technical Analyst, Meta</p> <p>Contact Information</p> <p>Phone: 516-488-6189</p> <p>Email: tcavness@metacaresolutions.com</p>	<ul style="list-style-type: none"> • Provides on-site implementation services • Provides on-site system training • Provides post Go-Live on-site support services • Monitors Testing progression • Issue Log • Issue Resolution • CPOE Related Guidance • Pharmacy & eMAR Related Guidance (if purchased)
<p>Arnold Clemente, Implementation & Technical Analyst, Meta</p> <p>Contact Information</p> <p>Phone: 516-488-6189</p> <p>Email: aclemente@metacaresolutions.com</p>	<ul style="list-style-type: none"> • Provides on-site implementation services • Provides on-site system training • Provides post Go-Live on-site support services • Monitors Testing progression • Issue Log • Issue Resolution • CPOE Related Guidance • Pharmacy & eMAR Related Guidance (if purchased)

Project Stakeholder	Roles / Responsibilities
<p>Jon Walker, Director of Technical Services & Architecture, Meta</p> <p>Contact Information</p> <p>Phone: 516-488-6189</p> <p>Email: jwalker@metacaresolutions.com</p>	<ul style="list-style-type: none"> • CPOE, system installation • Pharmacy & eMAR system installation (if purchased) • Interface Setup and Assistance • Software upgrades
<p>Charles Sutelan, CEO & System Architect</p> <p>Contact Information</p> <p>Phone: 757-213-5970</p> <p>Email: csutelan@welligent.com</p>	<ul style="list-style-type: none"> • Co-Partner and Executive Sponsor • Overall governance of Technical Development and Interfaces • Oversees resources for database management, programming and system installation • Oversees Software upgrades
<p>Alexis Williams, Director of Project Implementation, Welligent, Inc</p> <p>Contact Information</p> <p>Phone: 757-213-5979</p> <p>Email: awilliams@welligent.com</p>	<ul style="list-style-type: none"> • Overall Project Governance on Welligent EHR Related Project Activities • Monitor the making of project related decisions concerning Welligent EHR resources, system design and priorities.

Project Stakeholder	Roles / Responsibilities
<p>Lori Real; Project Manager</p> <p>Contact Information</p> <p>Phone: 757-213-5960</p> <p>Email: lreal@welligent.com</p>	<ul style="list-style-type: none"> • Coordinates communications regarding Welligent EHR system • Communication of project goals, successes, and technical issues • Serves as focal point for all Welligent internal installation questions and concerns • Issue Resolution • Provides on-site implementation services • Provides on-site system training • Provides post Go-Live on-site support services • Monitors Testing progression • Issue Log
<p>Rick Hasson, Development Manager & Technical Lead, Welligent</p> <p>Contact Information</p> <p>Phone: 757-213-5960</p> <p>Email: rhasson@welligent.com</p>	<ul style="list-style-type: none"> • Provides remote development services • Provides on-site system training • Monitors Testing progression on technical development

3. Information Collection, Reporting, & Distribution

This section specifies the communication methods for collecting, reporting, and distributing essential information shared between Meta and the ASH. Essential information includes documents such as project status reports and issue tracking reports.

3.1 Prior to Implementation

Prior to project implementation, Meta implementation and project management staff will visit the ASH to meet key stakeholders such as the Contract Monitor. The kickoff meeting will be a face-to-face meeting at the beginning of the project. Its major objectives are to introduce the project

team, review project goals and methodology, assess the business objectives of the ASH and proactively define any previously unforeseen technical gaps. An agenda for this meeting will be provided before the meeting, and minutes with action items will be disseminated to all parties.

Moreover, a full list of the names, roles and contact information of the entire extended project will be sent to all participants. To ensure a smooth implementation process with as few technical issues as possible, technical design meetings will be held by the Meta technical staff as needed to discuss any technical design solutions for the project.

3.2 During & Post Implementation

During implementation of MetaCare EHR all communication regarding technical or issue resolution will be exchanged between the ASH Contract Monitor and Meta's Project Manager, Nancy Brill. Both organizational leaders will work together to create weekly project status reports that outline any technical issues and specific instructions on how to address such technical issues. Once addressed, project status reports will be disseminated to all necessary and essential stakeholders in both organizations.

Post implementation, any issues or needs of the facility can be directed to the ASH's client manager which will be quickly communicated to our Service Support and Quality Assurance teams. Before, during, and after go-live, Meta provides hardware and software support on a 24-hour basis, 7 days a week, 365 days a year by email and by phone. During normal business hours, from 8:30 am - 5:30 pm EST Monday through Friday, the ASH system coordinator or his/her designated backup can either email or call their assigned client manager or the Meta office in New York to report any problems.

In the unlikely event a client manager is unavailable; a competent professional will be immediately located to deal with the particular issue. Technical and service support will be provided by knowledgeable technical professionals to resolve or answer any technical or information technology issues. Moreover, product and service support personnel are also available to support questions regarding specific use of the system.

Arkansas is in the Central Time Zone, 1 hour behind the Meta headquarters in New York. Meta's standard hours of operation are from 8:30am to 5:30 pm (7:30 to 4:30 CST), Monday through Friday. However, Meta will insure that key assigned personnel for this project will be available during normal business hours in your time zone during the life of this project. Please review "Section 7.0 Ongoing System Maintenance and Updates" for more information regarding Meta's support services during and post implementation.

3.0 Information Security Plan

Instructions: Provide an Information Security Plan.

The Information Security Plan should demonstrate that the Prospective Contractor has a thorough understanding of all activities required. Please refer to Section 2.7.10 of the RFP.

All content should be formatted for effective viewing.

Include or attach associated artifacts as appropriate.

Meta has provided a brief Information Security Plan below. If awarded the contract Meta will provide, within thirty (30) days after Contract Award, a full Information Security Plan for review and approval by the Contract Monitor. Furthermore, any requested changes to the Information Security Plan by the Contract Monitor will be completed and resubmitted within five (5) business days of such requests.



Metacare™
Information Security Plan



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Executive Summary

Introduction

The purpose of this Information Security Plan (ISP) is to provide an overview of information system security requirements and describe the controls in place or planned to meet those requirements. Meta will work with the Arkansas State Hospital (ASH) to ensure our EHR system not only meets, but exceeds, all security requirements and policies set forth by the ASH and state of Arkansas. The ISP also delineates responsibilities and expected behavior of all individuals who access the information system and should be viewed as documentation of the structured process for planning adequate, cost-effective security protection for a major application or general support system. It should reflect input from various managers with responsibilities concerning the information system, including information owner(s), system owner(s), system operator(s), and the information security manager. Additional information may be included in the basic plan, and the structure and format organized according to requirements.

This document details the degree to which MetaCare EHR conforms to recommended security controls and the manner in which those controls are implemented.

Intended Audience

This document is designed to be used by those parties responsible for managing and/or creating the ISP for an individual general support system or major application. System owners are organizationally responsible for conducting these activities; however, guidance and implementation assistance is frequently provided at an organizational level. Guidance to complete the ISP, as well as support for the activities associated with, is provided by the Security Policy and Compliance Section.

MetaCare EHR ISP Summary

Meta's EHR (MCEnterprise) is currently categorized as operational and is a fully certified Electronic Health Record system. MCEnterprise supports SQL Server, Internet Explorer, Intel based Windows computers and supported tablets. MCEnterprise will interface with external systems using industry standard interfaces, such as HL7, DICOM and others along with most legacy flat file formats.

1 System Security Plan

The following sub-sections discuss the process used for MCEnterprise system security planning.

1.1 Information System Description & Responsible Organization

Table 1 provides general information on the MCEnterprise.

Table 1. General System Information

System Name:	MCEnterprise
Operational Status:	Operational
System Type:	EHR

1.1.1 System Categorization

The results of the system categorization exercise detailed in this section are summarized below in Table 2. The system processes data types that qualify as moderate impact, and as such, the aggregation factor that addresses the combination of these data types within a single system retains the already set high water mark. In the case of MCEnterprise, the aggregation effect holds the system categorization at a moderate impact level.

Table 2. System Impact Levels

	Confidentiality	Integrity	Availability
Cumulative Impact Level	Moderate	Moderate	Moderate
FIPS 199 Categorization	Moderate		

1.1.2 System Personnel Contacts

System personnel contacts include contact information for the system owner, authorizing official, other designated contacts, and the division security officer.

System Owner

Name:	Sal Barcia	Address:	401 Franklin Ave, Suite 106
Title:	CEO	Phone Number:	516-488-6189
Agency:	Meta Healthcare IT Systems	E-mail Address:	sbarcia@metacaresolutions.com

1.1.3 General System Description

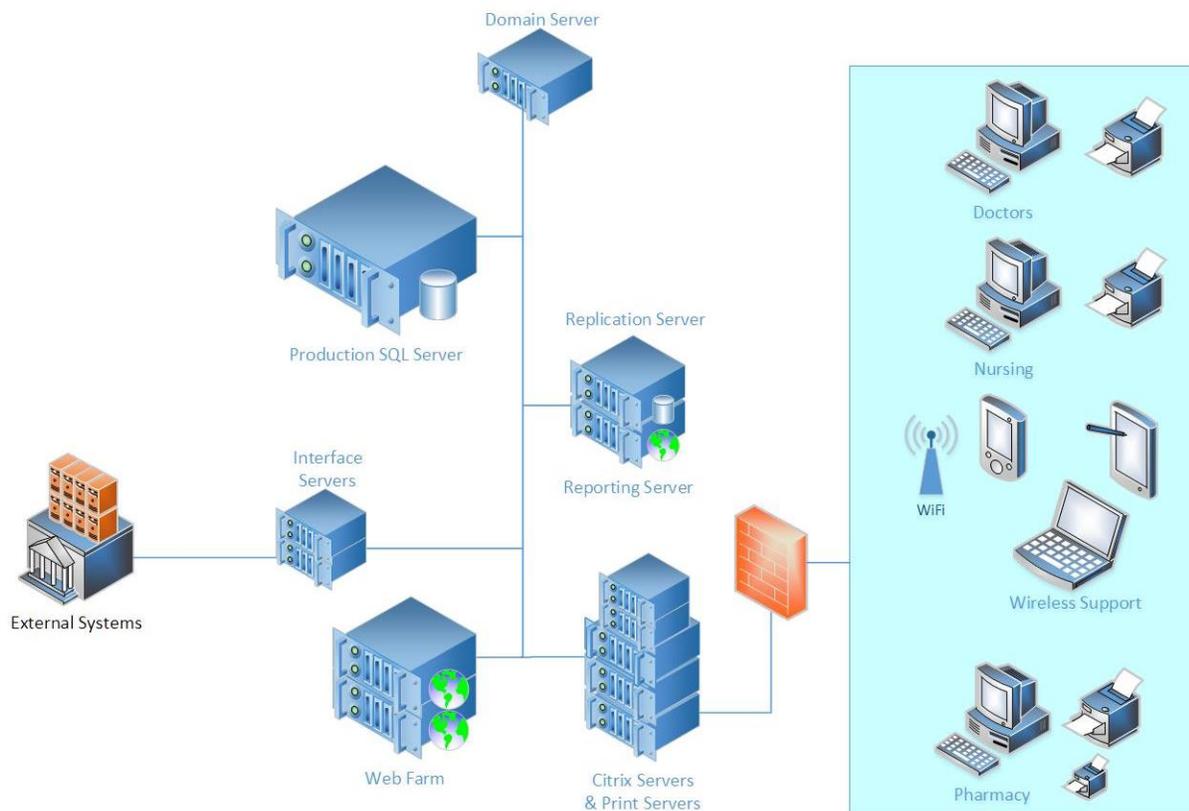
The MCEnterprise Web Based EHR. The following table illustrates the categories and devices supported by MCEnterprise:

Table 3. MCENTERPRISE Categories and Devices

Category	Description
Software	Microsoft based components including SQL Server and .NET framework
Hardware	Intel based servers running the Microsoft Windows operating system
Supporting Devices	Devices that support Web and RDP communications

1.1.4 System Technical Environment

The system technical environment includes, at the level depicted in the diagram, a primary SQL Server, replication SQL Server, Report Server, Interface Servers, Application Servers and Print Controllers.



1.1.5 MetaCare EHR Hardware

MCEnterprise is a Windows based system that uses SQL Server for the back end data services and a .NET Framework set of web applications for the front end User Interface and the business logic middle layer. Print Controllers provide a means to direct output to any location that fall within the business rules of the organization and compliance with appropriate regulations. Separate interface applications provide a means for communicating with authorized outside systems for interchanging data via HL7 and other methodologies. The system can be scaled to handle a very small hospital to systems supporting any hundreds of users; technically, the system has no upper limit to the number of users that it will support.

1.1.6 MetaCare EHR Devices

MCEnterprise is hardware agnostic as it will run on virtually any Windows based system including both physical and virtual machines. Optional barcode readers can be used to speed up data entry and to confirm activities. Label and report printers provide the means to create paper records as needed.

1.1.7 System Interconnection & Information Sharing

The Meta MCEnterprise system supports communications through HL7, custom flat file exchanges, XML and other forms of electronic interchange. Metacare Enterprise meets all encryption requirements for Stage 2 of meaningful use. This includes proper encryption of health information exchanges using a secure hashing algorithm, meeting NIST designated Federal Information Processing Standards FIPS-140. No protected patient health information is stored on end-user devices, ensuring all PHI is stored on the facility's secured database servers or in a hosted cloud environment. Furthermore, the application time is synchronized using NTP, ensuring all timestamps are recorded properly.

1.1.8 HIPAA Security Requirements

Metacare Enterprise has numerous security measures to ensure the safety and security of protected patient health information, including data encryption, strict but flexible password management requirements, configurable user roles to prevent access, support for positive identification including biometrics, non-repudiation features, and automatic logout of user sessions, all of which support HIPAA guidelines. Meta also currently meets all Federal, CMS, and Joint Commission security requirements. If any additional security modifications are required to meet the Arkansas personal Information Protection Act guidelines, Meta will happily work with the ASH to ensure all requirements are fulfilled.

2 System Security Controls

2.1 Document Transmission Security

MCEnterprise supports secured communications via encrypted communications, such as VPN or, where appropriate, HTTPS communications. Further, file transmissions can be automatically encrypted to protect delivered content from unauthorized access to sensitive information.

2.2 Security & Privacy Breach Process

When a breach, defined as an impermissible use or disclosure of protected information, is detected, immediate notification is made to appropriate parties. Meta's technical support team will convene in order to determine the cause, potential effect, and any method(s) of preventing such a breach in the future. All findings will be submitted in a PDF form to the appropriate entities. All security and privacy breaches will be reported to the Contract Monitor in writing and by telephone within one business hour of discovery.

2.3 Criminal Background Checks

If deemed necessary by the ASH, Meta will conduct and provide to the State and DHS Federal criminal background checks including fingerprinting, for each individual performing services on site at the State facility. Although all key member personnel selected to assist in implementation and Go-Live support have never been convicted of a felony or any criminal offense, we understand the DHS shall have the right to refuse to allow any individual employee to work on State premises. Furthermore, all implementation and Go-Live support team members will comply with all DHS and State jurisdiction security procedures including being searched, fingerprinted, photographed, and required to wear an identification card issued by the DHS.

4.0 Training Plan

Instructions: Provide a Training Plan.

The Training Plan should demonstrate that the Prospective Contractor has a thorough understanding of all activities required to effectively train staff on how to use the system. Please refer to Section 2.7.11 of the RFP.

The Training Plan should show all key elements including details with responsibilities, timelines, durations, milestone dates, deliverables, and personnel hours by deliverables during the implementation.

All content should be formatted for effective viewing.

Include or attach associated artifacts as appropriate.

Meta has provided a training plan for the implementation of Metacare CPOE™. Additional training plans will be provided if the ASH decides to purchase MetaCare Enterprise Rx™ and MetaCare eMAR™



Metacare™
CPOE Training Plan



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1. Training Approach

Meta utilizes a Train-the-trainer approach. We believe that effective learning is one of the cornerstones of successful software solution implementations and therefore focus significant effort on training throughout our implementation process. This training occurs not only in the formal training sessions described in our implementation plan, but also in an organizational philosophy that focuses on continuous education for system configuration and usage throughout the implementation process.

The methodology utilized by Meta for our formal training sessions is based on principles of adult learning with a focus on continual review during all steps of planning, organizing, and conducting a training session. The training leverages a variety of effective training methodologies, including demonstration, practice, discussion and role play. All training sessions follow a similar design which has been found to be effective with adult learners of all skill levels. Each course will include the following primary components.

- Course Introduction
- A description of What you will be taught
- Why it is important to know
- A description of the training methodology and materials
- Knowledge-based Learning Sessions
- Skills-based Learning Sessions
- Awareness Generating Sessions

Most of the training is typically done on-site, in a classroom setting. Instruction, provided by an enthusiastic and energetic trainer who is well-versed in the system, utilizes both lecture and discussion, with much trainee participation. Each student is sitting at a computer with an individual login to a test system so that they may actively participate during the classes.

Meta will provide System Definition training and System Usage training to the project team for the proposed solutions. The goals of these training sessions are described below. In addition, Meta will provide technical training for the IT staff, and provide strong guidance for the in-house instructors to develop a curriculum for their end-user training.

At the end of each training session, the trainer will evaluate the training session based on the participants' engagement and level of understanding of the coursework. Meta will work with the project team to determine if more training is necessary, and what the agenda/topics to be covered would be for retraining sessions.

It is the client's responsibility to provide the appropriate training room/environment for all training sessions and to ensure that the class participants are provided with dedicated time to fully attend the training sessions.

2. System Definition Training: 2.5 Days

This first training will cover basic flags and settings in the software, including hospital wide settings regarding clinical and security settings, nursing station set-ups and billing/adjudication preferences. This interactive training will allow the administrators to set the exact configurations that will make the Meta system become the customized solution that the client requires. This training will also teach the participants how to build the data tables on which the system stands, including the item file, frequencies and user/security settings.

Target Audience:

The target audience is a core team of administrators and clinical personnel who have a broad knowledge of the current practices and procedures of the facility, and who will build*, maintain, troubleshoot and support the application. (*If the client elects for Meta to build the support files, this core team will gather the information and provide guidance for any questions that arise during the file build phase.)

Resources Required:

Conference/meeting room with:

- Computer for each class participant with connectivity to servers running the solution
- Overhead LCD projector and screen: The projector must be available to connect to the Trainer's laptop so that the screen contents are viewable to all trainees.
- Internet Connection
- Telephone

Prerequisites:

- Fully executed contract between Client and MetaCare CPOE solution
- Hardware installation completed by Client
- Server installed and functional (network, database, OS, disk configuration)
- Remote access defined and functional
- Full access from a workstation to SQL Enterprise Manager
- MetaCare CPOE base system Installed

Class Topics include:

- System Login and Exit
- On Line User Help
- System Navigation
- Security
- Preference Settings

- Priority Tables such as facilities, frequencies, item file, inventory, mnemonics, practitioners, users
- Other tables such as order sets, insurance, reason codes
- Billing
- Clinical considerations
- Overview of Order Entry

Client Responsibilities:

- Training room setup
- Ensure that class participants provide dedicated time for the training sessions.

3. System Usage Training: 2.5 Days

The second training will take place when file build is complete (or near-complete). The goal of the System Usage training is to establish an understanding of the relationship between the data and the behavior of key application components. Participants learn how to use the CPOE system, covering all aspects of the day-to-day procedures including order entry, clinical responses, and reports.

Target Audience:

The target audience is the core team from the first training, plus a select group of end users who will ultimately be the “Super Users.” In addition, it should include the client’s in-house instructors who will be responsible for providing end user training.

Resources Required:

Conference/meeting room with:

- Computer for each class participant with connectivity to servers running the solution
- Overhead LCD projector and screen: The projector must be available to connect to the Trainer’s laptop so that the screen contents are viewable to all trainees.
- Internet Connection
- Telephone

Prerequisites:

- All hardware is in place and operational
- Preliminary Information Systems policies and procedures are in place
- The definition of each system table must be at least 70% completed
- Super Users have been identified

Class Topics include:

- System navigation
- Online Help
- Patient-specific functions, such as ADT and account query
- Order Entry of Regular orders, intermittent IVs and Continuous Parenterals
- Clinical warnings and responses
- Order Verification
- Reports

Client Responsibilities:

- Training room setup
- Ensure that class participants provide dedicated time for the training session
- In-house instructors to provide dedicated time to prepare for End User training

4. Technical Training: 1 Day

Meta will work with the client's project team to determine the specific training needs and goals for training the technical staff. They will assess the roles of the technical staff in the organization, and tailor a specific training plan based on this assessment. When Technical Training is completed, the technical staff will have a basic understanding of the operations of the system and its interfaces, and feel confident in their ability to support it on a daily basis and to troubleshoot basic problems.

Target Audience:

The target audience is members of the IT staff who are charged with support of the MetaCare CPOE.

Resources Required:

Conference/meeting room with:

- Computer for each class participant with connectivity to servers running the solution
- Overhead LCD projector and screen: The projector must be available to connect to the Trainer's laptop so that the screen contents are viewable to all trainees.
- Internet Connection
- Telephone

Prerequisites:

- Hardware installation completed by Client
- Server installed and functional (network, database, OS, disk configuration)

- Remote access defined and functional
- All interfaces installed and completed

Class Topics include:

- Help desk support issues
- System Basics and Backups
- System Troubleshooting
- Crash Recovery

Client Responsibilities:

- Training room setup
- Ensure that class participants provide dedicated time for the training session

5. End User Training: 1 Day

Meta will work with members of the client's project team to determine the specific needs and goals for End User training and provide Meta's standard training materials to the client's instructors to use as a basis for the creation of site specific materials. A site-specific training plan will be developed, typically consisting of abbreviated versions of the System Usage Training for CPOE, as appropriate. When End User Training is completed, participants should have a complete understanding of the features and functions of the application module they were trained in, and feel confident in their ability to use it in their daily operations at their facility.

Target Audience:

The target audience is all intended users of MetaCare CPOE.

Prerequisites:

- Signoff of the completed solution
- "Just in time" training would ideally dictate that a go-live date has been set near the time of training

Training Duration and Agenda:

Meta suggests 4-6 hour training sessions, split into 2 or 3 sections (depending upon site preference):

- **Classroom Session (2.0 Hours):**
The Trainer will give a “visual walkthrough” of the application, which typically consists of the following:
 - A verbal introduction to the application, highlighting the features and functions important for the end user to know.
 - A demonstration of the processes specific to the user’s roles, showing possible alerts and warnings that the user may expect to encounter during order entry and/or verification
 - Review of client-designated policies and procedures, including what to do and who to contact in case of problems.
- **Hands-On Practice (2.0 Hours):**
Ideally, each end user is assigned their own PC in which a simulation of the user’s typical roles will be done. Each user is provided with a User Login and password, a test patient and a set of orders to be entered/verified.
- **Competency Exam (Optional) and Training Evaluation (0.5 – 2.0 Hours):**
Based on client preference, a client may require that a User pass a basic competency test in order to be certified to use the application. This may consist of a written exam, Trainer-evaluated simulations, or both. The duration of this portion of training depends upon the number of Trainers available for individual hands-on testing, if applicable.

Training Materials

Meta has a wide variety of training materials that will be utilized during the implementation. Training participants are provided with an outline curriculum for each course, as well as with a more detailed workbook in which to follow the lessons and take notes. The trainer will have a full test system available for visual demonstration of system behaviors. Each participant will be sitting at a computer to be able practice what they are learning.

Basic documents:

- Computerized Prescriber Order Entry File Build Training Manual - allows Business Unit Administrators to gain an understanding of System Login, basic system navigation, system security, Online Help, preference settings and maintenance files.
- Computerized Prescriber Order Entry Training Manual – allows system testers and end-users to gain an understanding of system navigation, Online Help, prescriber function, Order Entry, and Reports.

5.0 Disaster Recovery and Business Continuity Plan

Instructions: Provide a Disaster Recovery and Business Continuity Plan.

The Disaster Recovery and Business Continuity Plan should demonstrate that the Prospective Contractor has a thorough understanding of all activities necessary for disaster recovery. Please refer to Section 2.7.12 of the RFP.

All content should be formatted for effective viewing.

Include or attach associated artifacts as appropriate.

Meta has provided a Disaster Recovery & Business Continuity Plan below.



Metacare™ & ITelagen
Disaster Recovery Plan



This document contains confidential information for
Arkansas State Hospital (ASH) Official Use Only. It
shall not be duplicated, used, or disclosed in whole or
in part without prior written permission from the
Information Security Staff

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Executive Summary

Meta Healthcare IT Solutions and ITelagen recognize that information, whether our own or that entrusted to our care by clients, customers or business partners, is vital to our existence and our ability to fulfill our business objectives.

Meta Healthcare IT Solutions and ITelagen, as partners, are committed to protecting our information, and the environments in which it is stored and processed, to a level consistent with the information's value, its sensitivity and the risks involved, and in a manner consistent with all relevant laws, statutes, regulations and contractual requirements.

The overall objectives of these policies are to maintain the confidentiality, integrity and availability of the data and information used by our business. This covers many areas including data identification, ownership, accountability and quality, information risk assessment and information security. Adherence to the Policy will support Barclays in achieving timely and cost-effective mechanisms to identify, assess and appropriately manage risks inherent in the firm's reliance on information.

Purpose

The purpose of the Disaster Recovery and Data Backup Policy is to provide for the continuity, restoration and recovery of critical data and systems. ITelagen needs to ensure critical data are backed up periodically and copies maintained at an off-site location. The primary objective of this Disaster Recovery and Data Backup Policy is to help ensure business continuity by providing the ability to successfully recover services in the event of a disaster.

Specific goals of this plan relative to an emergency include:

- Detailing a general course of action to follow in the event of a disaster,
- Minimizing confusion, errors, and expense to the ITelagen and our clients.
- Implementing a quick and complete recovery of services.
- Secondary objectives of this Plan are:
 - Reducing risks of loss of services,
 - Providing ongoing protection of institutional assets, and
 - Ensuring the continued viability of this plan.

Scope

The data backup section of this policy applies to ITelagen Offices connected to the ITelagen network and the ITelagen Cloud Hosted Environment and only addresses the recovery of systems under the direct control of ITelagen that are considered critical for business continuity.

The disaster recovery section of this policy applies to all Network Managers, System Administrators, and Application Administrators who are responsible for Critical Systems or for a

collection of critical data held either in an ITelagen Offices or remotely in the ITelagen Cloud Hosted Environment.

The Vice President of Technology is responsible for the oversight of the backup of data held in central systems and related databases. The responsibility for backing up data held on the workstations of individuals regardless of whether they are owned privately or by ITelagen falls entirely to the user

1 Emergency Management Team (EMT)

The Emergency Management Team (EMT) is the highest-level team in the disaster recovery organization and is responsible for the overall assessment of an incident and for directing the resulting response to and recovery from that incident. The EMT serves as a steering committee to direct the response to an incident. This plan will provide the EMT with a summary of their responsibilities, roles, and specific actions to be implemented in order to continue IT services if the main data center is unable to provide an acceptable level of support. The EMT shall consist of the CEO, COO and VP of Technology and is to include the CHO in cases affecting healthcare clients or services.

1.1 System Recovery Team (SRT)

The Systems Recovery Team (SRT) is responsible for preparing, documenting, and maintaining data center and/or office recovery procedures. The SRT is responsible for the installation and certification of recovery hardware and operating platform resources, along with applications programs and databases. The SRT will perform tasks necessary to establish production schedules and initiate processing when system readiness is certified. The SRT will shut down the alternate site operations after reactivating the primary site. The SRT will ensure that client organizations are notified of the data center outage, and are updated continuously on the status of recovery efforts and production schedules. The SRT shall consist of the VP of Technology, all secondary VP of Technologies and other IT Specialists as needed and requested by the VP of Technology.

1.2 Administrative Procedures

Once the disaster recovery plan has been activated, all recovery teams are required to submit periodic status reports. Submit completed status reports to the Emergency Management Team using Appendix A2: Recovery Status Report. The EMT should establish status report schedules.

The VP of Technology is required to report into the EMT on regular intervals as to the status of the recovery

The EMT and all recovery teams must maintain written documentation of any changes or modifications to standard operating procedures.

The EMT and all recovery teams must make sure that temporary changes or modifications do not carry over to normal operations following the recovery operation shutdown.

Review recovery activities against the Disaster Recovery Policy and evaluate the plan's effectiveness. Initiate updates and changes as appropriate whereas these updates should be made immediately if they affect the current recovery.

The recovery teams should carefully track and record all hours worked and all expenses incurred during recovery operations to ensure that ITelagen can be reimbursed by insurance if applicable.

1.3 Policy Updates & Maintenance

Due to the rapid growth of the company, the useful life of the ITelagen Disaster Recovery Plan/Policy may be short. In as little as 12 months the Disaster Recovery Plan/Policy may lose a great deal of its value due to changes in the organization, new procedures, new systems and personnel. An effective maintenance program will ensure that the Disaster Recovery

Plan/Policy remains viable. The EMT or its' designees must oversee the plan maintenance process on an ongoing basis.

1.4 Plan Maintenance & Responsibilities

It is the responsibility of the VP of Technology to ensure that the plan is kept up to date based on changes to the organization. All necessary changes to the plan must be documented within one week of the change.

1.5 The Emergency Management Team Responsibilities

- Assuring that maintenance procedures are developed, documented and implemented
- Assuring that existing automated systems satisfy maintenance requirements
- Assuring that newly developed automated systems or applications accommodate maintenance requirements.
- Assuring that a training program is developed and implemented.
- Assuring that periodic tests of disaster recovery procedures are conducted.
- Developing procedures for critiquing test results and revising/updating the plan.
- Ensuring that the EMT and all team leaders maintain a current copy of the Disaster Recovery Plan at home and at the office.
- Ensuring that all recovery team personnel consider recovery preparedness a part of their normal duties.

- Ensuring that backup and off-site rotation activities for vital records, including tapes and PC media, are being performed.
- Maintaining the Disaster Recovery Plan, including all procedures, checklist and team rosters in an up-to-date condition.
- Updating the plan for any of the following circumstances:
 1. Changes to department personnel.
 2. Significant changes to disaster recovery requirements that reflect changes to either application recovery priorities, or recovery hardware configuration.
 3. Significant changes to disaster recovery procedures, such as the addition of new system functions, support systems or new administrative practices or organizational changes.

1.6 Office Data Backup:

All ITelagen Offices must conform to AT LEAST the following best practice procedures and may adhere to the policies established for the ITelagen Cloud Hosted Environment:

All data, operating systems and utility files must be adequately and systematically backed up via tape utilizing Symantec Backup Exec.

The backup media must be precisely labeled and accurate records must be maintained of back-ups done and to which back-up set they belong.

Copies of the back-up media, together with the back-up record, should be stored safely in a remote location, at a sufficient distance away to escape any damage from a disaster at the main site and be exchanged no less frequent than once a week.

Regular tests of restoring data/software from the backup copies should be undertaken, to ensure that they can be relied upon for use in an emergency.

1.7 ITelagen Cloud Hosted Environment Backup:

The ITelagen Cloud Hosted Environment must conform to AT LEAST the following best practice procedures and may adhere to the policies established below:

- All data, operating systems and utility files must be adequately and systematically backed up via eVault to local SAN with the ITelagen Datacenter.

- The eVault SAN in the ITelagen Datacenter should be mirrored to an identical SAN located at a sufficient distance away to escape any damage from a disaster at the main site.
- Only Critical Data such as SQL Databases, Application Configuration, mailboxes, Active directory structure, profiles, and data directories are to be replicated
- Copies of the back-up media, together with the back-up record, should be stored safely in a remote location, at a sufficient distance away to escape any damage from a disaster at the main site and be exchanged no less frequent than once a week.
- Regular tests of restoring data/software from the backup copies should be undertaken, to ensure that they can be relied upon for use in an emergency. This frequency is not to exceed a 3 months.

1.8 General Disaster Response & Recovery Guidelines

In the event of a disaster, appropriate steps will be taken to safeguard personnel and minimize damage to any related equipment and/or software.

A damage assessment will be conducted by the VP of Technology who will make recommendations to the COO for recovery of impacted services.

Individuals required to assist in recovery of these services will be identified. The VP of Technology will communicate this need to the COO.

Critical client contacts and ITelagen staff will be informed as to IT system degradation and restrictions on IT usage and/or availability.

The CIO will develop an overall IT recovery plan and schedule, focusing on highest priorities of the infrastructure.

Necessary software and hardware replacement will be coordinated with vendors by the COO. Virtualized VMWare services offered by the ITelagen datacenter or other suitable VMWare virtualized server hosting company will be utilized in place of immediately ordering new equipment. Virtualized SAN and network (firewall) services from this same vendor are also to be utilized.

The COO will oversee the recovery of ITelagen IT services based on established priorities and will communicate recovery status updates to the ITelagen board of directors.

The VP of Technology and the COO will verify restoration of the IT infrastructure to pre-disaster functionality. Item should be submitted via email to the approving manager or managers for approval via email.

1.9 ITelagen HQ Disaster

1. Short Term plan for HQ Disaster – Should the IT Corporate Headquarters in Jersey City, NJ suffer a catastrophic event preventing the use of these facilities the following plan will be put in action;
2. All ITelagen employees will work from home until a temporary office space can be turned up.
3. Temporary space would be coordinated with either the current property management company or via HA Regus 1 Bridge Plaza, 2nd floor, Fort Lett, NJ. Should these not suffice space would be found elsewhere in NJ at an equivalent HQ Regus Facility.
4. Long Term Plan for HQ Disaster – Find like replacement space in an area with similar commuting options for our team members.
5. Affected office systems
6. Local File server
7. The data stored on this is not mission critical data and would be restored to a data center server from weekly tapes.

1.10 ITelagen/NetAccess disaster

1. Short Term plan for Datacenter disaster – Same as Short Term plan for HQ Disaster
2. Purchase VMW are space another datacenter
3. VM snapshots restored at new datacenter and back online in 1 to 3 days.
4. Long Term would be to stay at new datacenter or move to more appropriate datacenter should the sort-term datacenter not meet ITelagen's or our clients standards

1.11 Listing of Non-ITelagen Managed/Owned Critical Systems

Phones – ITelagen's Phone system is hosted by M5 networks. They maintain two datacenters in New York City and one in Chicago, IL. This geographic separation allows M5 to offer a 48 hour recovery time for a catastrophic event.

Salesforce.com - Salesforce.com uses a cloud based computing environment and operates out of multiple, geographically dispersed data centers with extensive backup, data archive, and failover capabilities.

Kaseya – Our support management software is hosted at our datacenter and recovery of this product would be achieved via an image restore at a new datacenter

Template T-7
RFP Submission Checklist

RFP #: SP-18-0034

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<u>1.0</u>	<u>Prospective Contractor Response Checklist</u>
<u>2.0</u>	<u>Forms Due Prior to Contract Award</u>
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Table 1.	General Requirements
Table 2.	Package 1 Checklist
Table 3.	Package 2 Checklist
Table 4.	Attachment Checklist

1.0 Prospective Contractor Response Checklist

The Prospective Contractor should complete the following Tables to verify that all the RFP response requirements have been completed as instructed. The Prospective Contractor should provide specific references to Proposal locations (e.g., section and page numbers) for each Template included. During the evaluation process, OSP will perform an initial review of the Proposals to confirm these are included. If the items identified in this checklist are not included, the Proposal may be disqualified.

Instructions: Complete the following Table. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Table 1. General Requirements

PROPOSAL RESPONSE ITEM	COMPLETED AND PROVIDED AS INSTRUCTED?	
	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Prospective Contractor’s Proposal’s stamped date meets date and time specified in the RFP	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Proposal is sealed	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Technical Proposal and Cost Proposal are sealed in separate envelopes or boxes within the “Sealed Bid.” Each Proposal should be clearly marked “Technical Proposal” or “Cost Proposal”	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Minimum Mandatory Requirements – The Prospective Contractor has documented proof that it meets the minimum mandatory requirements outlined in the RFP.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Table 2. Package 1 Checklist

SECTION / TEMPLATE	PROPOSAL RESPONSE ITEM	COMPLETED AND PROVIDED AS INSTRUCTED?		REFERENCE TO PROPOSAL RESPONSE SECTION
		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
T-1	Executive Summary and Prospective Contractor Information	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
T-2	Prospective Contractor Experience and References	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
T-3	Prospective Contractor Staffing	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
T-4	Functional Requirements	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
T-5	Requirements Approach	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
T-6	Requirement Plans	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
T-7	RFP Submission Checklist	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	

Table 3. Package 2 Checklist

SECTION / TEMPLATE	PROPOSAL RESPONSE ITEM	COMPLETED AND PROVIDED AS INSTRUCTED?		REFERENCE TO PROPOSAL RESPONSE SECTION
C-1	Cost Workbook	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	

2.0 Forms Due Prior to Contract Award

The table below lists the forms which will be required after proposal submission but before contract award. It is strongly recommended that Prospective Contractor(s) provide these items with proposal submission.

FORM ID	FORM NAME	COMMENTS
EO-98-04	Disclosure Form	A fillable PDF is located on the OSP Website. The form can be found here: http://www.dfa.arkansas.gov/offices/procurement/Documents/contgrantform.pdf .
	Copy of Prospective Contractor's Equal Opportunity Policy	See Section 1.20 of the RFP.
	Voluntary Product Accessibility Template (VPAT)	See Section 1.23 of the RFP. VPAT template can be found here: https://www.itic.org/policy/accessibility/vpat .
	Vendor Registration	In order to receive payment under any contract award, Contractor must register with DFA online at https://www.ark.org/vendor/index.html

Meta has provided a completed copy of the Contract and Grant Disclosure and Certification Form as well as a copy of our most updated VPAT form below. Meta will register with the DFA if awarded the contract.

3.0 Attachments

The Prospective Contractor should identify all attachments that are part of the Technical or Cost Proposals. The Prospective Contractor should provide specific references to Proposal locations (e.g., section and page numbers) for each attachment included. All attachments should be included in both soft and hard Proposal copies.

Instructions: Complete the following Table with any attachments to the Technical or Cost Proposals. Add rows as necessary. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Attachment Checklist

ATTACHMENT ID	ATTACHMENT NAME	ATTACHMENT PROVIDED?		REFERENCE TO PROPOSAL RESPONSE SECTION
		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
EO-98-04	Disclosure Form	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Template T-7, Section 2.0
EO-98-04	Subcontractor Disclosure Form	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Template T-7, Section 2.0
VPAT Form	Voluntary Product Accessibility Template	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Template T-7, Section 2.0
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

4.0 Exceptions

Any requested exceptions to items in this RFP which are NON-mandatory **must** be declared below or as an attachment to this page. Prospective Contractor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.

Exceptions to Requirements **shall** cause the Prospective Contractor's proposal to be disqualified.

Meta and Welligent have no exceptions to the requirements in this RFP.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____ SUBCONTRACTOR NAME: _____

Yes No

TAXPAYER ID NAME: Meta Healthcare IT Solutions, LLC. IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: Barcia FIRST NAME: Salvatore M.I.: _____

ADDRESS: 401 Franklin Avenue, Suite 106

CITY: Garden City STATE: New York ZIP CODE: 11530 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor’s Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor’s Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title President & CEO Date 11/6/2017

Vendor Contact Person Salvatore Barcia Title President & CEO Phone No. 516-488-6189

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

Reset Form

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CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: Yes No SUBCONTRACTOR NAME: Welligent Inc.

TAXPAYER ID NAME: Welligent Inc IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: McCraw FIRST NAME: Andrew M.I.:

ADDRESS: 5205 Colley Avenue

CITY: Norfolk STATE: Virginia ZIP CODE: 123508 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor’s Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor’s Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title President & CEO Date 11/6/2017
 Vendor Contact Person Andrew McCraw Title President & CEO Phone No. 757-213-5980

Agency use only
 Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

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Voluntary Product Accessibility Template (VPAT)

Date: 7/11/2017

Product Name: MetaCare Enterprise Rx

Product Version Number: 6.4

Organization Name: Meta Healthcare IT Solutions, LLC.

Submitter Name: Sal Barcia

Submitter Telephone: 516-488-6189

APPENDIX A: Suggested Language Guide

<p style="text-align: center;">Summary Table Voluntary Product Accessibility Template</p>		
<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
Section 1194.21 Software Applications and Operating Systems	Supports with exceptions	
Section 1194.22 Web-based Internet Information and Applications	Supports with exceptions	
Section 1194.23 Telecommunications Products	Not Applicable	
Section 1194.24 Video and Multi-media Products	Not Applicable	
Section 1194.25 Self-Contained, Closed Products	Not Applicable	
Section 1194.26 Desktop and Portable Computers	Not Applicable	
Section 1194.31 Functional Performance Criteria	Supports when combined with Compatible AT	
Section 1194.41 Information, Documentation and Support	Supports	

Section 1194.21 Software Applications and Operating Systems - Detail Voluntary Product Accessibility Template		
<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
(a) When software is designed to run on a system that has a keyboard, product functions shall be executable from a keyboard where the function itself or the result of performing a function can be discerned textually.	Supports with exceptions	All elements of the system are capable of being accessed via the keyboard with a few exceptions. A user can quickly navigate through commonly used menus, commands and form tabs with hotkeys. The expand/collapse function of some menu options and parts of the web pages are not accessible by the keyboard.
(b) Applications shall not disrupt or disable activated features of other products that are identified as accessibility features, where those features are developed and documented according to industry standards. Applications also shall not disrupt or disable activated features of any operating system that are identified as accessibility features where the application programming interface for those accessibility features has been documented by the manufacturer of the operating system and is available to the product developer.	Supports	Metacare Rx supports Microsoft Active Accessibility and implements full support for all Windows user interface elements such as forms, dialog boxes and menus, at design time and at run time through the accessibility interfaces included in used web browsers.
(c) A well-defined on-screen indication of the current focus shall be provided that moves among interactive interface elements as the input focus changes. The focus shall be programmatically exposed so that Assistive Technology can track focus and focus changes.	Supports with exceptions	The application has a single, clearly defined focus point. There is a logical flow of focus point through the elements as the user enters data. Exception: The focus does not move to the results of a search.

<p>(d) Sufficient information about a user interface element including the identity, operation and state of the element shall be available to Assistive Technology. When an image represents a program element, the information conveyed by the image must also be available in text.</p>	<p>Supports with exceptions</p>	<p>Images for shortcuts have hotkeys and a textual description in a hover-over. A meaningful and descriptive title is shown on every form. Metacare Rx supports Microsoft Active Accessibility and implements full support for all Windows user interface elements such as forms, dialog boxes and menus at run time through the accessibility interfaces included in web browser. However, there is no textual indication of the value of a checkbox – ie. checked or unchecked – this feature must be supported by using Assistive Technology.</p>
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(e) When bitmap images are used to identify controls, status indicators, or other programmatic elements, the meaning assigned to those images shall be consistent throughout an application's performance.	Supports	Images for shortcuts have hotkeys and a textual description in a hover-over. Alert images are accompanied with text. All icons have the same usage throughout the system.
(f) Textual information shall be provided through operating system functions for displaying text. The minimum information that shall be made available is text content, text input caret location, and text attributes.	Supports	No text is provided as an image of text. All text output is provided via operating system functions for displaying text.
(g) Applications shall not override user selected contrast and color selections and other individual display attributes.	Supports with exceptions	Some Windows user settings, such as contrast, may be overridden by system color choices, depending on the browser selected.
(h) When animation is displayed, the information shall be displayable in at least one non-animated presentation mode at the option of the user.	Not Applicable	The system does not use animation.
(i) Color coding shall not be used as the only means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.	Supports with exceptions	Colors are used to highlight the mandatory fields, warnings, important messages and menu options in Metacare Rx. When the system uses color as an identifier, it is used to amplify the information and is generally not the sole identifier of the information. An exception is use of color to mark mandatory fields, although the user will be "reminded" to fill them upon Saving.
(j) When a product permits a user to adjust color and contrast settings, a variety of color selections capable of producing a range of contrast levels shall be provided.	Supports	The system uses the operating system defaults for range of color. Any color adjustments will allow for full selection of colors.
(k) Software shall not use flashing or blinking text, objects, or other elements having a flash or blink frequency greater than 2 Hz and lower than 55 Hz.	Not Applicable	Metacare Rx does not include code which could cause screen flickering

<p>(l) When electronic forms are used, the form shall allow people using Assistive Technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.</p>	<p>Supports</p>	<p>Metacare Rx supports Microsoft Active Accessibility and implements full support for all Windows user interface elements such as forms, dialog boxes and menus through the accessibility interfaces included in used web browser. All forms can be completed with keyboard only. All controls are labeled clearly and meaningfully. All pop-ups, including error messages, are clearly labeled and immediately gain focus.</p>
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**Section 1194.22 Web-based intranet and
Internet information and applications - Detail
Voluntary Product Accessibility Template**

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
(a) A text equivalent for every non-text element shall be provided (e.g., via "alt", "longdesc", or in element content).	Supports	All Metacare Rx active images have the "alt" attribute define; decorative images have this attribute empty.
(b) Equivalent alternatives for any multimedia presentation shall be synchronized with the presentation.	Not Applicable	Metacare Rx does not include any multimedia presentations
(c) Web pages shall be designed so that all information conveyed with color is also available without color, for example from context or markup.	Supports with exceptions	Colors are used to highlight the mandatory fields, warnings, important messages and menu options in Metacare Rx. When the system uses color as an identifier, it is used to amplify the information and is generally not the sole identifier of the information. An exception is use of color to mark mandatory fields, although the user will be "reminded" to fill them upon Saving.
(d) Documents shall be organized so they are readable without requiring an associated style sheet.	Supports with exceptions	Styles in Metacare Rx are an integral part of the output pages layout and significantly improve the page readability and overall quality. Assistive technologies have access to all textual page elements without restrictions.
(e) Redundant text links shall be provided for each active region of a server-side image map.	Not Applicable	Metacare Rx does not use server-side image maps.
(f) Client-side image maps shall be provided instead of server-side image maps except where the regions cannot be defined with an available geometric shape.	Not Applicable	Metacare Rx does not use server-side image maps.
(g) Row and column headers shall be identified for data tables.	Supports	All data tables are built with appropriate headers in Metacare Rx.

(h) Markup shall be used to associate data cells and header cells for data tables that have two or more logical levels of row or column headers.	Not Applicable	Metacare Rx does not use two or more logical levels of row or column headers.
(i) Frames shall be titled with text that facilitates frame identification and navigation	Supports	All frames used in Metacare Rx are identified by a unique "title" attribute.
(j) Pages shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.	Supports	Metacare Rx does not include code which could cause screen flickering
(k) A text-only page, with equivalent information or functionality, shall be provided to make a web site comply with the provisions of this part, when compliance cannot be accomplished in any other way. The content of the text-only page shall be updated whenever the primary page changes.	Not Applicable	Metacare Rx is designed for text input and output and all page elements use text controls. A few exceptions are patient and drug photos. For that reason, no special text-only pages exist in Metacare Rx.
(l) When pages utilize scripting languages to display content, or to create interface elements, the information provided by the script shall be identified with functional text that can be read by Assistive Technology.	Supports with exceptions	Scripting is a mandatory part of Metacare Rx. Interoperability with Assistive technology such as screen readers is supported with a few exceptions, such as an element appearing dynamically when moving the mouse over a table row or the drug picture popping up in a separate
(m) When a web page requires that an applet, plug-in or other application be present on the client system to interpret page content, the page must provide a link to a plug-in or applet that complies with 1194.21(a) through (l).	Supports with exceptions	Metacare Rx requires a PDF file Reader (e.g. Acrobat Reader) to be present on a client computer to display PDF content. No link for a PDF file reader download is provided, as this is commonly used software.
(n) When electronic forms are designed to be completed on-line, the form shall allow people using Assistive Technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	Supports	Metacare Rx form controls have accessible names, and input fields are associated with labels respecting the proper tab order so the Assistive Technology, such as screen readers, can interoperate with the form.

<p>(o) A method shall be provided that permits users to skip repetitive navigation links.</p>	<p>Supports with exceptions</p>	<p>Metacare Rx menu is designed as repetitive navigation links. Users may decide by appropriate key press whether to jump to the content or to continue to the next link.</p> <p>The user is not able to skip all the remaining menu options without the</p>
<p>(p) When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.</p>	<p>Supports</p>	<p>The only timed response in Metacare Rx is the inactivity timeout. Response to this event is not timed and an appropriate alert is given in an accessible fashion.</p>

Section 1194.23 Telecommunications Products - Detail Voluntary Product Accessibility Template

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
(a) Telecommunications products or systems which provide a function allowing voice communication and which do not themselves provide a TTY functionality shall provide a standard non-acoustic connection point for TTYs. Microphones shall be capable of being turned on and off to allow the user to intermix speech with TTY use.	Not Applicable	
(b) Telecommunications products which include voice communication functionality shall support all commonly used cross-manufacturer non-proprietary standard TTY signal protocols.	Not Applicable	
(c) Voice mail, auto-attendant, and interactive voice response telecommunications systems shall be usable by TTY users with their TTYs.	Not Applicable	
(d) Voice mail, messaging, auto-attendant, and interactive voice response telecommunications systems that require a response from a user within a time interval, shall give an alert when the time interval is about to run out, and shall provide sufficient time for the user to indicate more time is required.	Not Applicable	
(e) Where provided, caller identification and similar telecommunications functions shall also be available for users of TTYs, and for users who cannot see displays.	Not Applicable	

<p>(f) For transmitted voice signals, telecommunications products shall provide a gain adjustable up to a minimum of 20 dB. For incremental volume control, at least one intermediate step of 12 dB of gain shall be provided.</p>	<p>Not Applicable</p>	
<p>(g) If the telecommunications product allows a user to adjust the receive volume, a function shall be provided to automatically reset the volume to the default level after every use.</p>	<p>Not Applicable</p>	
<p>(h) Where a telecommunications product delivers output by an audio transducer which is normally held up to the ear, a means for effective magnetic wireless coupling to hearing technologies shall be provided.</p>	<p>Not Applicable</p>	
<p>(i) Interference to hearing technologies (including hearing aids, cochlear implants, and assistive listening devices) shall be reduced to the lowest possible level that allows a user of hearing technologies to utilize the telecommunications product.</p>	<p>Not Applicable</p>	
<p>(j) Products that transmit or conduct information or communication, shall pass through cross-manufacturer, non-proprietary, industry-standard codes, translation protocols, formats or other information necessary to provide the information or communication in a usable format. Technologies which use encoding, signal compression, format transformation, or similar techniques shall not remove information needed for access or shall restore it upon delivery.</p>	<p>Not Applicable</p>	
<p>(k)(1) Products which have mechanically operated controls or keys shall comply with the following: Controls and Keys shall be tactilely discernible without activating the controls or keys.</p>	<p>Not Applicable</p>	

<p>(k)(2) Products which have mechanically operated controls or keys shall comply with the following: Controls and Keys shall be operable with one hand and shall not require tight grasping, pinching, twisting of the wrist. The force required to activate controls and keys shall be 5 lbs. (22.2N) maximum.</p>	<p>Not Applicable</p>	
<p>(k)(3) Products which have mechanically operated controls or keys shall comply with the following: If key repeat is supported, the delay before repeat shall be adjustable to at least 2 seconds. Key repeat rate shall be adjustable to 2 seconds per character.</p>	<p>Not Applicable</p>	
<p>(k)(4) Products which have mechanically operated controls or keys shall comply with the following: The status of all locking or toggle controls or keys shall be visually discernible, and discernible either through touch or sound.</p>	<p>Not Applicable</p>	

Section 1194.24 Video and Multi-media Products – Detail Voluntary Product Accessibility Template

<i>Criteria</i>	Level of Support & Supporting Features	Remarks and explanations
a) All analog television displays 13 inches and larger, and computer equipment that includes analog television receiver or display circuitry, shall be equipped with caption decoder circuitry which appropriately receives, decodes, and displays closed captions from broadcast, cable, videotape, and DVD signals. As soon as practicable, but not later than July 1, 2002, widescreen digital television (DTV) displays measuring at least 7.8 inches vertically, DTV sets with conventional displays measuring at least 13 inches vertically, and stand-alone DTV tuners, whether or not they are marketed with display screens, and computer equipment that includes DTV receiver or display circuitry, shall be equipped with caption decoder circuitry which appropriately receives, decodes, and displays closed captions from broadcast, cable, videotape, and DVD signals.	Not Applicable	
(b) Television tuners, including tuner cards for use in computers, shall be equipped with secondary audio program playback circuitry.	Not Applicable	
(c) All training and informational video and multimedia productions which support the agency's mission, regardless of format, that contain speech or other audio information necessary for the comprehension of the content, shall be open or closed captioned.	Not Applicable	

<p>(d) All training and informational video and multimedia productions which support the agency's mission, regardless of format, that contain visual information necessary for the comprehension of the content, shall be audio described.</p>	<p>Not Applicable</p>	
<p>(e) Display or presentation of alternate text presentation or audio descriptions shall be user-selectable unless permanent.</p>	<p>Not Applicable</p>	