**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.

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| **Reference** | **EHR Requirement/Expectation Description** | **Vendor’s Response** |
| 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 | Federal reporting (Guarantees the ability to comply with HRSA UDS measures) or similar experience and local regulations and requirements for quality and performance measures reporting.  |  |
| Workflows  | Describe the workflows in the areas of configuration, modeling, and customization tools: - User interface - Menus - Screens and navigation functions - Forms - Report writing - Tables  |  |