

**California  
Behavioral Health  
Electronic Health Record  
(CA BH-EHR)  
Request for Information**

**September 17, 2008**

**Version 1.0**

**CALIFORNIA DEPARTMENT OF MENTAL HEALTH  
*Information Technology Division***

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## A. Preface

### Introduction to this Request for Information (RFI)

The passage of Proposition 63, the Mental Health Services Act (MHSA) in November 2004, provided resources to support the delivery of mental health services by California's 58 county mental health programs and to monitor their progress toward statewide goals for mental health care in California. The MHSA provided funding for the infrastructure, technology and training elements that support a county's ability to address a broad spectrum of prevention, early intervention and service needs for children, transition age youth, adults, older adults and families. Improvement in client outcomes is a fundamental expectation throughout the MHSA implementation process.

Under MHSA, each county must develop Technological Needs Project Proposals that address the development of a long-term infrastructure that will facilitate the cost-effective delivery of the highest quality services and supports for consumer and family wellness, recovery and resiliency. Each county is responsible for its own budget and for tailoring its project proposals to meet the needs of the clients in that community.

### DMH Technology Goals

All County MHSA Technological Needs Project Proposals must be framed within the context of the guiding principles of MHSA. The specific technology goals are to:

- Increase **CONSUMER AND FAMILY EMPOWERMENT** by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings.
- **MODERNIZE AND TRANSFORM** clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness.

To facilitate the improvement of behavioral health services in the state of California, the Department of Mental Health (DMH), in collaboration with the County Mental Health Programs, contract providers, and the client, family and vendor communities, has assembled the requirements for an Electronic Health Record (EHR) System that would be a '*secure, real-time, point-of-care, client-centric information resource for service providers*' and would allow for the exchange of client information according to a standards-based model of interoperability.

DMH recognizes that the development of standards is an ongoing process that often reflects competing interests and, that standards are often more developed in some areas than in others. DMH wishes to facilitate the process whereby vendors adapt their systems to adhere to the standards that best serve the needs of California's behavioral health care recipients.

The purpose of this RFI is to share business and functional requirements with vendors and to obtain information about each vendor's ability to deliver standards-based and interoperable behavioral health information systems in California. This RFI will assist in obtaining information from vendors to be shared with the County Mental Health Programs with the intent to aid County/Vendor compliance with requirements. DMH is not building a single statewide system.

## Business Requirements

The following business requirements, derived from Enclosure 3 of the *MHSA Capital Facilities and Technological Needs Proposed Guidelines*, reflect the State's desire that 'secure, real-time, point-of-care, client-centric information' be available in an interoperable environment.

### ***To meet the Consumer and Family Empowerment Requirements the system should:***

Provide accurate and current information about a consumer's mental health history to the service provider, the consumer and their family, when appropriate.

Promote client and family awareness and empowerment by emphasizing education and preventative care, and by providing an interface for exchanging data with a Personal Health Record (PHR).

Ensure access to mental health information that enables consumers to be informed and make sensible choices within the mental health system.

Promote informed, collaborative decision-making processes for clients, families, and clinicians.

Assist service providers with recording and monitoring the client needs and provide a means of reporting the utilized treatments that can be linked to the ongoing improvement of service quality and recovery.

Securely provide consumers with the ability to view and enter comments or data in their records, and the ability to share their journey with a designated family member, friend, and service provider.

Provide complete and accurate health information that is crucial in reducing medical errors and improving care coordination such as medication history, lab results, and other clinical information.

### ***To meet the Modernization and Transformation Requirements the system should:***

Provide the ability to review treatment and recovery information in a standardized format in order to develop decision support tools for improved client treatment by enabling the measurement of quality indicators as determined by national, state and county standards.

Decrease time in common administrative procedures and efficient communications with clients, family, and service providers.

Provide for integrated outcomes measurements that assess services and determine their cost-effectiveness.

Enable a collaborative decision-making process with service providers, consumers, and families in all aspects of the mental health system.

Automate core business functions – billing/claiming, assessments, workflow processes, etc.

Aid decision-making by providing access to health record information where and when they need it and by incorporating evidence-based decision support.

***To meet the Modernization and Transformation Requirements the system should:***

Provide clinicians with secure, real-time access to accurate, client-centric, clinical information that is communicable through interoperable behavioral and medical health systems using standards developed by Standards Developing Organizations (SDOs), such as the Certification Commission for Healthcare Information Technology (CCHIT) and Health Level Seven (HL7).

Allow different County systems to share information across a secure network environment both inside and outside their respective counties. Counties and their contract providers, hospital emergency departments, laboratories, pharmacies, and consumers and their families could all securely access information.

## **Functional Requirement Categories**

The functional requirements that support these business requirements were developed by workgroups comprised of representatives from DMH, the County Mental Health Programs, and the client, provider, and vendor communities. These workgroups combined established Ambulatory, Interoperability and Security functional requirements from CCHIT with requirements that are specific to the delivery of behavioral health services in California to develop a set of functional requirements that are grouped into the following categories:

### **1. Infrastructure Function Requirements**

Includes hardware and software with basic level of security and systems ready to deploy software. Interoperable EHRs require a structure for sharing information—a secure network.

### **2. Practice Management Function Requirements**

Includes registration, eligibility, accounts receivable, accounts payable, billing, documentation, and reporting these requirements. Addresses the complex financial and administrative needs of physician practices. These requirements will help County Mental Health Departments formulate the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management and compliance programs, and determine legal implications of business arrangements.

### **3. Clinical Data Function Requirements**

Includes clinical documentation such as assessment, treatment notes, and other clinical measures (such as data elements and corresponding definitions) that can be used in the measurement of patient clinical management and outcomes, and for research and assessment. Clinical documentation elements also help facilitate communication across provider types to enhance communication and improve coordination of care.

### **4. Computerized Provider Order Entry (CPOE) Function Requirements**

Includes internal and external laboratory, pharmacy and/or radiology ordering and history display. These requirements address optimizing physician ordering of medications, laboratory tests with interactive decision support systems. Integration with other hospital information technology systems including electronic patient records, pharmacy, laboratory, and other services provides the prescriber with all information necessary to develop and transmit in an effective, error-free order.

### **5. Full Electronic Health Record (EHR) Requirements**

Includes infrastructure, health record capture, decision support, reporting, data transfer and CPOE components that are interoperable with external systems such as those used by contracted providers using industry standards.

## 6. Full EHR and Personal Health Record (PHR) Requirements

Includes full EHR functionality and interoperability with a Personal Health Record system.

### B. Statement of Intent

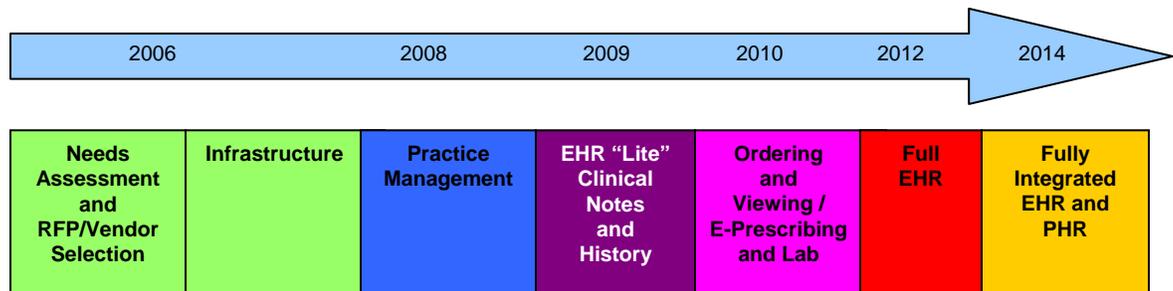
In an effort to provide the counties with a comparison of the different products on the market, the CA Department of Mental Health, is releasing this RFI to vendors. The results of this RFI will be shared with the 58 California Counties as they embark on choosing the vendor(s) and product(s) that will meet their individual county needs and align them with the statewide objectives for Electronic Health Record implementation and interoperability.

The intent of this RFI is to provide a mechanism for County Mental Health Programs to:

1. Evaluate the current vendor offerings available to them.
2. Assess the vendors' capabilities in a common platform of comparison.
3. Determine the vendors' ability to work in partnership to achieve the long term goals of interoperability with a variety of electronic health records and personal health record configurations as described in the DMH Integrated Information System Roadmap (Below).

DMH encourages any interested vendor to respond even though that vendor's solution may not be designed to address all of the Functional Requirement Categories identified by this RFI.

#### DMH Integrated Information System Roadmap



## C. Responding to this RFI

### Response Format

In order to aid in the consistency of responses received, vendors are requested to:

1. Submit your responses in Word format using 11 point Arial font.
2. Submit your response in a version of MS-Office no older than version 2000.
3. Ensure that typed answers are provided to all questions. If any specific question or item does not apply to your response, please indicate so by answering 'N/A' for Not Applicable.
4. Respond to each of the requirements in the CA BH-EHR Functional Requirements Survey (an Excel spreadsheet) that accompanies this RFI document. The Functional Requirements Survey is an essential part of this RFI and must be completed and returned with this RFI document. See Section I in this document for more information about how to complete the Functional Requirements Survey. Vendors are encouraged to respond even if their solution does not address all of the functional categories identified in the RFI. Please be sure to respond to all of the requirements in the RFI. A response of "Not applicable" or "Not addressed" is acceptable when appropriate.
5. In each of the remaining sections of this RFI, a numbered indicator is used to identify a "Required Response". The format of this indicator is "**RR-x-nn**" where "x" is the section letter and "nn" is the number of the question in that section. For example the 1<sup>st</sup> question in Section D is labeled "RR-D-01".
6. Use Appendix A to append company or product literature to support, but not replace, an answer. **Please ensure that each enclosure within Appendix A contains a reference to the question or requirement for which the additional information is being provided.** Vendors are encouraged to use as much space as necessary to provide answers to all questions.

### Response Delivery

This document and the CA BH-EHR Functional Requirements Survey must be submitted in electronic format no later than 5:00 p.m., PST, **11/11/2008**. Please E-mail your response to: [MHSA-IT@dmh.ca.gov](mailto:MHSA-IT@dmh.ca.gov). <mailto:DMHSA-IT@dmh.ca.gov>

Be sure to append **your company's name** to the end of each file's name to distinguish it from all other responses. For example, if your company name is **ABC Company**, then prior to submission rename your files to:

1. CA BH-EHR RFI **for ABC Company**.doc and
2. CA BH-EHR Functional Requirements Survey **for ABC Company**.xls

If you wish to mail any supplemental information in hard copy it must be postmarked no later than **11/11/2008** and send to:

**California Department of Mental Health  
Information Technology  
Attention: MHSA-IT  
1600 9<sup>th</sup> Street, Room 141  
Sacramento, CA 95814**

## D. Company Background

**RR-D-01** Please provide the following information regarding the makeup of your company.

CORPORATE INFORMATION	
COMPANY NAME	ASKESIS DEVELOPMENT GROUP, INC.
COMPANY TYPE (C-CORP, S-CORP, LLC, LLP, SOLE PROPRIETORSHIP, ETC.)	CORPORATION
LOCATION OF CORPORATE HEADQUARTERS	PITTSBURGH, PA
LOCATION OF FIELD SUPPORT OFFICES	PITTSBURGH, PA WITH 6 FIELD OFFICES ACROSS THE US
LOCATION OF PROGRAMMING/TECHNICAL SUPPORT PERSONNEL	PITTSBURGH, PA
PRIMARY CONTACT INFORMATION FOR THIS RFI	
TITLE	SALES MANAGER
OFFICE/LOCATION ADDRESS	ONE CHATHAM CENTER SUITE 300 PITTSBURGH, PA 15219
PHONE NUMBER	(972) 436-2435
E-MAIL ADDRESS	<a href="mailto:CHAMBERLAINMS@ASKESIS.COM">CHAMBERLAINMS@ASKESIS.COM</a>
INTERNET HOME PAGE	<a href="http://WWW.ASKESIS.COM">HTTP://WWW.ASKESIS.COM</a>

**RR-D-02** Provide an overview of your firm and its history. Describe the strength of your firm and its ability to meet the needs of California's behavioral health recipients and providers. **(2 pages maximum)**

## ASKESIS DEVELOPMENT GROUP

Askesis will meet your information technology needs and help you enhance your ability to be customer-sensitive by implementing a system that supports your business operations within the complex behavioral healthcare market.

PsychConsult Provider was created for the behavioral health division of the University of Illinois at Chicago (UIC) as an in-house information system. In 1993 UIC provided seed monies to the designers of the software to create the Askesis Development Group and to sell the product to other publicly focused provider groups.

In 1996, the University of Pittsburgh Medical Center became the largest customer for the PsychConsult Provider and PsychConsult MCO products. It is now Askesis' majority (70 percent) shareholder. UPMC Health System is the largest provider organization in Western Pennsylvania (approximately \$6.8 billion), providing both medical and behavioral health services. In 2003, the Highmark Blue Cross/Blue Shield Health Ventures Fund became a minority (30 percent) shareholder of Askesis Development Group, Inc.

Askesis has focused exclusively in the behavioral health, addictions treatment, and social services information technology market for more fifteen years. The company is majority-owned by the University of Pittsburgh Medical Center (UPMC), a \$6.8 billion healthcare integrated delivery network. UPMC has deep roots in behavioral healthcare delivery and management, as its behavioral health provider arm, Western Psychiatric Institute and Clinic (WPIC), is a national leader in the diagnosis, management, and treatment of mental health and addictive disorders. WPIC is a development partner with Askesis.

Askesis is an active member of the Software and Technology Vendors' Association (SATVA) and our CEO is the former Chair and current member of the Board of Directors. Askesis is focused on improving the actions of vendors so we can better support the agencies that rely on us to provide the effective and efficient services.

## UNIVERSITY OF PITTSBURGH MEDICAL CENTER PARENT ORGANIZATION

UPMC is the premier health system in western Pennsylvania and one of the most renowned academic medical centers in the United States. During the past decade, UPMC has reshaped the health care landscape in western Pennsylvania. As a \$7 billion organization and the region's largest employer, it has transformed the economic landscape as well. During a period of rapid growth, UPMC created a genuinely integrated health care delivery system and aggressively recruited superb physicians and researchers to develop internationally renowned centers in transplantation, cancer, neurosurgery, psychiatry, rehabilitation, geriatrics, and women's health, among others. UPMC also has invested significantly in information technology to link and integrate electronic medical records across multiple hospitals and care settings and has invested research monies to seed new fields like regenerative medicine and biosecurity. And UPMC has exported its expertise internationally: In partnership with Italy's Region of Sicily, UPMC developed a hospital in Palermo to provide transplantation and other specialized services.

Today, with 48,000 employees, UPMC comprises 20 hospitals and a network of other care sites across western Pennsylvania and throughout the world: doctors' offices, cancer centers, outpatient treatment centers, specialized imaging and surgery facilities, in-home care, rehabilitation sites, behavioral health care, and nursing homes.

UPMC also has leveraged its world-renowned clinical services and patient care reputation into one of the country's fastest growing health insurance plans, offering an array of commercial, Medicare, and Medicaid products. UPMC Health Plan is a pioneer in the management of chronic diseases like congestive heart failure, asthma, and diabetes.

A passion for innovation lies at the heart of UPMC's success. Through such innovation, UPMC has already launched a portfolio of new businesses in information technology, biosecurity, and biomedicine — all nurtured from its core service lines. UPMC's unique strategy of combining clinical and research excellence with business-like discipline translates into excellent patient care for western Pennsylvanians and the promise of new jobs, new businesses, and a new biotechnology-based economy for the region.

**RR-D-03** List the number of employees (Full-time equivalents) in your organization by category for the last 3 years:

Category	2006	2007	2008
<b>Total Employees</b>	<b>35</b>	<b>42</b>	<b>46</b>
<b>Installation / Setup</b>	<b>10</b>	<b>10</b>	<b>12</b>
<b>Research and Development</b>	<b>20</b>	<b>21</b>	<b>21</b>
<b>Application / Technology Support</b>	<b>16</b>	<b>18</b>	<b>18</b>
<b>Customer Service / Helpdesk Support</b>	<b>4</b>	<b>5</b>	<b>5</b>
<b>Other</b>	<b>4</b>	<b>5</b>	<b>7</b>
<b>Those with Clinical Backgrounds:</b>			
– <b>Physicians</b>	<b>2</b>	<b>2</b>	<b>2</b>
– <b>Psychologists</b>	<b>2</b>	<b>2</b>	<b>2</b>
– <b>Psychiatrists</b>	<b>2</b>	<b>2</b>	<b>2</b>
– <b>Registered Nurses</b>	<b>2</b>	<b>2</b>	<b>2</b>
– <b>Other Clinicians</b>	<b>2</b>	<b>2</b>	<b>2</b>

<sup>1</sup> The number of “Total Employees” is reported as full-time equivalents. The total of number of employees based on the “Categories” is greater than the total due to overlapping responsibilities within Askesis.

<sup>2</sup> Askesis has a consulting agreement with Physicians, Psychologists, and Psychiatrists at the University of Pittsburgh Medical Center, Western Psychiatric Institute and Clinic.

**RR-D-04** Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

No, Askesis Development Group has not acquired or merged with any other organizations.

**RR-D-05** How long has your company been in the business of developing and implementing your Electronic Health Record related products?

Askesis Development Group has developed and implemented EHR related products for over 15 years.

**RR-D-06** What were your firm's annual revenues for the last 3 fiscal years?

Category	2005	2006	2007
\$1,000,000 to \$5,000,000	X	X	X
\$5,000,000 to \$25,000,000			
\$25,000,000 to \$100,000,000			
Greater than \$100,000,000			

**RR-D-07** What percentage of your firm's annual revenue directly resulted from behavioral health care solutions during the past 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Resulting from BH Solutions	100%	100%	100%

**RR-D-08** What percentage of annual revenue did your company expend for research and development (R&D) on your proposed products during the last 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Expended on R&D	57.9%	54.9%	64.1%

**RR-D-09** What percentage is budgeted for R&D in the current and next fiscal year?

Category	2008	2009
Percentage of Annual Revenue Budgeted for R&D	60%	60%

## E. Partner and/or Reseller References

**RR-E-01** Please list any partners and/or resellers in the areas of behavioral health: Strategic or tactical development, sales, support, delivery, consulting, or training.

1. **System Imaging, Inc. – Preferred business partner for scanning and document management solution**
2. **Allscripts, LLC – Value Added Reseller (VAR) for their electronic prescribing tools**
3. **Odyssey Software – Preferred business partner for General Ledger and Human Resource Management Software**
4. **Pervasive – Value Added Reseller (VAR) for their HIPAA Engine**

**RR-E-02** For each partner or reseller listed above, please identify the following:

1. Functional areas.
2. Nature of partnership/relationship.
3. Length of the relationship.
4. Referencable customers for whom you have jointly provided services.

**(3 pages maximum)**

### **System Imaging, Inc.**

1. EMC Documentum Application Xtender Suite:

The Application Xtender (AX) Suite, from EMC2 Corporation, is the client software that allows for document scanning, storage and retrieval. AX is a very powerful document repository with full document indexing, searching and retrieval capabilities. AX uses industry standard, open databases to provide for easy application integration. In order to integrate with PsychConsult Provider, we have integrated Application Xtender within four critical screens in Provider's workflow: Quick Patient, Clinical Documents, Coverage Profile and Patient Registration/Intake. If a user in PsychConsult Provider has permission to access any of these screens, then they can simply click a button and immediately locate all scanned documents for the patient record that they are viewing.

#### Security Integration Module:

The PsychConsult Security Administration module seamlessly integrates with the document imaging solution. The security profiles in PsychConsult are the same profiles used by document imaging. Users will only have access to scanned images their security setup allows them to view. When you add documents to the imaging component, data values are pulled and checked against PsychConsult, maintaining data integrity between the document imaging module and PsychConsult. This produce is supported by our business partner, Systems Imaging.

2. Preferred business partner for scanning and document management solution

3. 2 Years
4. **Rockbridge Area Community Services** – Lexington, VA

### **Allscripts, LLC**

1. TouchScript, a very robust medication management and electronic prescribing system, is fully integrated with PsychConsult Provider and provides the following functions:
  - Medication management, e-Prescribing.
  - Allergy management.
  - Enhanced prescription writing capabilities, including multiple provider defined SIGs for a medication.
  - Five-point DUR checking (drug-drug, drug-allergy, duplicate therapy, prior adverse reactions, and dose checking).
  - Printing and/or faxing of prescriptions.
  - Cloning medications in drug history for refills.
  - Health plan-specific formularies.
  - Electronic prescription routing to individual EDI-ready pharmacies.
  - Automatic updating of new versions and drug updates through a nightly delta process.
2. Value Added Reseller (VAR) for electronic prescribing tools
3. 4 Years
4. **Amherst Wilder** – St. Paul, MN; **Sound Mental Health** – Seattle, WA; **Elizabeth Layton Center** – Ottawa, KS; **East Bay Mental Health Center** – East Providence, RI; **Central Washington CMH** – Yakima, WA; **Christian Health Care Center** – Wyckoff, NJ

## Odyssey Software

1. Odyssey Software Group provides General Ledger, Financial Reporting, Purchasing, A/P, Fixed Assets and Payroll / HR solutions. Odyssey is a Value Added Reseller of the Microsoft Dynamics GP products.
5. Preferred business partner for General Ledger and Human Resource Management Software
2. 7 Years
3. **Rockbridge Area Community Services** – Lexington, VA; **Community Mental Health of St. Joseph County** – Three Rivers, MI; **Sound Mental Health** – Seattle, WA; **Service Access Management** – Reading, PA; **Mon Yough Community Services** – McKeesport, PA; **Greater Lakes Mental Healthcare** – Lakewood, WA; **Good Samaritan** – Puyallup, WA; **Elizabeth Layton Center** – Ottawa, KS; **Central Washington CMH** – Yakima, WA; **Colorado West Regional MHC** – Glenwood Springs, CO; **Otis R. Bowen Center** – Warsaw, IN; **Beech Brook** – Pepper Pike, OH

## Pervasive

1. Pervasive provides formatting tools for HIPAA transactions sets and HL-7 interfaces.
2. Value Added Reseller (VAR) for HIPAA Engine
3. 5 Years
4. As the Pervasive HIPAA Engine is integrated into PsychConsult Provider for translation purposes, all clients using that level of functionality are referencable.

## F. Behavioral Health Solutions Experience

Descriptions of the Functional Requirement Categories referenced in questions RR-F-01 through RR-F-05 of this section are in The Preface (Section A). In your responses to the questions in this section, emphasize your experience in the State of California.

**RR-F-01** Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Practice Management systems.  
**(5 pages maximum)**

Askesis has successfully implemented over 80 behavioral health practice management systems throughout the country and 5 within the State of California. PsychConsult Provider was designed with inherent flexibility in order to easily accommodate specific state and payor requirements. In addition to the input of staff members with extensive practice management backgrounds and ongoing market research, our clients provide input regarding the functionality required to effectively utilize the software in the complex behavioral health industry.

PsychConsult Provider offers practice management functionality from initial call and intake tracking, through scheduling, charge capture, billing, and accounts receivable. PsychConsult Provider's integrated functionality allows access to system-wide and/or entity specific information throughout the application. Patient/Client data is easily accessible across facilities as long as there is connectivity to the database.

The following details our current functionality which is a direct result of our extensive experience and qualifications in the design, development and implementation of Behavioral Health Practice Management systems.

**Call Center/Contact Manager** – Provides a single point of entry for logging calls and other types of correspondence. Includes embedded clinical triage tools. Links to a reminder/tickler system to ensure critical tasks are addressed in a timely manner. The Call Center is often the first point of contact for communication with an organization and can be used for logging inquiries and requests for services.

- Log all incoming calls (contacts), assigning a unique identifier to each caller.
- Search for existing records using soundex and alpha/character search.
- Collect extensive information on each call, including acuity, duration, and resolution.
- Conduct triage using embedded tools, such as risk assessments.
- Track referrals.
- Schedule follow-up calls for other staff members.
- Access patient information and EMR, given appropriate security privileges.
- View a personalized summary of call activity and status.
- Transfer information seamlessly into other modules, such as intake/registration, appointment scheduling, and clinical documentation.
- View a complete listing of all calls in the Contact Manager.

**Scheduling** – Fully integrated with the charge capture functions, the scheduling module facilitates patient, group, and staff scheduling. Includes functions for easy calendar and resources management. Staff members can indicate their availability for clinical services and reserve administrative time.

#### Appointment Search and Scheduling:

- Specify multiple search criteria for desired appointments: date, location, payor, procedure code, type of appointment slot.
- Search on desired clinician characteristics: primary language, treatment approach, demographics, payor credentialing.
- Satisfy and track access standards: record and report on accepted and declined appointments.
- Alert users of scheduling conflicts.

#### Group Scheduling:

- Create group appointments and add and remove members, resources, and clinicians as needed.
- Avoid duplicate data entry by scheduling one group appointment; the system automatically transfers the details to each member in the group.
- Automatically schedules the recurring group appointment in the future.

#### Staff and Resource Calendars:

- View calendars with flexible displays for staff, patients, resources, and locations.
- Reserve time for clinical and nonclinical activities (one time or recurring).
- Specify types of services that can be scheduled into an available slot.

**Registration/Intake** – Enables the accurate collection of demographic, financial, and administrative data, in an easy-to-navigate user interface. One convenient module captures the information needed to register a patient. This information flows seamlessly between modules, eliminating duplicate data entry.

- Integrate information with the Call Center module.
- Capture multiple alias names for each patient.
- Track referral sources.
- Capture extensive demographic information, including family relationships, employment, housing, education, and external identification numbers.
- Record financial and insurance coverage information, including financial status, family income, multiple payors, patient copayment, and co-insurance.
- Assign a sliding-fee scale template.
- Designate alerts and precautions that are flagged in other parts of the application.
- Add custom screens and fields to capture information that is unique to the organization.
- Configure screens to highlight or hide fields, and to order tabs based on user role.

**Front Desk/Reception** – Fully automates the process flow in outpatient settings. Notifies clinicians when patients arrive, allows for the collection of copayments, and tracks no-shows and cancellations. Alerts staff of missing or required data.

The Clinical Reception screen provides a centralized hub where the administrative staff manages the process flow in an outpatient setting.

- Display scheduled services.
- Filter services by date range, location, program, or staff member.
- Review dynamic alerts regarding service level authorizations.
- Track status of appointments: Schedule, Show, Start, Stop, Complete.
- Send pop-up alert to a clinician announcing arrival of a patient.
- Create, cancel, or reschedule appointments as needed.
- Manage individual and group appointments.
- Collect copayments and print receipts.
- Maintain individual patient focus when opening other modules within the system.

**Billing and Accounts Receivable** – Enforces billing and charge completion rules to facilitate accurate and timely claims, minimizing denials. Is integrated with a sophisticated authorization management module. Incorporates an easy to understand AR management system.

The Billing Module automates the revenue cycle process, from scheduling and charge capture to billing and payment posting. It eliminates the generation of incorrect claims thereby minimizing denials.

- Automatically transfers information from completed clinical services into the Billing module, eliminating the need for duplicate data entry.
- Has a flexible Charge Master that accommodates a variety of payor contracts.
- Has a Coordination of Benefits (COB) feature with cascading payment responsibilities to secondary and tertiary payors.
- Enforces criteria necessary for successful billing by flagging transactions with inadequate documentation or information (pre-billing edits).
- Takes contractual adjustments as bills are created, to improve the accuracy of A/R.
- Generates paper claim forms, including the CMS 1500 and UB04.
- Generates electronic claims for HIPAA-compliant transaction sets, including ANSI 837 Institutional and Professional.
- Automates remittance posting (ANSI 835), individual account posting, cash posting, and refunds.
- Manages service-level authorizations and produces warnings and alerts based on detailed authorization criteria.
- Incorporates patient-specific sliding-fee scales.
- Retroactively rebills services when a patient's coverage changes.
- Supports a variety of contracts, such as fee-for-service, capitation, and case rate.
- Issues patient statements.

The **Accounts Receivable (Patient Accounts) module** provides a centralized location to view and manage client/patient accounts.

- Display summary account information, such as outstanding balances, last billing, and payment information by each payor.
- Have single-click access to detailed account information.
- Display a collections flag and also easily enable the user to put a hold on client statements.
- Display accounting transactions with a variety of filters including dates, programs, procedure codes, and payors.
- Drill down to level of individual ledger entries using a convenient tree structure.
- Have quick links to related areas of the application, including charge master/fee matrix and service authorization details.
- Perform rebilling/retroactive billing and easily reprint claim forms.
- Post payments, adjustments, and/or refunds on individual accounts.
- Enter account notes at every level of the account.
- View claims and payment activities in a similar tree structure.
- View chronology of all activity on accounts.
- Create individual client payment plans.

**RR-F-02** Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Clinical Data Management systems.

**(5 pages maximum)**

Askesis' success is a direct result of our ability to design, develop, and implement applications that address our client's needs. Our company is unique as our staff has decades of clinical, technical, and operational experience in behavioral healthcare. They provide valuable insight for the design and development of our applications. In addition, through a consulting relationship, we work closely with clinicians, psychologists, and psychiatrists at Western Psychiatric Institute and Clinic to acquire "real-world" industry input and knowledge. Having this knowledge ensures that our technical development team designs and develops the application to meet today's clinical standards and practice needs. PsychConsult Provider has sophisticated clinical functionality including assessments, clinical documents, and treatment planning.

The following reflects the current functionality of our Behavioral Health Clinical Data Management systems.

**Caseload Manager** – Provides a single access point for clinicians to manage their daily schedules and view their caseload. Organizes tasks for treatment plans, documents, services, and other reminders. Facilitates supervisory functions.

Caseload Manager provides a single access point for clinicians to manage their daily schedule, view their entire caseload, and perform tasks to do, with easy navigation to other areas of the application.

View Schedule:

- Presents a schedule for both clinical appointments and administrative activities for a single day or a range of dates.
- Has a quick link to treatment plans, documents, and medication information for clients on the schedule.

View Caseload:

- Presents a complete clinician caseload across all clinical programs.
- Shows key data elements including: age, diagnosis, days since last seen, and primary clinician.
- Provides quick access to clinical program assignment detail which includes treatment team data.
- Has a quick link to treatment plans, documents, and medication information.
- Temporarily assigns coverage (and security permissions) to other staff members.
- Sorts and filters caseload.

View To-do Lists:

- Shows a complete listing of clinical documents to complete, sign, and co-sign.
- Shows a complete list of treatment plan tasks (review, sign, and task assigned).
- Provides access to other to-do tasks (phone calls, follow-ups, etc.).

**Inpatient/Residential** – Facilitates automation in inpatient and residential settings. Uses real-time bed search, bed transfer, and bed census summary. Manages current and future patient admissions and easily links to the EMR. Manages a number of inpatient services, including acute inpatient, residential, and detoxification.

With the Inpatient/Residential module or feature, you can:

- View a concise, real-time census including total capacity, open beds, and percentage of occupancy.
- View details of specific units, rooms, or beds.
- Perform admission, discharge, and transfer functions.
- Schedule a patient admission, documenting reportable information such as type, reason, and classification of the admission.
- Alert appropriate personnel when tasks are needed for scheduled admissions and discharges.
- Use a customizable discharge checklist to track activities that are required before discharge.
- Assign treatment team members for each role (e.g., attending physician, primary nurse, social worker).
- Track leave status.
- Create daily room and/or per diem charges automatically.
- Document details of service activity occurring on the unit.
- Create new or access existing clinical documents, such as progress notes, assessments, checklists, medication lists, and treatment plans.

**Reporting** – Is built on an open, nonproprietary database which facilitates the creation of ad hoc reports and offers a data repository optimized to facilitate open and flexible reporting.

**The Decision Support Repository (DSR)** is a data repository that has been optimized to facilitate flexible, open reporting. The Reports Manager is a convenient tool used for scheduling, viewing, and distributing reports.

- Is a simplified, de-normalized Microsoft SQL Server database, designed for ease of report writing.
- Has an automated transfer of data from the production (OLTP) database to the DSR (OLAP) database via a scheduled process.
- Has data transfer that includes core data, data transformations, and calculations.

Reports Manager:

- Imports Crystal Reports to run on demand, or schedules to view, print, or e-mail the report output.
- Schedules reports to run one time or on a recurring basis.
- Maintains a history of report instances.
- Assigns security permissions to reports (view only, run, and schedule).
- Has dynamic drill-down capabilities, from summary information to details.
- Exports reports to various formats, including Excel, PDF, RTF, HTML, and CSV.
- Requires a minimum number of Crystal Reports licenses, as the application has an embedded Crystal Reports viewer. Only your report authors and/or writers require Crystal Reports licenses.

**RR-F-03** Describe your firm's experience and qualifications in design, development, and implementation of Computerized Provider Order Entry (CPOE) systems.  
**(5 pages maximum)**

CPOE has been implemented and contains our first level of functionality which supports diagnostic test orders (lab, radiology, etc.), referral orders, patient service orders (seclusion, restraints and vitals) and medication orders. Askesis will be expanding the functionality in our next 2 releases.

**RR-F-04** Describe your firm's experience and qualifications in design, development, and implementation of interoperable Electronic Health Record (EHR) systems. **(5 pages maximum)**

Please see response under RR-F-02 regarding Askesis' experience and qualifications in design, development, and implementation of Behavioral Health Electronic Health Record (EHR) systems.

The following reflects our currently functionality which is a result of our extensive experience and qualifications in the design, development and implementation of Behavioral Health Electronic Health Record (EHR) systems.

**EHR/Treatment Planning** – Enables automation of clinical processes using standard and custom developed assessments linked with a rich treatment planning module. Flexible tools facilitate timely completion of documents. Electronically signed documents are immediately available to users across the system.

The **Treatment Plan Model Builder** was designed to accommodate complex treatment planning needs.

- The flexibility to define elements, structure, and layouts to match your agency's treatment plan format(s).
- A preconfigured system with symptoms and problems that can be modified, creating a library of clinical content.
- Content that can be augmented with free text to develop individualized plans.
- Symptoms captured at initial assessment that are integrated into the treatment plan.
- The capacity to create separate treatment plans for each program assignment, or create one master plan.
- A treatment plan coordinator that creates and manages the plan by assigning tasks to clinicians or other individuals.
- An automatic routing of treatment plans to assigned clinicians for initial approval and subsequent reviews.
- Treatment planning content that populates progress notes and other clinical documents.
- The ability to maintain version control of all initial and subsequent plans.
- Treatment plans to sign and review that are automatically generated in Caseload Manager.

The **Clinical Documentation** module offers broad flexibility to create, edit, electronically sign, and secure documents, while ensuring compliance with organizational policies. This module creates a fully automated Electronic Medical Record (EMR) in a virtually paperless environment.

- Design document templates using structured data entry forms.
- Utilize standard data entry fields, such as check boxes and drop-down lists to ensure consistent data entry across the organization.
- Auto-populate data gathered in other modules and in the patient's treatment plan.
- Sign documents electronically using password authentication.
- Grant or restrict user access to patient documents, based on security permissions.
- Automatically create document templates based on scheduled clinical services.
- Enforce billing rules, such as preventing bills from being produced unless the required documentation is completed and signed.
- Require co-signatures on documents and automatically route to the co-signer.
- Allow the use of Microsoft Word as a text editor.
- Build text content from simple check box and drop-down choices
- Save time by actively populating the current document with information from a previous document.

**RR-F-05** Describe your firm's experience and qualifications in design, development, and implementation of Personal Health Record (PHR) systems.

**(5 pages maximum)**

Askesis recognizes the national movement towards an integrated Personal Health Record and is in the process of performing research with industry experts and our current client base. Although we have not addressed Personal Health Record systems in our response, we are actively preparing for the development of this functionality.

**RR-F-06** Describe your firm's experience and qualifications for Systems Integration.  
**(3 pages maximum)**

Askesis has 13 professionals in our development staff that focus on Systems Integration. On an average, each has 15 years experience in the industry.

PsychConsult Provider is easily integrated with the numerous systems utilizing integrated HL7 encoding and messaging structure. Askesis has integrated PsychConsult Provider with numerous systems including Accounting, Human Resources, Pharmacy, Hospital and many others. Examples of integrations with our business partners are listed in Section E above. References for "non-partner" integrations to ancillary systems will be provided upon request.

**RR-F-07** Describe your firm's experience and approach to the conversion of electronic behavioral health data.  
**(1 page maximum)**

Askesis has performed electronic conversions from numerous software applications for approximately 60% of our clients. We have in-house conversion experts that manage and perform the conversions.

However, if the client prefers, Askesis will provide specifications for your staff to create a file to be imported to PsychConsult Provider.

Our "cutover" strategy is simple and is based on thorough testing of the converted data in the testing environment. As data is mapped and the extract files are created, our implementation staff assists your staff with importing and testing the data. Once it is agreed that the data was converted as intended, we will import the data into the production environment. The implementation team assigned to the conversion task will then ensure that the data in production environment was successfully imported before allowing user activity.

**RR-F-08** Describe your firm's experience and approach to the conversion of paper-based behavioral health data.  
**(1 page maximum)**

Askesis has converted approximately 40% of our clients from a paper-based system.

Data conversion services are managed by the implementation staff and client services department. Askesis provides a spreadsheet for client import information to be completed by the customer's data entry staff. As spreadsheets are created and data is mapped, our implementation staff will assist your staff with importing and testing the data. Once imported into PsychConsult Provider, all clients chosen for conversion will be available in the system. Additional information can be converted using the same strategy or added directly into the system once the client records are created.

Our "cutover" strategy is simple and is based on thorough testing of the converted data in testing. Once it is agreed that the data was converted as intended, we will import the data into the production environment. The implementation team assigned to the conversion task will then ensure that the data in production environment was successfully imported before allowing user activity.

All paper documents that you may want to include in the clients' records can be batch scanned into an enterprise class document management solution. Askesis has partnered with Systems Imaging as listed above, but can integrate with another document management system of your choice.

## G. Solution Product History

**RR-G-01** Please provide the following information about the solution product(s) that you propose.

#	PRODUCT NAME AND PRIMARY FUNCTION	WHEN FIRST DEVELOPED	WHEN / WHERE FIRST DEPLOYED	NUMBER OF INSTALLATIONS TO DATE
1	PSYCHCONSULT PROVIDER	1993	BEHAVIORAL HEALTH DIVISION OF THE UNIVERSITY OF ILLINOIS AT CHICAGO	80

**RR-G-02** For each solution product listed in the above table, please provide:

1. The history of the product including whether the product was internally developed or acquired from another source.

PsychConsult Provider has been and currently is developed internally

2. The specific Industry standards that the product was designed to, including any exceptions to those standards.

**Technology** – Askesis has chosen industry standard technology for application development including Microsoft SQL Server as our database platform. PsychConsult Provider also has integrated HL7 standard formatting for all electronic communications.

**Accreditation** – PsychConsult Provider is designed to accommodate Federal and individual State mandated regulations for behavioral healthcare providers. We have numerous clients that are CARF and Joint Commission accredited using PsychConsult Provider and compliant with all Federal and state mandated regulations for behavioral healthcare providers.

3. Whether the product is CCHIT certified.

- a. If the product is CCHIT certified, for which category and year is it certified? Examples would be “Ambulatory 2006”, “Ambulatory 2007”, etc.

PsychConsult Provider is not currently CCHIT certified as we are waiting for the Behavioral Health standards to be released.

- b. If the product is not CCHIT certified, do you plan to acquire CCHIT certification and if so, in which category and when?

Yes, we plan to begin the certification process as soon as the standards are approved and released.

**RR-G-03** How are enhancement and new release priorities determined?

In addition to extensive industry research, Askesis' Senior Management and Product Development Committee work closely with our client's to prioritize enhancements and the content of new releases. Priorities are based on industry requirements/regulations and user's needs to effectively and efficiently run their organizations.

**RR-G-04** How are clients supported during the release of an enhancement?

Customers typically receive 1 major and 1 minor release annually. New versions are released approximately every 2 years. Customers are generally able to apply the new software without assistance from Askesis. Askesis recommends that they apply software changes on a test database and conduct extensive testing before migrating to their production database. Minimal system downtime is required during upgrades, typically less than 2 hours.

**RR-G-05** Describe the size of the installed base of your solution. Include the number of users and the number of sites where the product is installed.

Askesis has over 80 clients within 26 states. This equates to over 10,000 individual users of PsychConsult Provider.

**RR-G-06** Describe any regularly-held seminars or user group meetings available to users of your product and the time/place of the next gathering.

The National User Group actively participates with Askesis to provide input in the areas of Billing/Finance, Clinical and Technology. Membership is open to all customers of Askesis. Leaders are chosen by our customers to oversee each area and the leaders host monthly conference calls to discuss recommendations, progress, and outstanding issues. In addition, the National User Group meets annually at our corporate headquarters in Pittsburgh. The next annual meeting will be in Pittsburgh early October, 2009.

There are four (4) advisory groups and they represent subcommittees of our National User Group.

The advisory groups are:

- Leadership Committee
- Billing and Finance Committee
- Clinical Committee
- Information Technology Committee

## H. Solution Product Technologies

### Software Technologies

**RR-H-01** Provide the technologies used for each solution product identified above.

#	PRODUCT NAME	PRODUCT TYPE (CLIENT SERVER, WEB, ETC.)	OPERATING SYSTEM (WINDOWS, UNIX, LINUX, ETC.)	DATABASE (SQL SERVER, ORACLE, DB2, ETC.)	APPLICATION LANGUAGE (VB6, VB.NET, C, C++, C#, JAVA ETC.)
1	PSYCHCONSULT PROVIDER	CLIENT SERVER	WINDOWS	SQL SERVER	SYBASE POWERBUILDER

### Server Hardware Minimum Specifications

**RR-H-02** In the following table, please provide the minimum server hardware technical specification levels for operation of your solution software products. Please consider all types of possible servers such as: database, fax, email, internet, backup, image management, etc.

#	PRIMARY SERVER PURPOSE	NUMBER OF PROCESSORS PER SERVER	PROCESSOR TYPE/SPEED (MHZ)	MEMORY (GIG)	STORAGE (GIG)
1	SQL SERVER DB SERVER	2	CURRENT DUAL CORE INTEL XEON	4G	120G

### Client Hardware Minimum Specifications

**RR-H-03** In the following table, please provide the minimum client hardware technical specification levels for operation of your solution software products. Please consider all types of client types including workstations, tablet PCs, PDAs, etc.

#	TYPE OF CLIENT HARDWARE	OPERATING SYSTEM	PROCESSOR TYPE / SPEED (MHZ)	MEMORY (GIG)	BROWSER LEVEL (IF APPLICABLE)	REQUIRED DISK SPACE (IF APPLICABLE)
1	WORKSTATION	WINDOWS 2000, XP OR VISTA	PENTIUM IV OR HIGHER	512MB	N/A	20GB
2						

## Peripheral Hardware Minimum Specifications

**RR-H-04** Provide the minimum peripheral hardware technical specification levels for operation of your solution software products. Please consider all types of peripherals such as printers, scanners, card readers, notepads, etc.

#	TYPE OF PERIPHERAL HARDWARE	OPERATING SYSTEM (IF APPLICABLE)	SPECIFICATIONS/CHARACTERISTICS
1	WORKSTATION FOR PROVIDER NOTIFICATION SERVICE	WINDOWS	SAME AS CLIENT PC
2	WORKSTATION FOR ACTIVECARE BATCH PROCESSOR	WINDOWS	SAME AS CLIENT PC
3	WORKSTATION FOR HIPAA ENGINE	WINDOWS	SAME AS CLIENT PC

## Minimum Network/Communication Specifications

**RR-H-05** Provide the minimum network/communication technologies employed by your solution software products.

#	TYPE OF NETWORK/COMMUNICATION TECHNOLOGY	OPERATING SYSTEM (IF APPLICABLE)	SPECIFICATIONS/CHARACTERISTICS
1	TC/PIP	N/A	THE BANDWIDTH NECESSARY BETWEEN SITES WILL DEPEND ON THE NUMBER OF USERS AT EACH SITE. SMALL SITES WITH 5 – 10 USERS CAN SIMPLY USE ANY BROADBAND CONNECTION THAT IS RELIABLE. LARGER SITES WILL NEED T1 – T3 EQUIVALENT.
2			

## System Backup/Recovery Considerations

(Not to exceed 4 pages)

**RR-H-06** Describe the system backup process for your core product.

Data backups and recovery are accomplished through Microsoft SQL Server's built-in functionality combined with a commercial strength backup solution of your choice. Askesis will provide assistance in each agency's decision making process to ensure an appropriate solution is chosen.

**RR-H-07** Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day?

Yes, backups can be completed while the system is operational.

**RR-H-08** Describe any automated backup features that allow rapid and unattended backups of system and operational data on a user-scheduled basis.

The commercial backup solution will have this capability.

**RR-H-09** Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)?

Yes, PsychConsult Provider can easily be implemented in a redundant form.

## Data Archiving Considerations

(Not to exceed 4 pages)

**RR-H-10** What are the capabilities for archiving data?

At this point in time, no current customers have required archiving capabilities. We are evaluating the needs and requirements for this functionality.

**RR-H-11** What are the capabilities for restoring archived data?

N/A

**RR-H-12** What tools/media are used for archiving data?

N/A

## System Interface Considerations

(Not to exceed 3 pages)

**RR-H-13** 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.

Part of the standard process of a PsychConsult Provider deployment is an intensive engagement by an account manager to determine the best way in which to use the system. During that process, any integration points that must be completed are identified.

Because of the open nature of the application, customers with technical expertise may choose to create third-party integrations on their own.

However, most of the time, it is more efficient for Askesis to perform the technical work. When Askesis performs the technical work, the Account Manager will document the technical and institution specific requirements. Test procedures are also identified and included in the implementation schedule.

Development is most often done off-site. The Askesis staff member (s) with the appropriate expertise is assigned to the development and internal testing. The account manager will perform an additional layer of testing. Finally, the integration is deployed into a customer's test system and an iterative find-and-fix process is used to resolve any outstanding issues.

If the third-party interface changes, we will revisit this process and create a modified customization. When interface disputes exist, we work to resolve the issue in the most expedient way for our customer. If the third-party system is unable to bring their interface into compliance in a timely manner, we will recommend developing additional customizations to match the actual behavior of their system.

**RR-H-14** With what version of HL7 is your product compliant?

PsychConsult Provider is compliant with HL7 v2.5.1.

## Data Security Considerations

(Not to exceed 3 pages)

**RR-H-15** Discuss your approach to data/information security, especially with regards to Internet technologies. What level of encryption and authentication is supported?

PsychConsult Provider has multiple levels of security. Record based security can lock entire records from view based on the client/staff security level. Role based security can eliminate items down to the field level from view for individuals or groups of individuals. In addition, PsychConsult Provider also provides program level security. If activated, this will keep staff in program silos and only allow them access to information for their client episode and their program level. An example of this would be to have a patient's mental health and addiction records only accessible by staff overseeing/responsible for the specific area of care.

PsychConsult Provider has a role based security model and any number of roles can be added. Default roles are provided and can easily be modified to fit your organization's needs. Security override is also available and if activated, notification is sent to the appropriate administrative staff. In addition, auditing is recorded while the user is in override mode.

As users navigate throughout PsychConsult Provider, audit records are created for activity related to client records. Audit reports are produced by client or staff.

Standard Microsoft SQL Server authentication and encryption are used throughout all elements of the application.

## Scalability Considerations

(Not to exceed 3 pages)

**RR-H-16** Describe your product's ability to expand to accommodate increasing numbers of users, servers, etc.

PsychConsult Provider is easily scalable to accommodate an increasing number of users, servers, and database size. Askesis chose the Microsoft SQL Server DB platform to ensure longevity and standardization in the product's backbone. SQL Server is easily scalable and can easily handle extremely large provider sites. In addition to the SQL Server platform, PsychConsult's architecture is structured to utilize the database in the most efficient ways possible. This improves performance and ensures that performance remains at the highest level.

**RR-H-17** Provide any performance metrics that describe the maximum load(s) under which your system can continue to perform at an optimum level

With the minimum server requirements listed above, an organization can easily support 300+ concurrent users. Many of Askesis' larger clients have opted for a quad-processor configuration as they are supporting 500+ concurrent users. Because PsychConsult Provider is a Client Server system, processing is primarily done at the server level and data transfer is minimized for bandwidth utilization.

**RR-H-18** It is possible that many counties will want to work with the same vendor. How would your company mitigate the impact from potentially high-volume purchases from multiple counties in California? Include in your answer the need to hire additional staff, increase locations and the possible impact to implementation and training schedules, and problem response times.

Over the past 15 years Askesis has experienced many periods of rapid growth and we have been successful in managing this growth. We closely monitor activity with our existing client base as well as the activity generated from Sales with potential clients. It is our goal to have appropriate resources so that existing and new clients' implementations never suffer from a lack of resources.

As we work with our prospective clients through the sales process, we evaluate our resources based on the clients' anticipated timeframe. This allows us to anticipate needs and allocate resources appropriately. When new staff is needed, Askesis hires them well in advance so they can be fully trained and ready to support the client's implementation. Our implementation and training for new clients is performed on site. However, if needed, Askesis will consider an additional California location.

# I. Behavioral Health EHR Functional Requirements Survey

**RR-I-01** Please complete the CA BH-EHR Functional Requirements Survey (an Excel spreadsheet) that accompanies this RFI. The Functional Requirements Survey is part of this RFI and must be completed.

## Functional Requirement Survey Categories

The CA BH-EHR Functional Requirements Survey contains the functional requirements for each of the following DMH Integrated Information System Roadmap Categories:

1. Infrastructure
2. Practice Management
3. Clinical Data Management
4. Computerized Provider Order Entry (CPOE)
5. Electronic Health Record (EHR)
6. Personal Health Record (PHR)

Descriptions of the DMH Integrated Information System Roadmap Categories are provided in the Preface (Section A) of this document. The following table summarizes the number of functional requirements within each of the DMH Roadmap Categories. Descriptions of the Functional Requirement Categories are available in the spreadsheet.

DMH Roadmap Category	Requirement Category Number	Functional Requirement Category Name	Number of Requirements	Total per Roadmap Category
1 Infrastructure	F35	Enforce Confidentiality	5	
	F36	Data Retention, Availability, and Destruction	8	
	F37	Audit Trails	3	
	F38	Extraction of Health Record Information	4	
	F39	Concurrent Use	4	
	F43	Administrative Workflows / EHR Support	10	
	S01	Security: Access Control	12	
	S02	Security: Authentication	14	
	S03	Security: Documentation	1	
	S04	Security: Technical Services	12	
	S05	Security: Audit Trails	7	
	S06	Reliability: Backup/Recovery	4	
	S07	Reliability: Documentation	9	
	S08	Reliability: Technical Services	2	96
	F01	Identify and Maintain a Client Record	11	

DMH Roadmap Category	Requirement Category Number	Functional Requirement Category Name	Number of Requirements	Total per Roadmap Category
<b>2 Practice Management</b>	F02	Manage Client Demographics	11	
	F15	Manage Consents and Authorizations	2	
	F15a	Manage Patient Advance Directives	3	
	F20	Support Non-Medication Ordering (Referrals, Care Management)	3	
	F24	Inter-Provider Communication	1	
	F26	Provider Demographics	3	
	F27	Scheduling	5	
	F28	Report Generation	25	
	F30	Service/Treatment Management	3	
	F31	Rules-Driven Financial and Administrative Coding Assistance	6	
	F32	Eligibility Verification and Determination of Coverage	9	
	F33	Manage Practitioner/Client Relationships	4	
	F40	Mandated Reporting	10	
	F41	Administrative A/P EHR Support	14	
	F42	Administrative A/R EHR Support	34	
F43	Administrative Workflows EHR Support	18	162	
<b>3 Clinical Data Management</b>	F03	Manage Diagnosis Lists	8	
	F04	Manage Medication Lists	13	
	F05	Manage Allergy and Adverse Reaction Lists	7	
	F06	Manage Client History	2	
	F07	Summarize Health Record	1	
	F08	Manage Clinical Documents and Notes	24	
	F09	Capture External Clinical Documents	2	
	F10	Generate Client Specific Instructions	5	
	F14	Manage Results	3	
	F16	Support Standard Care Plans, Guidelines and Protocols	1	
	F17	Capture Variances from Standard Care Plans, Guidelines, and Protocols	1	
	F19	Support Medication/Immunization Administration or Supply	5	
	F21	Present Alerts for Disease Management, Preventive Services and Wellness	8	

DMH Roadmap Category	Requirement Category Number	Functional Requirement Category Name	Number of Requirements	Total per Roadmap Category
	F22	Notifications and Reminders for Disease Management, Preventive Services and Wellness	6	
	F29	Health Record Output	5	
	F30	Service/Treatment Management	3	
	F34	Update Clinical Decision Support System Guidelines	2	
	I04	Clinical Documentation	2	98
4 Computerized Provider Order Entry	F04	Manage Medication Lists	1	
	F11	Order Medications	26	
	F12	Order Diagnostic Tests	7	
	F13	Manage Order Sets	3	
	F14	Manage Results	4	
	F18	Support for Drug Interactions	10	
	F25	Pharmacy Communication	1	
	I02	Imaging	2	54
5 Interoperable EHR	F06	Manage Client History	1	
	F24	Inter-Provider Communication	1	
	I01	Laboratory	5	
	I02	Imaging	3	
	I03	Medications	6	
	I05	Clinical Documentation	9	
	I06	Chronic Disease Management/ Patient Documentation	1	
	I07	Secondary Uses of Clinical Data	4	
	I08	Administrative & Financial Data	3	
	I09	Clinical Trials	4	37
6 EHR with PHR	F06	Manage Client History	1	
	F15	Manage Consents and Authorizations	1	
	I03	Medications	1	
	I04	Clinical Documentation	1	
	I05	Chronic Disease Management/ Patient Documentation	3	7
		<b>Total Requirements</b>		<b>454</b>

## CA BH-EHR Functional Requirement Survey Responses

STEPS	INSTRUCTIONS
<b>1</b>	Rename the spreadsheet by selecting <b>File</b> , then <b>Save As</b> , then <b>appending "for" and your company name to the end of this filename</b> and selecting <b>Save</b> . The new file name should be: "CA BH-EHR Functional Requirements Survey for <your company name>.xls"
<b>2</b>	Complete the "Company Info" Tab.
<b>3</b>	<p>Please respond to <u>all</u> of the requirements in <u>all 6</u> of the Functional Categories: <b>Infrastructure, Practice Management, Clinical Data, Computerized Provider Order Entry (CPOE), Electronic Health Record (EHR) and Personal Health Record (PHR)</b>. Descriptions of the available responses are provided below. Descriptions of the Functional Requirement Categories are provided on the <b>Descriptions</b> tab.</p> <p>For each requirement enter a 1 under the response that <u>best describes</u> your solution's ability to meet that requirement. <u>Respond to every requirement</u> even if your solution does not address a particular functional category. A response of "Not Addressed" has no negative connotation when the solution is not purported to provide that category of functionality.</p> <p>Please provide only <u>one response per requirement</u>. Multiple responses will be regarded as invalid. Use the <b>Summary</b> tab to see whether any functional category has missing or invalid responses.</p>
Responses	Response Descriptions
<b>Existing</b>	The vendor's solution meets the functional requirement as an existing component of its base product without any effort over and above code table configuration. This response indicates that <u>no</u> programming customization is required to meet the requirement.
<b>Planned</b>	The vendor's solution does not <u>presently</u> meet the functional requirement, but an upgrade to the base product that will meet this requirement is planned <u>within the next 12 months</u> . This response indicates that <u>no</u> programming customization will be required to meet the requirement.
<b>Modification</b>	The vendor's solution does not meet the functional requirement, but will meet the functional requirement with a programming modification to the base product.
<b>Custom Development</b>	The vendor's solution does not meet the functional requirement with any level of modification to the existing code base. The vendor will meet this functional requirement by developing <u>custom software</u> .
<b>Third-Party</b>	The vendor's solution does not meet the functional requirement with any level of modification or customization, but will meet the functional requirement by integrating third-party solution(s). Identify the third-party vendor(s) and product(s) in the Comments.
<b>Not Addressed</b>	The vendor's solution does not and will not address this functional requirement.

## J. Implementation Planning

(Not to exceed 5 pages.)

**RR-J-01** Describe your suggested best-practice approach to implementing your solution. Please include details regarding data conversion and training, and how these activities contribute to your suggested approach.

The implementation process is very structured and based on detailed discussions with the customer regarding timelines and project goals. A project plan is developed for each implementation and includes a designation of tasks, responsibilities, and timelines. The project plan is monitored and reviewed in a weekly status meeting. Variances to the project plan are discussed and as necessary, modifications are made.

Data conversion services are managed by qualified technical personnel in the client services department. We can provide specifications for our staff to create a file to be imported to PsychConsult Provider or we can perform the work. Estimates for both options will be provided.

Our “cutover” strategy is simple and is based on thorough testing of the converted data in the testing environment. As data is mapped and the extract files are created, our implementation staff will assist your staff with importing and testing of the data. Once it is agreed that the data was converted as intended, we will import the data into the production environment. The implementation team assigned to the conversion task will then ensure that the data in the production environment was successfully imported before allowing user activity.

Our training is also outlined in a detailed project plan and is customized for each implementation. The standard training includes technical training at the earliest stages of the implementation which is followed by user training. The preferred user training method is the “train-the-trainer” approach in which customer “superusers” are designated for intense training and product knowledge transfer.

**RR-J-02** What is the typical implementation timeframe for your solution? Express your answer as a range (6 to 12 months, 1 to 2 years, etc.) qualified by a size-of-project; factor such as number of users, total project cost, etc. An example would “6 to 12 months for a total project cost not exceeding \$500,000” etc. Please feel free to share any metrics that you typically use to estimate the timeframe for the implementation for your solution.

Depending on various factors (the number and order of modules implemented, the availability of customer resources to devote to the implementation, a phased approach for implementing the software, etc.) an implementation can take as few as four (4) months or as long as a year. Experienced implementation personnel are assigned to each customer implementation. This includes; a technical professional to assist with the installation of the software and provide technical training, a project manager responsible for the complete implementation, and an Implementation Specialist for training and other specified tasks.

## K. Training and Documentation

### Training

(Not to exceed 2 pages)

**RR-K-01** Describe the types of training offered, i.e., end-user, systems administrator, installer, etc.

PsychConsult standard training includes technical and end-user. The preferred user training method is the “train-the-trainer” approach, in which customer “superusers” are designated for intense training and product knowledge transfer.

Askesis’ implementation staff will also provide training to systems administrators, IS staff and those overseeing large installations. Monthly webinars focusing on functionality or changes to the application are also available for our clients. As needed, your Account Manager is available for post-implementation training.

**RR-K-02** How often is training offered (as needed, or on a set calendar schedule)?

Training is offered on an as-needed basis and will be part of the detailed project plan for each client.

**RR-K-03** Please give the duration of each class, the location of training and the recommended number of people that should attend training.

During the implementation of PsychConsult, Askesis provides ongoing training for the setup and configuration required for the application.

Askesis “trains the trainer” at the client’s facility for five days. The recommended maximum number in the class is 10 participants. If requested, Askesis will perform all end-user training rather than the “train the trainer” approach.

**RR-K-04** Please describe if training is classroom style with an instructor, one-on-one, computer-based training, self-study, etc.

Standard training is provided classroom style with an instructor and is computer based working in a training version of PsychConsult Provider. All other forms of training listed above are available at the client’s request.

**RR-K-05** Who provides the training: employees of your company or sub-contractors?

Askesis employees provide our training.

**RR-K-06** Do you provide clinician-specific training?

Yes. Askesis provides clinician-specific training.

**RR-K-07** Do you provide fiscal-specific training related to billing Short-Doyle Medi-Cal in California?

Yes. Askesis will provide specific training related to California Short-Doyle Medi-Cal billing.

## **Documentation**

**(Not to exceed 2 pages)**

**RR-K-07** Describe the documentation (both system and training) provided as part of standard installation approach including:

1. Manager and user reference manuals (applications).

PsychConsult Provider comes with the following manager and user reference manuals: Managing Prescriptions, Release Notes, Using HIPAA Functionality, Using PsychConsult.

2. User operator/system administrator manuals.

PsychConsult Provider comes with the following user operator/system administrator manuals: Administering PsychConsult, Customizing PsychConsult, Implementing TouchScript with PsychConsult Provider, Installing HIPAA Engine, Installing PsychConsult and Using ActiveCare.

3. Hardware/OS manuals.

Askesis does not sell or support hardware or OS.

4. Network and Security.

Administering PsychConsult Manual

5. Training manuals (initial and ongoing user self-training).

The training manuals are used for both classroom training and on-going self training.

**RR-K-08** Is the documentation available:

1. In hardcopy?

Yes.

2. On CD-ROM?

Yes.

3. On the Local Area Network?

Yes. Documentation can be made available by our clients on their LAN.

4. On the Internet?

Yes. Askesis' clients can access documentation via the internet at our Client Resource Center.

**RR-K-09** How often is your documentation updated? How often updates are made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc.)?

Documentation is updated when there is a new release or a required change to the application. In addition, all releases have their own corresponding release document that describes all elements of the release. All updated documents become available to our users and can be published through the methods listed above.

## L. Contractual Support

(Not to exceed 4 pages)

**RR-L-01** Do proposed acquisition and/or ongoing maintenance/support costs include:

1. Future enhancements to acquired/licensed application modules?

Yes.

2. Operating system and related environmental software?

No. Askesis does not sell or support OS and related software.

3. Interface maintenance?

Interfaces that are part of the standard product are included in ongoing maintenance/support costs.

4. Architectural changes such as migration to emerging technologies and new methods of systems deployment? If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

Any architectural changes to PsychConsult Provider, as specified above, will be offered to our clients through their maintenance/support agreement.

**RR-L-02** What are your normal support hours (specify time zone)? Where is support staff located?

Askesis' customer support staff is located in Pittsburgh, PA and provides telephone and e-mail support during standard business hours (8:00am – 8:00pm Monday through Friday).

**RR-L-03** Which of the following support features are available? Check all that apply:

1. Toll-free hotline
2. Remote monitoring
3. Remote diagnostics
4. Training tutorials
5. Web-based support tracking  - Askesis utilizes a support tracking application, but it is not web-based
6. 24x7 software support
7. 24x7 hardware support  - Not Applicable

**RR-L-04** Provide the response time for problems reported during:

1. Regular business hours.
2. Off-hours.

Askesis' support staff responds to requests, whether phone or e-mail, within four (4) business hours. Every attempt is made to address each customer's issues according to established triage procedures. Calls are prioritized on a rating scale based upon the potential effect of the issue on the customer's business operations. All support calls are logged and unresolved issues are assigned a ticket number for tracking. After-hours support is provided via an on-call support staff utilizing a paging system.

The support staff utilizes WebEx for remote diagnostics and if required, Account Managers will perform on site visits. Many utilities are utilized to assist in diagnosing issues. For example, SQL Profiler is used to trace activity on the database and locking stored procedures is used to identify locked processes that could hinder performance. Additionally, our support staff utilizes shared desktop capabilities through WebEx to run diagnostics and research problems affecting performance.

**RR-L-05** Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements by client be viewed on-line and downloaded?

Problems are reported to Askesis support staff by phone or email. A list of outstanding problems and enhancements can be viewed on our Client Resource Center and downloaded if needed.

**RR-L-06** Describe your firm's approach to software maintenance agreements. Include how, and at what frequency, your firm provides maintenance and upgrade services in support of your system products.

Customers typically receive 1 major and 1 minor release per year. New versions are released approximately every 2 years. Customers are frequently able to apply the new software without assistance from Askesis. They are encouraged to apply software changes on a test database and to conduct extensive testing before migrating to their production database. Minimal system downtime is required during upgrades, typically less than 2 hours. Software is supported for at least one year upon major release of an updated version.

## M. Cost and Licensing

(Not to exceed 3 pages)

**RR-M-01** Describe your pricing and/or licensing models based on the various product functionalities listed above. Do not provide specific pricing in your response, but information on how pricing is derived is pertinent. Examples of pricing models may be: module-based pricing, package or suite pricing, single price package, subscription based, package plus maintenance, etc.

PsychConsult Provider is licensed on a Concurrent User License Model. Standard one-time license fees include the concurrent user licenses, server license. An annual support and maintenance fee is based on a percentage of the initial one-time license amount.

PsychConsult Provider is not sold modularly and is a single integrated package. Therefore, the initial license fees include all levels of functionality in the system.

**RR-M-02** List any programs your corporation currently participates in, in which you provide a single pricing and licensing model for a large customer with decentralized purchasing (public or private sector), and functional descriptions of that model. Examples of this type of licensing/procurement program may be the State of California Software License Program (SLP), or the California Strategic Sourcing Initiative.

Askesis Development Group has contracts with various counties and consortiums in which the individual providers in that county or consortium benefit from preferred license pricing by purchasing directly through the county or consortium. The licenses are sold/invoiced directly to the county or consortium and are distributed according to the county or consortium's discretion.

Preferred pricing will be made available to organizations contracting with Askesis as a result of this Request for Information.

## N. Risks and Issues

(Not to exceed 3 pages)

**RR-N-01** It is fully expected that Counties will encounter risks/issues that they must manage and mitigate. Please identify the risks/issues that a County is most likely to encounter when implementing your solution. Please include examples from prior implementations of your solution.

Inadequate resources allocated to the project are the most common and highest risk factor. Due to the importance of the initial setup, configuration, data conversion, testing, and training, adequate staff must be dedicated to the project in order to ensure a successful implementation.

## O. Project References

**RR-O-01** Provide a minimum of three (3) previous implementations of your solution that most closely approximate a CA County Behavioral Health setting. Include a California reference if available. Provide names and contact information of individuals who have sufficient experience to speak knowledgeably concerning:

1. The implementation process.
2. System functionality.
3. Vendor support.
4. Documentation.
5. Training.
6. Overall customer satisfaction.

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