

Commonwealth of Kentucky (Commonwealth)

Kentucky Department of Corrections (KYDOC)

and

Cabinet for Health and Family Services (CHFS)

PRE RELEASE MATERIAL (Scope of Work)

for

A Hosted Electronic Medical Records System

Important News Regarding Electronic Medical Records for the Commonwealth of Kentucky (Commonwealth), the Kentucky Department of Corrections (KYDOC) and the Cabinet for Health and Family Services (CHFS)

Notice to all Interested Vendors:

The Commonwealth of Kentucky (Commonwealth), the Kentucky Department of Corrections (KYDOC) and the Cabinet for Health and Family Services (CHFS) intends to release a combined Request for Proposal (RFP) to procure services needed for a hosted Electronic Medical Records System.

The Commonwealth is firmly committed to providing a fair and competitive opportunity for all interested vendors to respond with proposals for this critical system and services. In an effort to provide adequate preparation time and improved transparency, a draft copy of Section 30 (Scope of Work) is available below.

It is important to note this Pre-Release Material is subject to additional changes prior to the formal release of the RFP.

In addition, all vendors are encouraged to attend a pre-release vendor's conference to be held **April 12, 2013 from 10:00am-12:00pm EST, at 702 Capitol Avenue, Room 125, Frankfort, KY 40601**. The Commonwealth will provide a brief presentation of its goals and vision for the combined RFP for KYDOC and CHFS and will facilitate an open discussion related to this procurement.

If you have any questions, please contact me. Thanks

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Kentucky Department of Corrections (KYDOC) Scope of Work

Section 30.000—Commonwealth Information Technology Forms

The Vendor and any subcontractors shall be required to adhere to and sign all applicable Commonwealth policies and standards related to technology use and security.

Section 30.010—Compliance with Commonwealth IT Enterprise Architecture and Standards

The Commonwealth IT Enterprise Architecture and Standards reflect a set of principles for information, technology, applications, and organization. These standards provide guidelines, policies, directional statements and sets of standards for information technology. It defines, for the Commonwealth, functional and information needs so that technology choices can be made based on business objectives and service delivery. The Vendor shall stay knowledgeable and shall abide by these standards for all related work resulting from this RFP.

Web link: <http://technology.ky.gov/governance/Pages/architecture.aspx>

Section 30.020—Compliance with Commonwealth Security Standards

The software deployment and all Vendor services shall abide by security standards as outlined in the Commonwealth's Enterprise Information Technology Policies.

Enterprise Policies

<http://technology.ky.gov/ciso/Pages/InformationSecurityPolicies,StandardsandProcedures.aspx>

Section 30.030—Privacy, Confidentiality and Ownership of Information

The Kentucky Department of Corrections is the designated owner of all data and shall approve all access to that data. The Vendor shall not have ownership of Commonwealth data at any time. The Vendor shall be in compliance with privacy

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policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the Commonwealth and will be appropriately displayed on the Commonwealth portal (Ky.gov). The Vendor shall provide sufficient security to protect the Commonwealth and the Kentucky Department of Corrections data in network transit, storage, and cache.

Section 30.040—Software Development

Source code for software developed or modified by the Vendor specifically for the Commonwealth shall become property of the Commonwealth.

Section 30.050—License Agreements

Software provided by the Vendor to the Commonwealth shall contain a provision for perpetual licensing with all upgrade options. The Commonwealth may decide to maintain the software in escrow, therefore the agreements shall also contain a provision for maintaining a version of the software in escrow in the event the Vendor is unable to continue the business for financial or other business reasons.

Section 30.055 – Identity Theft Prevention and Reporting Requirements

In the delivery and/or provision of Information Technology hardware, software, systems, and/or services through a contract/s established as a result of this solicitation, the vendor shall prevent unauthorized access to “Identity Information” of Commonwealth citizens, clients, constituents and employees. “Identity Information” includes, but is not limited to, an individual’s first name or initial and last name in combination with any of the following information:

1. Social Security Number;
2. Driver’s License Number;
3. System Access ID’s and associated passwords; and
4. Account Information –such account number(s), credit/debit/ProCard number(s), and/or passwords and/or security codes.

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The vendor shall also immediately notify the contracting agency, the Office of Procurement Services, and the Commonwealth Office of Technology upon learning of any unauthorized breach/access, theft, or release of Commonwealth data containing "Identity Information."

For even a single knowing violation of these Identity Theft Prevention and Reporting Requirements, the vendor agrees that the Commonwealth may terminate for default the contract(s) and may withhold payment(s) owed to the vendor in an amount sufficient to pay the cost of notifying Commonwealth customers of unauthorized access or security breaches.

Section 30.060 – Commonwealth Start-up and Monitoring Responsibilities

Section 30.060.010 – KYDOC Start-Up Activities

KYDOC shall perform some initial tasks in preparation for Project Start-Up. These activities shall include:

- A. Designate a dedicated Project Manager for project oversight;
- B. Identify and assign Commonwealth staff charged with working with the Project Manager on file building and system testing;
- C. Meet with the Contractor to discuss and confirm expectations and all requirements for content and format of task deliverables;
- D. Assess the Contractor's understanding of the scope of this project and its responsibilities, as well as, the Contractor's capability to undertake the functions required under the contract; and
- E. Review and approve the Contractor's project work plan including the project timeline

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Section 30.060.020 – KY DOC General Responsibilities

KY DOC reserves the right to waive the review and approval of any Contractor work products or processes. In addition, KY DOC approval of Contractor's work or process shall not relieve the Contractor of liability for errors and omissions in the work product or processes.

General Commonwealth responsibilities shall include:

- A. Designate a KY DOC contact who shall oversee activities required under the contract;
- B. Perform overall monitoring and management of the project for timely process and satisfactory completion of tasks and activities;
- C. Review and approve the proposed template for the format, content and distribution of deliverables prior to the Contractor preparing deliverable drafts;
- D. Review Contractor's deliverables and/or milestones and submit written comments to the Contractor indicating KY DOC approval, conditional approval, or rejection (including modifications necessary to gain Commonwealth approval);
- E. Assist Contractor with questions or requests for information to promote a smooth transition/implementation;
- F. Serve as liaison to facilitate the Contractor's interaction with other Commonwealth staff and other external agencies;
- G. Review all reports and work plan/task schedule updates;
- H. Provide lists of Commonwealth staff who will be involved in the specific project issued under this RFP, including contact information, functional responsibilities, and relationship to the project;
- I. Review and approve training material for acceptability prior to use;

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- J. Provide notice to the Contractor of inadequate performance, request, review and approve plans for corrective action;
- K. Monitor and evaluate the Contractor's progress throughout the duration of this contract;
- L. Test the software for acceptability.

Section 30.070 – Project Start-Up Four Months To Go Live

Project start-up shall commence the day the contract becomes effective. During this phase the Contractor shall:

- A. Coordinate and conduct an onsite kick-off meeting with Commonwealth staff within 10 (ten) business days of the contract effective date. All key Contractor project staff shall attend and provide an overview of their functional area. The Contractor shall submit an agenda for Commonwealth review and approval no later than two (2) business days prior to the meeting.
- B. Prepare and submit a proposed work plan within thirty (30) calendar days from the contract signing date to include, but not be limited to, a timeline, resource loading, critical path, dependencies, etc.
- C. Set the schedule of key events and dates for submittal of deliverable for Commonwealth review in the Project Work Plan. All project deliverables, as well as milestone dates and key dates are contingent upon Commonwealth approval.
- D. Prepare detailed training plans and conduct training for stakeholders identified by KY DOC. Using the purchased software, establish a training database which is separate from the production system. The training plan and materials are subject to KYDOC approval.
- E. Develop and provide an Operational Readiness Report weekly, or any other basis as designated by KY DOC , prior to implementation.

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- F. Support a migration of data from the existing vendor, with security measures, which ensures that all data is migrated accurately and no data is lost or compromised. The Contractor shall ensure the integrity of all migrated data including sufficient testing done after the migration to confirm the successful transfer of all data. Required data to be converted includes, but is not limited to:
1. Patient demographic data
 2. Admission/Discharge/Transfer Census activity data
 3. Diagnosis and Abstracting data
 4. Pharmacy/Medication History data which includes allergy information
 5. Laboratory data
 6. Pharmacy data including inventory, physician orders and medication administration records
 7. Medical and Mental Health provider notes
 8. Inmate intake notes and forms
 9. Vital signs
 10. Nursing Care Plans
- G. Demonstrate readiness, at least thirty (30) calendar days prior to "Go-Live", by providing various demonstrations and/or documentation which shall be reviewed by the Commonwealth. The Readiness Review requirements shall extend to the Contractor's subcontractors, e.g., the Contractor's subcontractors shall also be required to demonstrate compliance that they are ready to perform their responsibilities. The Readiness Review shall include, but not be limited to:
1. Demonstration for each core application, including observation of historical patient data as outlined above
 2. Samples of input and output for each core application; and
 3. Samples of reports for each core application.
 4. Demonstrate the ability to send patient information in a specified format (TBD) in a secure fashion to the Kentucky Health Information Exchange

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The Commonwealth, at its sole discretion, shall determine, based on their participation and evaluation of the Readiness Review, whether all necessary components are met in order to “Go-Live”.

- H. Enable KY DOC to test all system functions and the Contractor make adjustments as needed prior to final implementation.

Section 30.080 – Project Management

The Contractor shall:

- A. Submit weekly updates to the project plan during the start-up phase.
- B. Submit bi-weekly updates to the project plan during the ninety (90) calendar days prior to the scheduled “Go-Live” date and sixty (60) days post “Go-Live date.
- C. Submit monthly updates to the project plan beginning sixty (60) days after “Go-Live date.
- D. Meet Commonwealth deadlines: Deliverables shall be submitted via email to the Commonwealth’s Facility Information System Coordinator.
 - 1. Deliverable completion dates may be changed only with Commonwealth written approval. Contractor requests for changes to deliverable completion dates shall be made in writing and approval of such changes shall only be valid if issued in writing by the Commonwealth’s Facility Information System Coordinator.
 - 2. Walk-thru of each deliverable shall be provided for Commonwealth staff.
- E. Deliverables shall be reviewed by and require Commonwealth written approval.

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1. Allow a minimum Commonwealth review period of ten (10) business days per initial submission of a deliverable, and an additional period of five (5) business days for each updated deliverable.
 2. Upon completion of its review, Commonwealth may accept, conditionally accept, or reject contractual deliverable. When deliverables are conditionally accepted or rejected, the Commonwealth shall advise the Contractor of the reason(s) for rejection or conditional acceptance and the Contractor shall be required to correct and resubmit them within five (5) business days or within a time period agreed to by the Commonwealth.
 - a.-For rejected deliverables, the Commonwealth shall then have an additional five (5) business days to review the revised deliverable.
 - b.-For conditionally accepted deliverable, the Commonwealth shall have an additional five (5) business days to review the revised deliverable. To minimize instances of deliverable rejection and revision, the Contractor shall submit draft deliverables prior to the scheduled due dates.
- F. Provide various documents including:
1. Data Element Dictionary (DED) for all core applications to include content, size, values, structure, and purpose for each data field.
 2. Operations Manual which includes documentation of all core applications.
 3. User Manuals for each core application.
 4. A Data Conversion Plan, which includes both automated and manual activities, shall be provided for each application to be migrated. This shall include, but is not limited to:
 - a. Running conversion programs;
 - b. Performing manual functions;

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- c. Performing quality control;
- d. Reporting on outcomes; and
- e. Converting files in preparation for system operation.

- G. Provide a Back-up and Disaster Recovery Plan to include:
 - 1. Business Continuity Plan (alternative processing and operational arrangements) to address when system down time is projected to last longer than two (2) hours but less than twenty-four (24) hours.
 - 2. Disaster Recovery Plan (alternative processing arrangements) adequate to resume full operations within twenty-four (24) hours and their disaster recovery testing cycle at no additional cost to the Commonwealth. The detailed plan shall address daily back-up and recovery and information security.
- H. Provide an Information Security Plan to include how the Contractor will maintain confidentiality of Commonwealth data. The document shall include a comprehensive Risk Analysis.
- I. Provide a Test Plan for Commonwealth review and approval for each core application.

Section 30.090 – Deliverables

The deliverables shall include the following:

- A. Core Application software
- B. Data Migration
- C. Installation of software
- D. Implementation and Implementation Plan
- E. Training
- F. Disaster Recovery Plan
- G. User and Reference Documentation
- H. Meaningful Use Reporting

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- I. Acceptance Testing
- J. Updates and upgrades
- K. Issue Management and Support
- L. Continuity of Care Document (CCD) & Health Information Exchange connectivity

Section 30.100– System Functionality

The scope of this RFP is to provide a long-term health clinical information solution for the KY DOC facilities. The solution should be able to provide Meaningful Use reporting as specified by federal and state guidelines; as well as a Continuity of Care Document (CCD) to meet Health Information Exchange (HIE) requirements. The system should meet the following requirements at the patient level, facility level, and system level as appropriate. The Department plans to fully automate functions in an integrated system with the following **core** applications:

- A. Admission, Discharge and Transfer & Census – functionality, includes but not limited to, collecting and updating demographic information, family contact data, insurance coverage, management of room and bed, census activities, and leave-of-absence; an interface with KYDOC offenders management system, and fully integrating this data across to the other core applications.
- B. Medical Records – functionality, includes but not limited to, collecting and updating diagnostic axis codes, including on-line coding of inpatients and outpatients using ICD-9, ICD-10, DSM-IV and DSM-V diagnosis codes and legal status and tracking. Further, the KYDOC requires functionality to include collecting and updating American Correctional Association (ACA) healthcare outcome measures, fully integrating this data across to the other core applications.
- C. Document Imaging and Archiving – functionality includes but not limited to, electronic management of scanned documents, readily accessible archiving of records, and interfacing with x-ray services vendor to receive imaging reports. Fully integrating this data across to the other core applications.

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- D. Accounts Receivable/Billing – functionality includes but not limited to, interfacing with the Offender Banking System to collect co-pay charges. Fully integrating this data across to the other core applications.
- E. Pharmacy Inventory/Distribution – functionality includes but not limited to, pharmacy inventory management, medication distribution, electronic processing medication orders, allergy and drug interaction checking, dose checking and rules based logic. Reporting, pharmacy billing, electronic transmission of prescription to the pharmacy vendor using standardized sig instructions for e-prescribing, accommodation of verbal medication orders, and a formulary management system to include a mechanism for approval of needed non-formulary medications. Fully integrating this data across to the other core applications.
- F. Medication Administration functionality includes but not limited to, positive patient identification, allergy and drug interaction alerts, and recording medication administration, including skipped doses, refused doses, and compliance levels. The system shall support medication administration at simultaneous locations by the use of filters based on offender's location. Pill call lists shall be built using patient demographics or location. The administration record shall support offline recording of the administration events, which are then synchronized with the server when reconnected to network. The system shall interface with the Pharmacy vendor for refill requests and reconciliation of medication received against active orders. Fully integrating this data across to the other core applications
- G. Integrated Report Writer – functionality includes, but not limited to, reporting on all data elements across core applications including a customizable system that can provide the ability to specify report parameters based on sort and filter function.
- H. Provider Order Entry – functionality includes, but not limited to, entry, editing and canceling of patient orders, providing access to patient history data and laboratory results. The availability to use Clinical decision support incorporating all available patient data at the time of CPOE activity is necessary. The system shall create provider orders with detail adequate for correct routing and co-signature of responsible staff. Fully integrating this data across to the other core applications.

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- I. Laboratory Information System (LIS) – Support all areas of the General Laboratory (i.e. Chemistry, Hematology), Microbiology, Blood Bank and Anatomic Pathology. Functionality includes, but not limited to, order management, lab specimen collection and verification, Specimen Routing and Handling, electronic results management in searchable format notifications, and reporting. Fully integrating this data across to the other core applications.

Clinical Documentation: Assessments, Treatment, and Care Plans functionality includes, but not limited to Historical Patient Data, Electronic Document System capturing, Interdisciplinary Plans of Care and Minimum Data Set reporting, Automated Work Lists, Clinical Decision Support and Patient Education Tracking. The system should support multiple modes of data entry including but not limited to, Template Notes, Third Party Dictation, and Voice Recognition. Fully integrating this data across to the other core applications.

- K. Utilization Management – functionality includes but not limited to, monitoring patient utilization review and certification records. The system shall provide the means to manage provider requests for referrals that is documented in notes and is order driven. The system should have an integrated process where specialists may be consulted as part of the electronic UM process, and capture an electronic disposition that drives the next step in patient care. Utilization management shall have links to a scheduling system which includes referral management tools. Fully integrated with core applications.
- L. Scheduling – functionality to include but not limited to ability to track patient reminders for therapy and evaluation appointments both internally and outside the facility. Schedule data should support views that are centric to the patient, clinic location, staff, or resource. Scheduler tools should be integrated with the Utilization Management and include alerts and work lists generated for schedulers at both the sending and receiving clinic. The KYDOC requests scheduled notifications for chronic disease management including specified laboratory orders and clinic appointments. Fully integrated with core applications.

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- M. Quality Assurance – functionality to include but not limited to, tracking and reporting of patient incident management and outcomes. Software shall support centralized reporting for individual provider and facility statistics and system wide statistics. The system should be able to track access to care and quality of care. Functionality includes but not limited to tracking the presence/absence of clinical encounters for a specific diagnosis within defined time parameters and the tracking of vital signs and laboratory data with trending.
- N. Provider Portal – Web based application providing secure anywhere/anytime remote access to care providers. GUI front-end application that is user friendly and is easy to navigate. Secure communication between healthcare staff and care givers. Provide secure messaging capabilities including text, email, pager, etc.
- O. Telemedicine/Tele-psychiatry— functionality to include but not limited to, interface with telemedicine tools for documentation such as electronic stethoscopes, otoscopes, and capture of clinical photography, etc.
- P. Dental -- functionality includes but not limited to, dental screening, clinical documentation, treatment plans, and standardized dental charting tools. Fully integrated with core applications.

KYDOC designates the following applications for future development:

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1. Transcription – functionality includes but not limited to, physician transcription to electronic medical record. Fully integrated with core applications.
2. Inmate Registration - functionality includes, but not limited to, intake registration statistics with demographic information, insurance coverage, and diagnostic codes. Fully integrated with core applications.
3. Referral Tracking/Documentation – functionality to include but not limited to, documentation of patient referrals, documenting calls for requested services, complete tracking from initial provider request to completion of encounter, Fully integrated into scheduling and all other core applications.
4. Inmate Kiosk system— functionality to include but not limited to, interface with future kiosk system for secure inmate generated sick call requests and healthcare related grievances.

The system shall be able to produce integrated, inter-application ad-hoc reports. Integrated Report Writer is defined as a report-generating tool that can be operated by a non-technical user. The skill level should be that equal to operating a standard spreadsheet or word processing package. The system shall have the functionality of importing, exporting, downloading, and uploading information and applying standard software tools to exported data. The system shall be designed to enable remote control/access by support staff of the system. The system shall have multi-user capabilities. The same files and data elements shall be accessible at the same time by multiple users. Software must support multiple treatment sites with centralized reporting for individual facility statistics and system wide statistics. .

Section 30.110 – Data Migration

The Offeror must provide a detailed description of the data conversion methodology, implementation timetables and tasks associated with the conversion process. The data is now stored on a centrally located server. The current storage space requirement is 1.5 terabytes. Data Migration shall be completed and tested 30 days prior to initial Go-Live date.

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Section 30.140 – Standards Requirements

The Offeror shall show evidence that software conforms to the information systems and data standards of the:

- A. American National Standards Institute (ANSI);
- B. Certification Commission for Healthcare Information Technology (CCHIT) General Health certification as defined on CCHIT.org.
- C. Health Information Portability and Accountability Act (HIPAA).

Section 30.150 – Regulatory Requirements

The Offeror shall show evidence that software conforms and is maintained to federal and state regulatory agency requirements including but limited to:

- A. Centers for Medicare and Medicaid Services (CMS) and Meaningful Use Reporting;
- B. Commonwealth Office of Technology (COT);
- C. KASPER (Kentucky All Schedule Prescription Electronic Reporting System) 902 KAR 55:110 State Reporting Requirement.
- D. In addition, Kentucky's legislation, Senate Bill 2 of the 2005 Regular Session of the Kentucky General Assembly (codified as KRS 216.261 to 216.269) established the creation of a statewide electronic health information network. It is imperative that our system be flexible enough to meet the demands of Kentucky's e-Health network. More information regarding Kentucky's e-Health initiatives can be found at <http://ehealth.ky.gov>.

Section 30.160 - Facility Specifications

The system shall be configured to accommodate the minimum hardware configuration statistics provided (see Attachment-F 1).

We are currently operating Microsoft Windows XP and Microsoft Office 2003.

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Section 30.170 - Site Preparation

It will be the Department's responsibility to prepare sites and install hardware prior to installation of software by the Contractor.

Section 30.180 -Software Delivery, Installation and Documentation

Following the official award of a contract for the proposed software, the KYDOC plans to purchase and install the required hardware within two (2) months.

- A. The Offeror awarded the software bid shall be required make software available to the KYDOC within ten (10) working days of notification of completed hardware installation.
- B. Software acquired by the RFP will be installed on Department hardware by the Contractor.
- C. The contractor shall provide the Department with access to current Application User Documentation at the time of software installation.

Section 30.190 - Maintenance and Support

The Vendor shall maintain a centralized Help Desk. Department users will be expected to contact the Help Desk to resolve issues/problems.

Section 30.200 - Implementation Plan

The KYDOC plans to have all modules of acquired software implemented and have appropriate staff training completed at each facility.

The Contractor shall provide on-site training to Key Users and/or third party resources at each facility prior to that facility's Go-Live date. Key Users or third party resources at each facility will then train all End Users based on job assignments and multi-shift periods.

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The Contractor shall establish Separate Testing and Training environments to allow for on-going, new employee training.

The application(s) should be able to run on multiple devices including but not limited to personal computers, Macintosh computers, laptops and other mobile devices. Ideally the application would run in its native platform not requiring a separate application to accommodate multiple end-user devices types.

Section 30.210 - Acceptance Testing

After written notification by the Contractor that the software has been installed and ready for use at a specified facility, the Department will test the software for acceptability. The first test run will be performed 30 days prior to Go-Live at the pilot facility. Testing will occur for 10 days and, minimally, will include:

- A. Test each process or application listed in Section 30.100;
- B. Test each customized function (if applicable);
- C. Test all data entry and retrieval screens;
- D. Test capability of producing integrated and meaningful use reports;
- E. Test backup and recovery operations completely; and
- F. Test data transfer capabilities.

All tests runs must result in performance that is satisfactory to the Department prior to installation at other sites. The Contractor shall be notified immediately of any unsatisfactory findings and shall have 10 days to resolve any outstanding issues. The Department will have 10 additional days to resume testing after the issues have been resolved.

Section 30.220 - HIPAA Confidentiality Compliance

The Second Party agrees to abide by the "HIPAA Privacy Rule," 45 CFR Parts 160 and 164, established under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (42 USC 1320d) to protect the security, confidentiality, and integrity of health information. The KYDOC operates as a Covered Entity and the Second Party is a Business Associate under the HIPAA Privacy Rule. This rule includes any form of

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information including paper records, oral communications, audio recordings, electronic displays, etc. In the performance of services under this Agreement, the Second Party agrees to use and disclose Protected Health Information only in accordance with the HIPAA Privacy Rule as follows:

- a) To use or disclose Protected Health Information solely for meeting its obligations under this Agreement or as required by applicable law, rule or regulation, or by accrediting or credentialing organizations to whom the KYDOC or Second Party is required to disclose such information or as otherwise is permitted under this contract, or the HIPAA Privacy Rule;
- b) To implement appropriate safeguards to prevent use or disclosure of Protected Health Information other than as permitted in this contract;
- c) To take reasonable steps to ensure that its employees' actions or omissions do not cause a breach in the terms of the HIPAA Privacy Rule;
- d) To make available Protected Health Information to the extent and in the manner required by 45 CFR 164.524, for purposes of accounting of disclosures in accordance with 45 CFR 164.528, and for amendment and incorporation of any amendments in accordance with the requirements of 45 CFR 164.526 of the HIPAA Privacy Rule;
- e) To ensure that its agents, including subcontractors, abide by the same restrictions and conditions concerning Protected Health Information contained in this contract and that any subcontract entered into contain this requirement;
- f) To report to the KYDOC any use or disclosure of Protected Health Information of which it becomes aware that is not in compliance with the terms of this contract; and
- g) To return or destroy copies of all Protected Health Information upon request of the KYDOC or upon termination of this contract. If such return or destruction is not feasible, the Second Party shall extend the protections of this contract to such information and limit further uses and disclosures to those purposes that make its return or destruction not feasible.

Government agencies responsible for HIPAA Privacy Rule compliance and appropriately authorized shall have the right to audit the Second Party's records and practices related to use and disclosure of Protected Health Information to ensure the KYDOC's compliance with the terms of the HIPAA Privacy Rule. In the event that either

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party to this contract believes that any provision fails to comply with the then current requirements of the HIPAA Privacy Rule, such party shall notify the other party in writing. For a period of up to thirty days, the parties shall address in good faith such concern and amend the terms of this contract, if necessary, to bring it into compliance. If, after such thirty-day period, the contract fails to comply with the HIPAA Privacy Rule, then either party has the right to terminate upon written notice to the other party.

Section 30.300 – Implementation Support Scope

Section 30.310 – Workflow Assessment and Re-design

The contractor will evaluate the KYDOC's workflow including review of various tasks at the facilities such as sick call handling, patient encounter processes, results delivery and handling, referral requests with utilization management, scheduling, inmate co-pay billing methods, pharmacy inventory, distribution and administration processes and a deeper review of technology infrastructure. The assessment will result in Department workflow improvement recommendations.

Section 30.320 – Meaningful Use Support

The contractor will assess the KYDOC's readiness to meet Meaningful Use requirements using the EMR. The contractor will assist the KYDOC in preparing the evidence necessary to achieve Meaningful Use designation and will help the Department demonstrate Meaningful Use to CMS.

Section 30.330 – Change Management Facilitation

The contractor will provide training for the KYDOC, including any staff that will be affected by Department changes that will be implemented with the new EMR. The contractor will help Department personnel understand why the change is happening, how it can improve efficiencies, and when and how the changes will occur.

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Section 30.340 – Implementation Support

The contractor will provide the KYDOC with recommendations illustrating the implementation steps and timeline involved in implementing the EMR. The contractor will work with the Department to ensure that any concerns are identified, addressed and resolved in a timely fashion.

Section 30.350 – HIE Connectivity Facilitation

The contractor will facilitate an electronic data feed for exchanging data between a Health Information Exchange (HIE) and the providers' EHR and will assist with the development of interfaces that can exchange EHR data with the HIE.

Section 30.360 – Privacy and Security Support

The contractor will support the KYDOC in implementing best practices with respect to privacy and security of Personal Health Information (PHI) including implementation and maintenance of network security, user-based access controls, disaster recovery, required notifications, encryption and storage of backup media, and human resources training and policies.

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Section 30.000—Commonwealth Information Technology Forms

The Vendor and any subcontractors shall be required to adhere to and sign all applicable Commonwealth policies and standards related to technology use and security.

Section 30.010—Compliance with Commonwealth IT Enterprise Architecture and Standards

The Commonwealth IT Enterprise Architecture and Standards reflect a set of principles for information, technology, applications, and organization. These standards provide guidelines, policies, directional statements and sets of standards for information technology. It defines, for the Commonwealth, functional and information needs so that technology choices can be made based on business objectives and service delivery. The Vendor shall stay knowledgeable and shall abide by these standards for all related work resulting from this RFP. These guidelines may be viewed at <https://gotsource.ky.gov/docushare/dsweb/Get/Document-365915/IT%20Guidelines%2011092011.xls>

Web link: <http://technology.ky.gov/governance/Pages/architecture.aspx>

Section 30.020—Compliance with Commonwealth Security Standards

The software deployment and all Vendor services shall abide by security standards as outlined in the Commonwealth's Enterprise Information Technology Policies.

Enterprise Policies

<http://technology.ky.gov/ciso/Pages/InformationSecurityPolicies,StandardsandProcedures.aspx>

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Section 30.030—Privacy, Confidentiality and Ownership of Information

The Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) is the designated owner of all data and shall approve all access to that data. The Vendor shall not have ownership of Commonwealth data at any time. The Vendor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the Commonwealth and will be appropriately displayed on the Commonwealth portal (Ky.gov). All patient data must be encrypted at rest and in-transit.

Section 30.040—Software Development

Source code for software developed or modified by the Vendor specifically for the Commonwealth shall become property of the Commonwealth.

Section 30.050—License Agreements

Software provided by the Vendor to the Commonwealth shall contain a provision for perpetual licensing with all upgrade options. The Commonwealth may decide to maintain the software in escrow; therefore the agreements shall also contain a provision for maintaining a version of the software in escrow in the event the Vendor is unable to continue the business for financial or other business reasons.

Section 30.055 – Identity Theft Prevention and Reporting Requirements

In the delivery and/or provision of Information Technology hardware, software, systems, and/or services through a contract/s established as a result of this solicitation, the vendor shall prevent unauthorized access to “Identity Information” of Commonwealth citizens, clients, constituents and employees. “Identity Information” includes, but is not limited to, an individual’s first name or initial and last name in combination with any of the following information:

5. Social Security Number;
6. Driver’s License Number;

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7. System Access ID's and associated passwords;
8. Account Information –such account number(s), credit/debit/ProCard number(s), and/or passwords and/or security codes; and
9. Date of birth.

The vendor shall notify the contracting agency, the Office of Procurement Services, and the Commonwealth Office of Technology within 24 hours of breach or knowledge of breach in addition to breach under investigation or breach not yet confirmed of Commonwealth data containing "Identity Information."

For even a single knowing violation of these Identity Theft Prevention and Reporting Requirements, the vendor agrees that the Commonwealth may terminate for default the contract(s) and may withhold payment(s) owed to the vendor in an amount sufficient to pay the cost of notifying Commonwealth customers of unauthorized access or security breaches. The cost of all corrective actions after a breach will be the vendor's responsibility if the reason for the breach is confirmed to be vendor provided software/hardware.

Section 30.060 – Commonwealth Start-up and Monitoring Responsibilities

Section 30.060.010 – DBHDID Start-Up Activities

DBHDID shall perform some initial tasks in preparation for Project Start-Up. These activities shall include:

- A. Designate a dedicated Project Manager for project oversight;
- B. Identify and assign Commonwealth staff charged with working with the Project Manager on file building and system testing;
- C. Meet with the Vendor to discuss and confirm expectations and all requirements for content and format of task deliverables;

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D. Assess the Vendor's understanding of the scope of this project and its responsibilities, as well as, the Vendor's capability to undertake the functions required under the contract; and

E. Review and approve the Vendor's project work plan including the project timeline

Section 30.060.020 – DBHDID General Responsibilities

DBHDID reserves the right to waive the review and approval of any Vendor's work products or processes. In addition, DBHDID approval of Vendor's work or process shall not relieve the Vendor of liability for errors and omissions in the work product or processes.

General Commonwealth responsibilities shall include:

A. Designate a DBHDID contact who shall oversee activities required under the contract;

B. Perform overall monitoring and management of the project for timely process and satisfactory completion of tasks and activities;

C. Review and approve the proposed template for the format, content and distribution of deliverables prior to the Vendor preparing deliverable drafts;

D. Review Vendor's deliverables and/or milestones and submit written comments to the Vendor indicating DBHDID approval, conditional approval, or rejection (including modifications necessary to gain Commonwealth approval);

E. Assist Vendor with questions or requests for information to promote a smooth transition/implementation;

F. Serve as liaison to facilitate the Vendor's interaction with other Commonwealth staff and other external agencies;

G. Review all reports and work plan/task schedule updates;

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- H. Provide lists of Commonwealth staff who will be involved in the specific project issued under this RFP, including contact information, functional responsibilities, and relationship to the project;
- I. Review and approve training material for acceptability prior to use;
- J. Provide notice to the Vendor of inadequate performance, request, review and approve plans for corrective action;
- K. Monitor and evaluate the Vendor's progress throughout the duration of this contract;
- L. Provide a Central Help Desk; and
- M. Test the software for acceptability.

Section 30.070 – Project Start-Up

Project start-up shall commence the day the contract becomes effective. During this phase the Vendor shall:

- A. Coordinate and conduct an onsite kick-off meeting with Commonwealth staff within ten (10) business days of the contract effective date. All key Vendor project staff shall attend and provide an overview of their functional area. The Vendor shall submit an agenda for Commonwealth review and approval no later than two (2) business days prior to the meeting.
- B. Prepare and submit a proposed work plan within thirty (30) calendar days from the contract signing date to include, but not be limited to, a timeline, resource loading, critical path, dependencies, software and hardware architecture, etc.
- C. Set the schedule of key events and dates for submittal of deliverable for Commonwealth review in the Project Work Plan. All project deliverables, as well as milestone dates and key dates are contingent upon Commonwealth approval.

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D. Prepare detailed training plans and conduct training for stakeholders identified by DBHDID. Using the purchased software, establish a training database which is separate from the production system. The training plan and materials are subject to DBHDID approval.

E. Develop and provide an Operational Readiness Report weekly, or any other basis as designated by DBHDID, prior to implementation.

F. Conduct a complete data conversion. Ensuring all data from the existing vendor is migrated accurately and no data is lost or compromised. The Contractor shall ensure the integrity of all migrated data including sufficient testing done after the migration to confirm the successful transfer of all data. The cost of conversion shall be listed on the cost proposal form on the line indicated. Required data to be converted includes, but is not limited to:

1. Patient demographic data
2. Admission/Discharge/Transfer Census activity data
3. Diagnosis and Abstracting data
4. Accounting Receivable data
5. Pharmacy/Medication History data which includes allergy information
6. Laboratory data
7. Pharmacy data including inventory, physician orders and medication administration records

G. Demonstrate readiness, at least thirty (30) calendar days prior to "Go-Live", by providing various demonstrations and/or documentation which shall be reviewed by the Commonwealth. The Readiness Review requirements shall extend to the Vendor's subcontractors, e.g., the Vendor's subcontractors shall also be required to demonstrate compliance that they are ready to perform their responsibilities. The Readiness Review shall include, but not be limited to:

1. Demonstration for each core application, including observation of historical patient data as outlined above
2. Samples of input and output for each core application; and

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3. Samples of reports for each core application.
4. Demonstrate the ability to send patient information in a specified format (TBD) in a secure fashion to the Kentucky Health Information Exchange

The Commonwealth, at its sole discretion, shall determine, based on their participation and evaluation of the Readiness Review, whether all necessary components are met in order to “Go-Live”.

H. Enable DBHDID to test all system functions and the Vendor make adjustments as needed prior to final implementation.

Section 30.080 – Project Management

The Vendor shall:

- A. Submit weekly updates to the project plan during the start-up phase.
- B. Submit bi-weekly updates to the project plan during the ninety (90) calendar days prior to the scheduled “Go-Live” date and 60 days post “Go-Live date.
- C. Submit monthly updates to the project plan beginning sixty (60) days after “Go-Live date.
- D. Meet the Commonwealth’s deadlines. Deliverables shall be submitted via email to the Commonwealth’s Facility Information System Coordinator.
 1. Deliverable completion dates may be changed only with Commonwealth written approval. Vendor requests for changes to deliverable completion dates shall be made in writing and approval of such changes shall only be valid if issued in writing by the Commonwealth’s Facility Information System Coordinator.
 2. Walk-thru of each deliverable shall be provided for Commonwealth staff.
 3. The Commonwealth may assess damages, as set forth in this RFP, if deliverable completion deadlines stated in Section 30 are not met.

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E. Deliverables shall be reviewed by and require Commonwealth written approval.

1. Allow a minimum Commonwealth review period of ten (10) business days per initial submission of a deliverable, and an additional period of five (5) business days for each updated deliverable.

2. Upon completion of its review, Commonwealth may accept, conditionally accept, or reject contractual deliverable. When deliverables are conditionally accepted or rejected, the Commonwealth shall advise the Vendor of the reason(s) for rejection or conditional acceptance and the Vendor shall be required to correct and resubmit them within five (5) business days or within a time period agreed to by the Commonwealth.

a. For rejected deliverables, the Commonwealth shall then have an additional five (5) business days to review the revised deliverable.

b. For conditionally accepted deliverable, the Commonwealth shall have an additional five (5) business days to review the revised deliverable. To minimize instances of deliverable rejection and revision, the Vendor shall submit draft deliverables prior to the scheduled due dates.

F. Provide various documents including:

1. Data Element Dictionary (DED) for all core applications to include content, size, values, structure, and purpose for each data field.

2. Operations Manual which includes documentation of all core applications.

3. User Manuals for each core application.

4. A Data Conversion Plan, which includes both automated and manual activities, shall be provided for each application to be migrated. This shall include, but is not limited to:

a. Running conversion programs;

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- b. Performing manual functions;
- c. Performing quality control;
- d. Reporting on outcomes; and
- e. Converting files in preparation for system operation.

G. Provide a Back-up and Disaster Recovery Plan to include:

1. Business Continuity Plan (alternative processing and operational arrangements) to address when system down time is projected to last longer than two (2) hours by less than twenty-four (24) hours.

2. Disaster Recovery Plan (alternative processing arrangements) adequate to resume full operations within twenty-four (24) hours and their disaster recovery testing cycle at no additional cost to the Commonwealth. The detailed plan shall address daily back-up and recovery and information security.

H. Provide an Information Security Plan to include how the Vendor will maintain confidentiality of Commonwealth data. The document shall include a comprehensive Risk Analysis.

I. Provide a Test Plan for Commonwealth review and approval for each core application.

Section 30.090 – Deliverables

The deliverables shall include the following:

- A. Core Application software
- B. Data Migration
- C. Installation of software
- D. Implementation and Implementation Plan
- E. Training
- F. Disaster Recovery Plan
- G. User and Reference Documentation
- H. Meaningful Use Reporting

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- I. Acceptance Testing
- J. Updates and upgrades
- K. Issue Management and Support
- L. Continuity of Care Document (CCD) & Health Information Exchange (HIE) connectivity
- M. High level design documents (either conceptual or logical)
- N. Logical Data Model
- O. Data Dictionary
- P. Communication plan document between applications

Section 30.100– System Functionality

The scope of this RFP is to provide a behavioral and long-term health clinical information solution for the facilities. The solution should be able to provide Meaningful Use reporting as specified by federal and state guidelines; as well as a CCD to meet HIE requirements. The system should meet the following requirements at the patient level, facility level, and system level as appropriate. The Department plans to fully automate functions in an integrated system with the following **core** applications:

J. Admission, Discharge and Transfer & Census – functionality, includes but not limited to, collecting and updating demographic information, family contact data, insurance coverage, management of room and bed, census activities, and leave-of-absence; and fully integrating this data across to the other core applications.

K. Medical Records – functionality, includes but not limited to, collecting and updating diagnostic axis codes, including on-line coding of inpatients and outpatients using ICD-9, ICD-10, DSM-IV and DSM-V diagnosis codes and legal status and tracking. Reporting capabilities for ORYX-required data elements, core measure elements, CMS quality measures and performance and outcome measurements for NASMHPD. Fully integrating this data across to the other core applications.

L. Document Imaging and Archiving – functionality includes but not limited to, electronic management of scanned documents and readily accessible archiving of records. Fully integrating this data across to the other core applications.

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M. Accounts Receivable/Billing – functionality includes but not limited to, collecting and handling all aspects of revenue cycle management including: all billing information, tracking of interim bills, collecting funds electronically and with printed statements. Generating claims electronically and tracking exhausted benefits, calculating and updating “days remaining” information for co-insurance and lifetime reserve days. Generating room and board charges automatically. Ancillary charge collection and tracking. Fully integrating this data across to the other core applications.

N. Pharmacy Inventory/Distribution – functionality includes but not limited to, pharmacy inventory management, medication distribution, electronic processing medication orders, allergy and drug interaction checking, dose checking and rules based logic. Reporting, pharmacy billing and fully integrating this data across to the other core applications.

O. Medication Administration - functionality includes but not limited to, positive patient identification, allergy and drug interaction alerts, and recording medication administration, including skipped doses and refused doses. Fully integrating this data across to the other core applications.

P. Integrated Report Writer – functionality includes, but not limited to, reporting on all data elements across core applications.

Q. Physician Order Entry – functionality includes, but not limited to, entry, editing and canceling of patient orders, providing access to patient history data and laboratory results. The availability to use Clinical decision support incorporating all available patient data at the time of CPOE activity is necessary. Fully integrating this data across to the other core applications.

I. Laboratory Information System (LIS) – Support all areas of the General Laboratory (i.e. Chemistry, Hematology), Microbiology, Blood Bank and Anatomic Pathology functionality includes, but not limited to, order management, lab specimen collection and verification, Specimen Routing and Handling, electronic results management and notifications, reporting, quality controls and revenue billing. Direct

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integration with the laboratory analyzing equipment is preferred. Fully integrating this data across to the other core applications.

J. Clinical Documentation: Assessments, Treatment, Care Plans, and MDS functionality includes, but not limited to historical patient data, electronic document system capturing interdisciplinary Plans of Care and Minimum Data Set reporting, automated work lists, clinical decision support and patient education tracking. The system must support multiple modes of data entry including but not limited to, template notes, third party dictation, and voice recognition. Fully integrating this data across to the other core applications.

K. Managed Care Contracts/Casemix – functionality includes, but not limited to, calculating Diagnostic Related Groups (DRGs) automatically, concurrent review of patients' charges, generation of Casemix reports, and calculates and generates Medicare, Medicaid and Third Party billing logs. Fully integrating this data across to the other core applications

L. Future applications include the following:

1. Utilization Review – functionality includes but not limited to, monitoring patient utilization review and certification records. Fully integrated with core applications.
2. Risk Management – functionality includes but not limited to, capturing patient-specific risk factors, such as incidents, behaviors, stress contributors and supports, in order to monitor a patient's level of risk. Fully integrated with core applications.
3. Transcription – functionality includes but not limited to, physician transcription to electronic medical record. Fully integrated with core applications.
4. Patient Trust Accounting – functionality includes, but not limited to, tracking patient deposits, withdrawals, statements and report generation. Fully integrated with core applications.

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5 Outpatient Registration - functionality includes, but not limited to, outpatient registration statistics with demographic information, insurance coverage, and diagnostic codes. Fully integrated with core applications.

6. Referral Development – functionality to include but not limited to, documentation of patient referrals and entering incoming calls for required services and provides information on the inquiry with ability to convert data into a full intake. Fully integrated into core applications.

7. Scheduling – functionality to include but not limited to ability to track patient reminders for therapy and evaluation appointments both internally and outside the facility. The scheduling function should include the ability to appoint across locations and providers. Fully integrated with core applications

8. Quality Assurance – functionality to include but not limited to, tracking and reporting of patient incident management and outcomes.

Each facility shall have a uniform, fully functional, facility specific system that will reside on a server with the most current Microsoft Windows server platform with the ability to accommodate when Microsoft upgrades/updates and utilize Microsoft IP networking. The system shall be able to produce integrated, inter-application ad-hoc reports. Integrated Report Writer is defined as a report-generating tool that can be operated by a non-technical user. The skill level should be that equal to operating a standard spreadsheet or word processing package. The system shall have the functionality of importing, exporting, downloading, and uploading information and applying standard software tools to exported data.

Each facility shall have a system capable of full functionality with or without connectivity, and will replicate data to a central system. The system shall be designed to enable remote control/access by support staff of the system. The system shall have multi-user capabilities. The same files and data elements shall be accessible at the same time by multiple users. Software must support multiple treatment sites with centralized reporting for individual facility statistics and system wide statistics. .

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Proposed solutions can be either software as a service (SAAS) or through a capital infrastructure project.

Section 30.110 – Data Migration

The Offeror must provide a detailed description of the data conversion methodology, implementation timetables and tasks associated with the conversion process. The data is now stored on a centrally located IBM iSeries 8406/810 with v5r4 operating system. There are 17 individual environments representing the facilities. This data represents all admissions and discharges to all facilities since 1984. Appendix 1 contains a table with total records and total memory space requirements of the current system. Data Migration shall be completed and tested 30 days prior to initial Go-Live date.

Section 30.120 – Compliance with CHFS IT Standards

CHFS Office of Administrative and Technology Services (OATS) recognizes COT standards described in Section 30.010, and additionally, has standards to which new systems development projects must also adhere.

Web link: <http://chfs.ky.gov/itstandards>

Though not mandatory, it is CHFS's preference that the vendor delivers the scope of work outlined in this RFP utilizing the CHFS IT standards for ease of knowledge transfer and ongoing maintenance. In the event that the vendor has proposed solution outside the CHFS IT standards, it is preferred that the vendor outline the business reasons for that decision.

Section 30.130 – Compliance with CHFS IT Policies

All solution components must also adhere to CHFS Technology Policies and can be downloaded at:

Web link: <http://chfs.ky.gov/itpolicies>

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Any deviations from these policies must be clearly delineated with detailed justifications. These deviations are subject to approval and acceptance by the Commonwealth and or CHFS CIO.

Section 30.140 – Standards Requirements

The Offeror shall show evidence that software conforms to the information systems and data standards of the:

- D. American National Standards Institute (ANSI);
- E. Certification Commission for Healthcare Information Technology (CCHIT) General and Behavioral Health certification as defined on CCHIT.org.
- F. Generally Accepted Accounting Principles (GAAP);
- G. Health Information Portability and Accountability Act (HIPAA).
 - Including, but not limited to a Comprehensive Audit Log/Report displaying data viewed, user viewing the data and date and time

Section 30.150 – Regulatory Requirements

The Offeror shall show evidence that software conforms and is maintained to federal and state regulatory agency requirements including but limited to:

- D. Joint Commission for the Accreditation of Healthcare Organizations (JCAHO);
- E. Centers for Medicare and Medicaid Services (CMS) and Meaningful Use Reporting;
- F. Department of Justice (DOJ);
- G. Kentucky Cabinet for Health and Family Services, Office of Health Policy Administrative Regulation 902 KAR 19:020 State Reporting Requirement (CompDATA);
- H. KASPER (Kentucky All Schedule Prescription Electronic Reporting System) 902 KAR 55:110 State Reporting Requirement.

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Section 30.160 - Facility Specifications

The system shall be configured to accommodate the facilities listed in Appendix 1. Minimum hardware configuration statistics are provided to assist in this process (see Appendix 4). Hardware and networking design specifications shall be provided by the successful vendor within thirty (30) days of project initiation.

Section 30.170 - Site Preparation

It will be the Department's responsibility to prepare sites and install hardware prior to installation of software by the Vendor. If software will use a web browser, include the type and versions of acceptable browsers. CHFS prefers IE 7.0 and above.

Section 30.180 -Software Delivery, Installation and Documentation

Following the official award of a contract for the proposed software, the Department plans to purchase and install the required hardware within four (4) months.

A. The Offeror awarded the software bid shall be required to deliver software within ten (10) working days of notification of completed hardware installation.

B. The vendor shall provide the installation documentation that includes step-by-step instructions and assist Commonwealth staff with the software installation and configuration.

C. The Vendor shall provide the Department with access to current Application User Documentation at the time of software installation. The documentation shall be at the Vendor's current format (paper documentation, CD, web-based access, etc.). Vendor will provide enough full copies of such documentation available for each facility, plus a central office copy of each application. The Department shall receive all updates to such documentation at any time that the Vendor shall make the same available to other Customers at no cost to the Department for a period of six (6) months from the date of written acceptance of the software. The Department shall be granted the right to copy this documentation in its entirety for the Department's use only. The Department agrees to include all copyright notices of the original copy on such copies.

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Section 30.190 - Maintenance and Support

The Department will maintain a centralized Help Desk. Department users will be expected to follow steps to resolve issues with initial problems. Problems that cannot be resolved at this level will then be communicated to the Vendor by authorized DBHDID IT Help Desk staff.

The Vendor shall provide minimum knowledge level required for initial technical and business support.

Section 30.200 - Implementation Plan

The Department plans to have all modules of acquired software installed and implemented and have appropriate staff training completed at each facility.

The Vendor shall provide on-site training to Key Users and/or third party resources at each facility prior to that facility's Go-Live date. Key Users or third party resources at each facility will then train all End Users based on job assignments and multi-shift periods.

The Vendor shall establish Separate Testing and Training environments to allow for on-going, new employee training.

The system schedule and implementation plan must comply with federally regulated EMR implementation deadlines in order to avoid CMS provider penalties. However, the implementation period may not exceed twenty-four (24) months.

The application(s) will be able to run on multiple devices including but not limited to personal computers, Macintosh computers, laptops and other mobile devices (i.e. iPhones, iPads, tablets, android devices, etc.). Ideally the application would run in its native platform not requiring a separate application to accommodate multiple end-user devices types.

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Section 30.210 - Acceptance Testing

After written notification by the Vendor that the software has been installed and ready for use at a specified facility, the Department will test the software for acceptability. The first test run will be performed sixty (60) days prior to Go-Live at the pilot facility. Testing will occur for ten (10) days and, minimally, will include:

- G. Test each process or application listed in Section 30.100;
- H. Test each customized function (if applicable);
- I. Test all data entry and retrieval screens;
- J. Test capability of producing integrated and meaningful use reports;
- K. Test backup and recovery operations completely; and
- L. Test data transfer capabilities.

All tests runs must result in performance that is satisfactory to the Department prior to installation at other sites. The Vendor shall be notified immediately of any unsatisfactory findings and shall have ten (10) days to resolve any outstanding issues. The Department will have ten (10) additional days to resume testing after the issues have been resolved.

Section 30.220 - HIPAA Confidentiality Compliance

The Second Party agrees to abide by the "HIPAA Privacy Rule," 45 CFR Parts 160 and 164, established under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (42 USC 1320d) to protect the security, confidentiality, and integrity of health information. The Cabinet is a Covered Entity and the Second Party is a Business Associate under the HIPAA Privacy Rule. This rule includes any form of information including paper records, oral communications, audio recordings, electronic displays, etc. In the performance of services under this Agreement, the Second Party agrees to use and disclose Protected Health Information only in accordance with the HIPAA Privacy Rule as follows:

- a) To use or disclose Protected Health Information solely for meeting its obligations under this Agreement or as required by applicable law, rule or regulation, or by accrediting or credentialing organizations to whom the Cabinet or Second Party

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- is required to disclose such information or as otherwise is permitted under this contract, or the HIPAA Privacy Rule;
- b) To implement appropriate safeguards to prevent use or disclosure of Protected Health Information other than as permitted in this contract;
 - c) To take reasonable steps to ensure that its employees' actions or omissions do not cause a breach in the terms of the HIPAA Privacy Rule;
 - d) To make available Protected Health Information to the extent and in the manner required by 45 CFR 164.524, for purposes of accounting of disclosures in accordance with 45 CFR 164.528, and for amendment and incorporation of any amendments in accordance with the requirements of 45 CFR 164.526 of the HIPAA Privacy Rule;
 - e) To ensure that its agents, including subcontractors, abide by the same restrictions and conditions concerning Protected Health Information contained in this contract and that any subcontract entered into contain this requirement;
 - f) To report to the Cabinet any use or disclosure of Protected Health Information of which it becomes aware that is not in compliance with the terms of this contract; and
 - g) To return or destroy copies of all Protected Health Information upon request of the Cabinet or upon termination of this contract. If such return or destruction is not feasible, the Second Party shall extend the protections of this contract to such information and limit further uses and disclosures to those purposes that make its return or destruction not feasible.

Government agencies responsible for HIPAA Privacy Rule compliance and appropriately authorized shall have the right to audit the Second Party's records and practices related to use and disclosure of Protected Health Information to ensure the Cabinet's compliance with the terms of the HIPAA Privacy Rule. In the event that either party to this contract believes that any provision fails to comply with the then current requirements of the HIPAA Privacy Rule, such party shall notify the other party in writing. For a period of up to thirty days, the parties shall address in good faith such concern and amend the terms of this contract, if necessary, to bring it into compliance. If, after such thirty-day period, the contract fails to comply with the HIPAA Privacy Rule, then either party has the right to terminate upon written notice to the other party.

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Section 30.310 – Workflow Assessment and Re-design

The Vendor will evaluate the Department's workflow including review of various tasks at the facilities such as phone call handling, exam room processes, results delivery and handling, account receivable/billing methods, pharmacy inventory, distribution and administration processes and a deeper review of technology infrastructure. The assessment will result in Department workflow improvement recommendations.

Section 30.320 – Meaningful Use Support

The Vendor will assess the Department's readiness to meet Meaningful Use requirements using the EMR. The Vendor will assist the Department in preparing the evidence necessary to achieve Meaningful Use designation and will help the Department demonstrate Meaningful Use to CMS.

Section 30.330 – Change Management Facilitation

The Vendor will provide training for the Department, including any staff that will be affected by Department changes that will be implemented with the new EMR, Accounts Receivable/Billing and Pharmacy system. The Vendor will help Department personnel understand why the change is happening, how it can improve efficiencies, and when and how the changes will occur.

Section 30.340 – Implementation Support

The Vendor will provide the Department with recommendations illustrating the implementation steps and timeline involved in implementing the EMR, Accounts Receivable/Billing and Pharmacy system. The Vendor will work with the Department to ensure that any concerns are identified, addressed and resolved in a timely fashion.

Section 30.350 – HIE Connectivity Facilitation

The Vendor will facilitate an electronic data feed for exchanging data between a Health Information Exchange (HIE) and the providers' EHR and will assist with the development of interfaces that can exchange EHR data with the HIE.

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Section 30.360 – Privacy and Security Support

The Vendor will support the Department in implementing best practices with respect to privacy and security of Personal Health Information (PHI) including implementation and maintenance of network security, user-based access controls, disaster recovery, required notifications, encryption and storage of backup media, and human resources training and policies.

Key Facility Statistics

Total Records and Space Requirements of Current System

Facility	# Records in Master Patient Index	Total Size of Data Directory (MB)
Central State Hospital	52,676	4,804
Bingham Gardens	384	1,946
Eastern State Hospital	52,302	6,261
Glasgow State Nursing Facility	1,027	1,903
Hazelwood Center	981	3,756
Hazelwood Center/Del Maria	50	987
Hazelwood Center/Meadows	40	987
Hazelwood Center/Windsong	42	991
KCPC	19,700	2,815
Oakwood – Unit 1	1,807	1,252
Oakwood – Unit 2	1,793	1,266
Oakwood – Unit 3	1,787	1,543
Oakwood – Unit 4	1,786	1,260
Outwood	260	2,121
Western State Hospital	42,927	9,149
Western State Nursing Facility	1,751	3,232

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Minimum Hardware Configuration Requirements

Workstation Minimum Requirements*

Dell Optiplex Line

2ND Gen Core i5 Processor or higher

4gb Ram or higher

256mb video card or higher

19" Flat Panel Display or better

260gb Hard Drive

USB keyboard/optical mouse

DVD+/-RW

External Speakers

*Windows 7 is mandatory. Vendor solution must be compatible with McAfee Antivirus/Anti-Spyware, v8.7.

Printer Requirements

Current Commonwealth contract states that standard printer purchases must be from the Xerox product line.