FUNCTIONAL REQUIREMENTS

The Functional Requirements for the technology being sought by Community Healthcore are detailed in the following business areas. Please describe in the far right column how your system meets or exceeds this functional need.

Reference	EHR Requirement/Expectation Description	Vendor's Response
Intake/Assessment	Allows for a brief intake and initial meeting process that allows Community Healthcore to quickly and effectively assess and meet clients' most immediate needs	
Intake/Assessment	Incorporates Community Healthcore level of care protocols by program	
Intake/Assessment	Can include questions from required federal and state forms and capture and store information	
Intake/Assessment	Ability to create tailored forms/questions	
Intake/Assessment	Ability to easily skip around in the form from one field or question to another AND to require certain mandatory questions	
Intake/Assessment	Ability to send alerts/tasks to all levels of staff as reminders to complete work in que/process within required timeframes and for monitoring by supervisors	
Intake/Assignment Process	Ability to identify existing clients and most recent care team utilizing person served demographic information.	
Billing	Captures cost of the services identified in the record and calculates total cost	
Billing	Ability to bill by start and stop times and varying unit-based time formats, procedure based and monthly roll up, monthly perspective payment and other APM.	
Billing	Interfaces with health insurance companies and /or clearinghouse, including submissions of claims, billing, compliance with any prior authorization requirements, etc.	

Billing	Ability to have services documented as billable or non-billable and be able to drive generation of billing files in standard formats	
Billing	Ability to create logic to algorithm to drive billing based multiple payment structures including fee for service, case rate, capitation, per-diem, enrollment based etc.	
Billing	Ability to support multiple sliding fee and payment discount table structures as well as payer specific cost and charge schedules	
Client-Centered	Provides clients with an electronic copy of their health information record upon request	
Client-Centered	Provides clients with electronic access (via a client portal) to their health information and to print record in real time	
Client-Centered	Sends reminders to clients, per client preference, for preventive/follow-up care (i.e. mobile, text, email based on preference)	
Client-Centered	Incorporates patient/client preferences including cultural and linguistic preferences.	
Coordination	Allows coordination between all involved stakeholders, including Community Healthcore staff and external providers/partners.	
Coordination	Incorporates Continuity of Care Document (CCD)	
Data and Information Exchange	Exchanges key information electronically within Community Healthcore and to other health providers	
Data and Information Exchange	Interface and exchange data with other EHRs / other providers	
Data and Information Exchange	Allows for real-time alerts and data feeds from external care providers	

Data and Information Exchange	Can easily connect to, and exchange data with, other systems such as state/local HIE, lab facilities, e-Prescribe, or partner organization systems.	
Data and Information Exchange	Ability for provider to receive automatic notification of ER/IP alerts, either on a dashboard or via email or other form of notification	
Decision Support	Incorporates decision support, using evidence-based treatment protocols	
Gaps in Care	Ability for the provider to record any missed services as an event in the member's record	
Gaps in Care	Ability for provider to enter services as provided and/or to create and track referrals and document when services are provided (to alleviate the need to wait for claims to hit)	
Gaps in Care	Ability to upload claims data to determine potential gaps in care, total spend/cost of member etc.	
Health Record	Decision support tools to identify services matched to identified needs based on assessment/diagnosis (could prepopulate the record, with ability for provider to make changes)	
Health Record	Produce health record with patient-centered or clinician centered presentation	
Health Record	Drop down menu of covered benefits in the programs for which the member is eligible	
Health Record	Indicate authorization of the services	
Health Record	Ability to share the record with the interdisciplinary care team	
Health Record	Ability to accept electronic signatures persons served / staff	
Health Record	Ability to capture all required fields for Community Healthcore specific programs	

Health Record	Ability to capture all required fields for programmatic reporting	
Health Record	Documentation to capture member consent or other consent by provider fully in structured data that can drive data sharing	
Health Record	Record must allow late entry with the time of the note captured in the record. System must be able to report on late entries.	
Health Record	An entry cannot be altered but can be amended.	
Medications	Maintains active medication list and conducts medication reconciliation	
Medications	Implements drug-drug, drug-allergy checks	
Medications	Generates and transmits prescriptions electronically including controlled substances	
Medications	Identify and flag potential medication contraindications for medication choices in light of existing medical conditions	
Medications	Identify how the e-MAR interacts with e-prescribing and the patient's medication list. Identify the process for accessing the e-MAR during system downtime. Describe the e-MAR and the group e-MAR printing capabilities.	
Medications	System requires two factor authentication for prescribers for controlled and dangerous substances. Describe the proof of identification process.	
Member Record	Predefined activities/types of services (for example, to select from a drop-down menu) and checklists in the system to serve as a support tool for providers and to facilitate monitoring of the care activities.	

Member Record	Ability to share member record with provider team (i.e. system will have ability to define roles to enable access to certain levels of information in a member's record)	
Member Record	Ability to scan and attach documents in the member's record	
Member Record	Ability to reflect eligibility status for services including insurance coverage	
Member Record	Maintains an up-to-date list of current diagnoses	
Member Record	Incorporates lab-test results into record	
Member Record	Records client demographics	
Member Record	How do you assign to patient records roles, locations or units including to block individuals as needed. And what type of audit trail for that type of access.	
Practice Management	Allows supervisor to review and document in the EHR.	
Practice Management	Does the system have a multi-supervisor approval level? If so, describe.	
Practice Management	Tracks documentation, billing data, and staff productivity. Provides executives, managers, staff, and clients with easily accessible reimbursement rates and utilization statistics by client, staff, program, location and unit.	
Quality	Generates lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach	
Quality	Ability to audit member records, i.e. identify which components of a member's record are missing based upon a defined list of components	
Quality	Customizable Dashboards to view on a daily basis to determine schedule of activities	
Quality	Administrative dashboards to view and monitor program statistics	
Quality	System must have a robust Business Intelligence functionality to create customized reporting	

Reporting	All fields are reportable for internal quality improvement purposes	
Reporting	Flexibility to produce reports as federal, state, billing or program requirements change (ability to add fields as well as all fields be reportable)	
Reporting	Almost all structured data fields are reportable	
Reporting	State Reporting (Guarantees the ability to comply with federal, state of Texas for Community Centers / Certified Community Behavioral Health Clinics) or similar experience and local regulations and requirements for quality and performance measures reporting. The State designates specific forms format required by the State.	
Workflows	Describe the workflows in the areas of configuration, modeling, and customization tools: - User interface - Menus - Screens and navigation functions - Forms - Report writing - Tables	