

D. Company Background

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

CORPORATE INFORMATION	
COMPANY NAME	UNI/CARE SYSTEMS, INC.
COMPANY TYPE (C-CORP, S-CORP, LLC, LLP, SOLE PROPRIETORSHIP, ETC.)	CORPORATION
LOCATION OF CORPORATE HEADQUARTERS	540 NORTH TAMIAMI TRAIL SARASOTA, FLORIDA 34236
LOCATION OF FIELD SUPPORT OFFICES	UNI/CARE HAS ADDITIONAL ONE PERSON FIELD SUPPORT OFFICES LOCATED IN TROY, MI; RICHMOND, VA; ORLANDO, FL; PALM HARBOR, FL; HALIFAX, NOVA SCOTIA; SPRINGFIELD, TN; ANKENY, IA; O'FALLEN, MO; NEWBURGH, IN; OWEN CROSSROADS, AL; BARRINGTON, RI; COLUMBUS, OH; TOLEDO, OH; HIGGANUM, CT; TOANO, VA; HERMITAGE, TN; AND WAYNE, NJ.
LOCATION OF PROGRAMMING/TECHNICAL SUPPORT PERSONNEL	UNI/CARE'S PROGRAMMING AND TECHNICAL SUPPORT PERSONNEL ARE LOCATED AT UNI/CARE'S CORPORATE HEADQUARTERS
PRIMARY CONTACT INFORMATION FOR THIS RFI	
NAME	JAMIE M. SMITH
TITLE	MANAGER OF MARKETING & SALES
OFFICE/LOCATION ADDRESS	UNI/CARE SYSTEMS, INC. 540 NORTH TAMIAMI TRAIL SARASOTA, FLORIDA 34236
PHONE NUMBER	(941) 954-3403, EXTENSION 310
E-MAIL ADDRESS	JAMIES@UNICARESYS.COM
INTERNET HOME PAGE	HTTP://WWW.UNICARESYS.COM

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)

UNI/CARE is a closely held company incorporated in 1981. Our company's goal is to provide behavioral healthcare organizations with information systems and related services designed to ensure their ability to compete for a leadership status in their field.

UNI/CARE is committed to a controlled growth strategy ensuring financial stability. Our company's owners have defined for us a growth pattern that has been adhered to for over 25 years. As such we are less concerned than other companies with the number of accounts we are signing every year. Our concern is aimed at ensuring that our staff provides comprehensive software as well as quality implementation and maintenance services.

UNI/CARE has a history of demonstrating economic stability. Our financial advisers and owners have throughout the years led the company to ensure adequate cash flow, reserves, and profitability. In addition, the company's yearly investment in research and development (R&D) amounts to at least 30% of its gross revenues.

The controlled growth of our company, when compared to other established companies in the marketplace, provides UNI/CARE with the flexibility to adapt to the ever changing requirements of the Behavioral Healthcare Industry. UNI/CARE's owners have consciously avoided the creation of an established bureaucracy. As such, our Executive Team is empowered with the ability to review issues as presented to them, establish related action plans and ensure that the appropriate follow-up steps are taken to ensure a successful outcome.

UNI/CARE has demonstrated an ability to seek and retain qualified staff. Except for employees hired to fill newly developed positions, our company has retained its employees for an average of seven years, ranging from 5 to 20 years of employment. In addition, the company's founder is still very involved in shaping the long and short-term goals of the company and ensuring that its mission is met through the actions of its employees. In addition, UNI/CARE has staff members who are FHIMSS, which is a fellow of the Healthcare Information and Management Systems Society (HIMSS).

To start understanding the culture of a particular company, it is important to have the ability to review its history, as well as the experiences that have influenced, shaped and guided the nature of the products and services offered by that company.

Early Years: 1981-1991

Since its inception, UNI/CARE has partnered with organizations involved in the implementation of innovative clinical and reimbursement related programs. Our staff shadowed the organization's staff in an effort to implement tools that support the ability to assist in the documentation, monitoring and analysis of the projected tasks as well as the measurement of their outcomes and cost effectiveness.

- UNI/CARE participated in a Mental Health Care Demonstration Project sponsored by the Health Care Financing Administration (HCFA) to test the cost effectiveness of directly reimbursing the full range of credentialed clinicians providing services.
- UNI/CARE managed a Demonstration Project sponsored by the Michigan State Department of Rehabilitation Services. The project goal was to design an information system network for the organizations coordinating the care provided to Developmentally Disabled consumers.
- UNI/CARE teamed with Blue Cross of Western Pennsylvania (BCWP) to pilot the feasibility of designing an electronic data interface between the Managed Care Subsidiary of BCWP and provider agencies requesting and receiving authorizations and payments for managed care.

Based on these projects, UNI/CARE's product evolved into a comprehensive information system designed to offer a management methodology combining sophisticated functionality and powerful analytical tools. The information system was marketed first to a group of eight organizations who participated in the testing of its functionality and the identification of needed enhancements. UNI/CARE started marketing its information system nationwide, in the late 1980s.

Second Decade: 1991-2001

While the first decade after its inception provided UNI/CARE with the ability to partner with innovative companies, and develop its software methodology brand, the second decade was spent on devising effective methodologies aimed at promoting the product in the marketplace, structuring tools designed to assist in the implementation process and continuously enhancing functionality and technology.

- UNI/CARE's COBOL Legacy system was licensed in over 30 states, providing UNI/CARE with recognition in the marketplace, as well as a wide array of customers delivering inpatient, outpatient, residential and managed care related services.
- A National Users' Group was formed. UNI/CARE and its customers agreed to implement a partnership strategy whereby the users' group was hosted by UNI/CARE and the content of the topics developed by both UNI/CARE and its customers.
- UNI/CARE moved its headquarters from Troy, Michigan to Sarasota, Florida. This move was appreciated by the users' group who since then has met every year in sunny Florida.
- UNI/CARE completed a re-write of its legacy system using an N-tier methodology. The conceptual framework of the re-write was shared with the UNI/CARE customers who participated in functionality design, and review of ease-of-use.

Third Decade: 2001 - present

In its third decade after inception, UNI/CARE has strived to offer its customers a state-of-the-art information system, Pro-Filer™ that supports their needs for clinical, fiscal and administrative information.

- UNI/CARE developed a migration methodology for its established customers who are still utilizing its COBOL Legacy System. The migration is offered, free-of-charge, as an upgrade. Customers wishing to migrate are charged for training services only.
- UNI/CARE has licensed Pro-Filer™ to a number of consortiums formed by organizations with the goal of sharing the use of the software, as well as the required hardware, and consequently saving on the start-up costs and resources required to maintain the system. These organizations have assisted our company in the testing of the ability to provide multi-company processing within a single database as well as multiple databases on shared hardware.
- UNI/CARE has developed Pro-Filer™ e-Mobile, which enables organizations providing services in the community to synchronize information from the central database to their Notebooks or TabletPCs, document the tasks performed in the community and subsequently synchronize the updated information to the central database.
- UNI/CARE has integrated the use of user-customizable forms which include the ability to propagate the system in a web-enabled, as well as a web-based environment.
- The design of Pro-Filer™ has allowed UNI/CARE to provide its customers with an array of tools that are seamlessly integrated in the software. These include; the use of electronic signatures, voice recognition, biometrics, scanning, telephony-based data entry, web-interfaces, and other third-party tools as available in the marketplace.
- Along with our product and technology advancements, we also established the following:
 - The UNI/CARE University – structured to complement our services offering.
 - The UNI/CARE Partner Program – developed to ensure maximum market collaboration and resource scalability.

UNI/CARE is continuously enhancing its product offerings aided by the input of its customers. Our focus is on research and development in an effort to continuously provide state-of-the-art products and services.

For more information, please also visit our web site www.unicaresys.com.

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
Total Employees	65	65	65
Installation / Setup	Included with App/Tech Support	Included with App/Tech Support	Included with App/Tech Support
Research and Development	16	16	16
Application / Technology Support	25	25	25
Customer Service / Helpdesk Support	15	15	15
Other	9	9	9
Those with Clinical Backgrounds:			
– Physicians			
– Psychologists	3	3	3
– Psychiatrists			
– Registered Nurses			
– Other Clinicians			

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.

N/A.

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

UNI/CARE is a privately held company incorporated in 1981. Our company's goal is to provide behavioral healthcare organizations with information systems and related services designed to ensure their ability to compete for a leadership status in their field.

UNI/CARE currently services over 900 companies and 450 installations that range in size/type and are located throughout the United States. Pro-Filer™ is the complete re-write of our legacy product, COBOL, and only marketed since 2000. Since 2000, UNI/CARE has signed over 100 Pro-Filer™ contracts, which includes large numbers of consortiums composed of multiple organizations.

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			
\$5,000,000 to \$25,000,000	X	X	X
\$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	30%	30%	30%

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	30%	30%

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.

UNI/CARE is currently partnered or a member of the following organizations:

- National Council for Community Behavioral Healthcare
- New Jersey Association of Mental Health Agencies
- Pennsylvania Community Providers Association
- Idea Integration
- Blytheco
- ITX Media
- RelayHealth, Inc.
- John Wiley & Sons, Inc.
- MTM Services, LLC
- PhoneTree
- Ultra-Scan
- Essential Learning
- Lexi-Comp, Inc.

In addition, UNI/CARE has staff members who are FHIMSS, which is a fellow of the Healthcare Information and Management Systems Society (HIMSS).

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)

- **National Council for Community Behavioral Healthcare** – N/A. UNI/CARE is a business member of the National Council for Community Behavioral Healthcare since 2000.
- **New Jersey Association of Mental Health Agencies** - N/A. UNI/CARE is a business member of the National Council for Community Behavioral Healthcare since 2002.
- **Pennsylvania Community Providers Association.** - N/A. UNI/CARE is a business member of the Pennsylvania Community Providers Association since 2007.
- **Idea Integration** – UNI/CARE is partnered with Idea Integration to offer systems integration. UNI/CARE has partnered with Idea Integration since 2008. UNI/CARE can provide a reference upon request.
- **Blytheco** – UNI/CARE is partnered with Blytheco to offer complementing software in the areas of accounting (Sage MIP Fund Accounting) and HRIS (Abra HRIS). UNI/CARE has been partnered with Blytheco since 2006. UNI/CARE has provided a single customer who can provide a reference for the complementing technology and can provide additional references upon request.

Organization: David Lawrence Center

Address: 6075 Bathey Lane Parkway
Naples, FL 34116

Name: Ms. Bonnie Fredeen, COO

Phone: (800) 880-3544, ext. 1405

Email: bonnie@dlcmhc.com

- **ITX Media** – UNI/CARE is partnered with ITX Media to offer complementing software in the areas of clinical care (Recovery Companion) and business intelligence (Decision Support). UNI/CARE has been partnered with ITX Media since 2002. UNI/CARE has provided a single customer who can provide a reference for the complementing technology and can provide additional references upon request.

Organization: Davis Behavioral Health, Inc.

Address: 3185 South 100 East
Bountiful, UT 84010

Name: Mr. Scott Brian, Chief Information Officer

Phone: (801) 599-4712, ext. 235

Email: sbrian@itxmedia.com

- **RelayHealth, Inc.** – UNI/CARE is partnered with RelayHealth to offer complementing software in the areas of Automated Eligibility and Claim Status Monitoring (RevRunner) and eprescribing (eScript). UNI/CARE has been partnered with RelayHealth (formerly HTP, Inc.) since 2006. UNI/CARE has provided a single customer who can provide a reference for the complementing technology and can provide additional references upon request.

Organization: Pikes Peak Behavioral Technology

Address: 220 Ruskin Drive
Colorado Springs, CO

Name: Mr. Stuart Smith, Directory of Information Technology

Phone: (719) 572-6113

Email: StuartS@ppbhq.org

- **John Wiley & Sons, Inc.** – UNI/CARE is partnered with John Wiley & Son, Inc. to offer complementing functions in the area of clinical care (PracticePlanners). UNI/CARE has been partnered with John Wiley & Sons, Inc. since 2001. UNI/CARE has provided a single customer who can provide a reference for the complementing technology and can provide additional references upon request.

Organization: Cornerstones of Care

Address: 8000 W 127th St
Overland Park KS 66213

Name: Mr. John Dedovesh, Director MIS

Phone: (816) 508-3391

Email: john.dedovesh@cornerstonesofcare.org

- **MTM Services, LLC** – UNI/CARE is partnered with MTM Services, LLC to offer complementing functions in the area of quality management (Service Process Quality Management - SPQM). UNI/CARE has been partnered with MTM Services, LLC since 2006. UNI/CARE has provided a single customer who can provide a reference for the complementing technology and can provide additional references upon request.

Organization: United Services

Address: 1007 N. Main Street
Dayville, CT 06241

Name: Mr. John Longiaru, Information & Technology Director

Phone: (860) 774-2020, ext. 157

Email: jlongiaru@usmhs.org

- PhoneTree – UNI/CARE is partnered with PhoneTree to offer complementing software in the area of automated patient messaging (PhoneTree). UNI/CARE has been partnered with PhoneTree since 2005. UNI/CARE has been partnered with MTM Services, LLC since 2006. UNI/CARE has provided a single customer who can provide a reference for the complementing technology and can provide additional references upon request.
Organization: Satilla Community Service Board
Address: 1007 Mary Street
Waycross, GA 31501
Name: Ms. Wendy Hughes, CFO
Phone: (912) 449-7107
Email: whughes@satilla.csb.state.ga.us
- Ultra-Scan – UNI/CARE is partnered with Ultra-Scan to offer complementing functions in the area of security (Livescan Ultrasonic Identification System – LUIS). UNI/CARE has been partnered with Ultra-Scan since 2003. No UNI/CARE customer has implemented this technology at this time.
- Essential Learning – UNI/CARE has a strategic alliance with Essential learning to offer complementing functions in the area of continued education. UNI/CARE has been affiliated with Essential Learning since 2006. UNI/CARE has provided a single customer who can provide a reference for the complementing technology and can provide additional references upon request.
Organization: Directions for Mental Health
Address: 1437 S. Belcher Road
Clearwater, FL 34624
Name: Mr. Howard Latham, Chief Financial Officer
Phone: (727) 524-4464, ext. 1708
Email: howard.latham@directionsmh.org
- Lexi-Comp, Inc. – UNI/CARE is partnered with Lexi-Comp to offer complementing functions in the areas of clinical reference solutions (Lexi-Comp Online Services & Datasets). UNI/CARE has been partnered with Lexi-Comp since 2007. UNI/CARE has provided a single customer who can provide a reference for the complementing technology and can provide additional references upon request.
Organization: Recovery Resources
Address: 3950 Chester Avenue
Cleveland, Ohio 44114
Name: Mr. Gordon Hewitt, CFO
Phone: (216) 431-4131, ext. 1125
Email: ghewitt@recres.org

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)

Please reference below.

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)

Please reference below.

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)

Please reference below.

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 reference below.

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

(5 pages maximum)

Please reference below.

As an organization, UNI/CARE has been focused on technology solutions for the **human services industry for over 25 years**. We have been fortunate to have assembled the most experienced, passionate, forward-thinking team dedicated to UNI/CARE's mission of delivering state-of-the-art technology solutions to human service organizations.

Since 1981, UNI/CARE Systems, Inc. has offered solutions designed to improve clinical recovery-based outcomes, standardize workflows and maximize revenue management within a secure, multi-company collaborating environment.

UNI/CARE's Pro-Filer™ is the **only CCHIT certified, Microsoft .NET (SOA) platform** with proven enterprise functionality and scalability focused on the human services business process model – including the support of both provider and payor processes on the same platform.

Pro-Filer™ is an enterprise information system supporting:

- **Practice Management** - Including registration, eligibility, accounts receivable, accounts payable, billing, documentation, and reporting these requirements.
- **Clinical Data Management** - Including 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.

- **Computerized Provider Order Entry (CPOE)** - Including internal and external laboratory, pharmacy and/or radiology ordering and history display. In addition, this includes the 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.
- **Electronic Health Records** - Including the 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.
- **Personal Health Records** - Including full EHR functionality and interoperability with a Personal Health Record system. UNI/CARE has partnered with RelayHealth to provide personal health record functionality.

UNI/CARE would encourage any organization performing due diligence for information systems to conduct reference inquiries to any of our provided references. Pro-Filer™ has been implemented in over 35 states, including California, by customers who provide a full range of services, including behavioral health, mental health/mental retardation, developmental disabilities, public health, foster care, child and family services. Over 40% of UNI/CARE's customers operate in multiple counties, serving over 10,000 unique clients per year, and with revenue exceeding \$40 Million.

Finally, UNI/CARE's experience demonstrates that the implementation process and team are as critical as the technology solution they are implementing. The team that is committed to these projects is an established team that has a great deal of passion for this industry and has proven success together. Furthermore, they are well rounded, have experience across enterprise human service projects and represent essential skills and experiences necessary to succeed. From a process perspective, UNI/CARE incorporates a dynamic CQI method to ensure our services continue to evolve. Through each iteration of deployment, our project management methodologies, teams and approach have become exponentially stronger.

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

UNI/CARE has many years of experience designing and implementing both one-way and two-way interfaces to multiple ancillary systems. Pro-Filer™ is capable of interfacing with other applications, which reside either on other local or enterprise servers that are located onsite or on other organization sites. Pro-Filer™ can interface with State reporting systems used by a variety of State and federal agencies to collect data. Pro-Filer™ can allow staff to enter common information using common formats and then generate output in a format usable by the external agencies.

Pro-Filer™ interfaces are made possible due to the adherence to open architecture standards thereby permitting future interfaces or integration with other business application systems. Pro-Filer™ utilizes MS SQL database, which is ODBC compliant and possesses the ability to produce numerous output file types. UNI/CARE has worked with many industry-standard packages to create interfaces, including HL7-based ADT interfaces. Please also note the following:

- Pro-Filer™ supports transactional and batch output through most every data type including but not limited to XML, ASCII fixed length, delimited and all ODBC compliant data types. While Pro-Filer™ can theoretically import data from any ODBC compliant data source; there is a mapping process that must occur. A white paper discussing Pro-Filer's data interchange capabilities can be supplied upon request.
- Pro-Filer's™ interface methodology is "application neutral", meaning that it can be configured to interface via batch file with any financial system capable of accepting external batch GL

transactions. We have demonstrated this with each successful GL integration customer using such systems as MAS90, CMHC, Sage, Blackbaud and others.

- UNI/CARE uses an embedded HL7 Engine from NeoTools, the premier HL7 vendor. NeoTools product, NeoIntegrate has “gears” for every version of HL7 including the latest. We can therefore interface with other HL7 partners across one or more versions simultaneously. NeoTools is committed to always provide gears for the each new version of HL7 (RIM), which in turn will allow us to provide the most current messaging with our partners. As far as X12N transactions, we are fully compliant for the HIPAA transactions. UNI/CARE has programmed all relevant HIPAA transactions for billing, payment processing, authorizations processing, eligibility review and others as needed (837, 835, 278, 271-272, 834). Additionally, we always insure compliance with the Companion Guides for each Payer.

Some interface capabilities are standard with the system such as Microsoft Office integration and two-way integration of Microsoft Outlook. Customized interfaces for Financial, HR, PR, and document integration are also available.

RR-F-07 Describe your firm’s experience and approach to the conversion of electronic behavioral health data.

(1 page maximum)

UNI/CARE has experience with converting data, including from third-party systems such as CMHC and has developed a conversion tool to streamline conversion. UNI/CARE offers three conversion levels based on the types of historical data you desire to convert to the Pro-Filer™ application. The three levels are:

- **Level 1:** Demographic and Insurance Data - No Service Details, No Episode Details
- **Level 2:** Demographic, Insurance and Balance Forward Data - No Service Details, No Episode Details
- **Level 3:** Demographic, Insurance, Balance Forward Data and Episode and Cost Center Details - No Service Details

CONVERSION PROCESS:

From a high-level overview, there are three main tasks required to be completed by your IT staff to prepare the data to be converted to Pro-Filer™:

1. **Extract Legacy Data:** Your staff will create extraction routines based on your current database structure and type. Your extracted data will be moved either directly or indirectly from your legacy system into intermediary data tables in a MS Access DB. We will work with your staff to be sure they organize the extraction work into a repeatable process for the subsequent go-live conversion.
2. **Intermediary Data Work:**
 - **Scrub:** The legacy data in the intermediate tables should now be scrubbed so as not to introduce existing “bad” data into the new application DB. For example remove duplicates, fix address or phone problems, remove old data or references to erroneous data. The idea is to start with as clean of a new data set as possible and this provides the opportunity to fix long standing problems.
 - **Map:** The task of mapping data is where you align (map) your existing data elements to the data elements of Pro-Filer™. Some data elements will map precisely to existing Pro-Filer™ data elements, some will align loosely, but may need recoding and some may not align at all.

For data elements you wish to convert that do not align with our existing Conversion Schema DB, a plan will need to be made to handle the data. We have several possible options; however custom conversion items incur an additional conversion cost.

- We provide a Pro-Filer™ Mapping worksheet to assist you in this process.
 - Mapping of your legacy data is handled jointly by your Information Services staff, in conjunction with your implementation team. Your Information Services staff will execute the decisions of your Project Implementation Team relative to the conversion tasks.
- Recode: The task of recoding the legacy data is a critical step in the conversion process, as it allows your organization to move from your legacy coding structure to the new coding structure, defined by your implementation team during your Pro-Filer™ Table Building and Rules Definition.
3. Populate Conversion Schema: After the above intermediary table work is complete, your staff will create routines (append queries) to add the data to the final conversion box schema, according to the mapping defined earlier in the process. We will work with your staff to be sure they organize the conversion schema population work into a repeatable process for the subsequent go-live conversion.

Once you determine your legacy data is ready to be imported into Pro-Filer™, UNI/CARE staff will complete the steps necessary to run the conversion and import the data into a Pro-Filer™ Conversion database on the SQL Server. Once the conversion/import process is complete, you can review the results of your conversion efforts in Pro-Filer™. This process can be repeated prior to the go-live to ensure accurate results.

NOTES:

- We offer support and guidance throughout this process, as well as providing a thorough written description of all the details of the process and include a worksheet for your use in the mapping of your data to our tables and fields.
- While the detail conversion process (extraction/data scrub/conversion box load) is generally handled by the Information Services staff, it is directly dependent upon the decisions of the Project Implementation Team, as there are a number of code tables that they must define in order for conversion to operate.
- We offer optional contracted services to provide the resources required to extract stage and write your legacy data to the Conversion Schema DB. While your staff will still be involved in the mapping and validation process, we can provide the technical resources to handle the movement of data from legacy to Conversion Schema DB.
- We offer optional contracted services to build data-marts of your legacy data that you wish to access or integrate via reports (outside of the Pro-Filer™ DB). We often provide this service for customers who wish to integrate historical Client Service data with the new application data.
- The conversion process starts with Conversion Kick-off Meeting where we present the conversion process; discuss the details; answer all your initial questions; and get you started on the right track towards successful conversion!

RR-F-08 Describe your firm's experience and approach to the conversion of paper-based behavioral health data.

(1 page maximum)

Same as RR-F-07

While there are numerous enterprise-level document management solutions available on the market today, UNI/CARE has chosen to take a more focused approach to the integration of document imaging functionality within the Pro-Filer™ system.

Pro-Filer™ provides a document imaging functionality we term **“Document Association”**. Document Association is the process of associating any document with a Pro-Filer folder or record - be it a scanned image (*Ex: lab report, consents for treatment, etc.*), a graphics file (*Ex: x-ray, picture, etc.*) or any office document. (*Ex: Word, Excel, etc.*) This is the primary document imaging function that the majority of customers have requested.

Implementation

An organization’s need for scanning is as varied as the scanning equipment available today. Scanners run the gamut from low-end \$50 bar scanners, to high-speed, high-volume, sheet-fed, duplexing models in the \$3,500-\$5,500 range. In order to support the broadest range of choices for scanning equipment, we specify only the **type of driver** required, namely the **Windows Image Acquisition (WIA)** and thus leave the choice of equipment completely open to the organization. This enables our customers to purchase any combination of scanner brands and models that meet their document scanning needs. Additionally, the Pro-Filer™ client does not have to be loaded on individual “scanning station” PC’s. Any Pro-Filer™ terminal server-based client can attach a scanned image within Pro-Filer™, via properly configured security.

In general, the Pro-Filer™ **document association** process involves the following steps:

- ❑ A **one-time** set-up of the Document Repository which involves the process of defining the network location for the repository, the security parameters for access-level (read/write) and the folder and form locations in Pro-Filer that will allow the attachment feature. Documents are stored external to the database in the repository (*rather than DB BLOB’s*).
- ❑ Starting from the target destination in the client electronic record, the option to associate a scanned document is invoked. From there the association process is based on the type of document:



- If the document needs to be scanned, then the **“Acquire Scan Image”** capability is used. It interfaces a locally attached PC scanner (*using a WIA driver*) with the Pro-Filer client, allowing the scanned document to move directory from the scanner into the document repository.
 - If the object to be associated is a picture from directly attached digital camera (*using a WIA driver*), then the **“Acquire Camera Image”** option is selected – see icon above.
 - If the document is already in electronic form (like a .jpg, .doc or .xls) then it is ready for association with a Pro-Filer™ folder or record and the user need only locate the file on the network using the Open dialog on the Pro-Filer Document Association form.
- ❑ The user acquires the document using one of the above methods and then completes the document association form. Options include document code, abbreviated name, full name, type, category, dates, and security permission designation by group or individual for read/write access. Additionally, the system automatically captures the attached from, attached by, attached on date/time data.

All prior associated documents are easily accessible via standard sort capabilities on key field columns and can subsequently be viewed and reprinted as needed.

INTERFACING SMART COPIER / SCANNERS IN PRO-FILER

The most recent equipment to enter the market combines the copy/scan function with a solid user interface capable of interface directly with a SQL database. This type of equipment presents a unique intermediate solution between Pro-Filer's direct Scan-To-Attachment and an enterprise document management system.

The copier/scanner systems essentially move the manual user interface from the Pro-Filer Attachment form to the copier/scanner control panel. The machine can be programmed to request the entry of a Pro-Filer ID and once input from the user, will connect to the Pro-Filer SQL database and retrieve the client name and birth date. This information is presented to the user for verification and is also used to "auto-name" the scanned file. Additional information can be obtained from the user by requesting the category and type as choices pulled from the database lookup tables. All of this info can be concatenated to create an attachment file name for subsequent attachment to the EHR.

The most significant benefit of this new class of copier/scanner and the real pay-off - is that it eliminates the manual attachment. With the database capabilities offered by this equipment, all of the technical pieces exist to automate the creation of the attachment record and store the attachment in the repository.

This solution may not be acceptable to organizations that seek a fully automated approach to document management. Full automation makes use of auto-extraction of metadata (*client identification data*) from the OCR process that occurs during scanning. Using automated metadata extraction also expands the retrieval possibilities greatly with auto indexing for full text search. These organizations should consider implementing an enterprise document management system and look to a "launch" interface from Pro-Filer.

Note: Pro-Filer is capable of interfacing with third party document management applications via passing of Pro-Filer keys required by the external application to associate and display images. This is typically a custom interface based on the document management interface requirements.

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	PRO-FILER HUMAN SERVES APPLICATIONS	1998	2000	101
2				
3				
4				

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

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

Pro-Filer™ 2008 (current version) is an Enterprise Human Service information system utilizing the power and flexibility of Microsoft technologies. Pro-Filer™ is the complete re-write of our legacy product, COBOL, and marketed since 2000. Note Pro-Filer™ was internally developed by UNI/CARE.

The solution supports multiple business domains and programs including; Mental Health, Chemical Dependency, Developmental Disabilities, Mental Retardation, Family and Children Services in Outpatient, Inpatient, Partial Hospitalization, Residential, and Day Services service environments. Pro-Filer™ automates the administrative, clinical, and financial tasks into an open and flexible, user-friendly, multi-company processing information system.

Pro-Filer's goal is to provide the technologies, tools and functionality on a single platform to realize a unified, secure electronic health record and human service enterprise management system. Pro-Filer™ offers effective methodologies to:

- Establish a complex multi-company, multi-domain, multi-program human service enterprise platform.
- Enable effective documentation of care and workflow optimization from initial registration to scheduling and insurance verification.
- Facilitate the delivery of health care management from clinical records to billing and financial records.
- Optimize workflow support to staff.
- Provide powerful tools to enable executives and clinicians to monitor and manage clinical and financial outcomes.
- Provide powerful tools to enable IT professionals to effectively respond to system modifications and enhancements.

- Enable innovations to establish and monitor the delivery of cost-effective quality care.
2. The specific Industry standards that the product was designed to, including any exceptions to those standards.
Pro-Filer™ is a CCHIT certified Electronic Health Record and provides the support necessary for HIPAA compliance and other regulatory and standards bodies.

As a practice, we align and cross-reference to industry standards set forth by HIMSS (Healthcare Information and Management Systems Society), AHRQ (Agency for Healthcare Research and Quality), ONCHIT (Office of the National Coordinator for Health Information Technology), CCHIT (Certification Commission for Healthcare Information Technology), AHIC (American Health Information Community), FEA (Federal Enterprise Architecture), MITA (Medicaid Information Technology Architecture), CDC (Centers for Disease Control), and others.

UNI/CARE will also execute a HIPAA Business Associate Agreement.

1. 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.
Ambulatory 2006
Participated in Pilot Site for In-Patient in March 2008
Planning recertification for Ambulatory in March 2009
Planning certification for in-patient in March 2009
 - b. If the product is not CCHIT certified, do you plan to acquire CCHIT certification and if so, in which category and when?
N/A.

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

System enhancements are the result of discussions and decisions made by the user group, as well as trends and regulatory requirements within human services. In addition, a customer can submit an enhancement request at any time through UNI/CARE’s help desk, Logit.

Change and modification orders are reviewed by an executive project planning committee that determines the priority based on customer need as it relates to business productivity, state billing and reporting requirements, and regulatory bodies.

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

UNI/CARE provides new releases annually with updates issued in-between via our customer web site. Customers are notified of the pending upgrades/updates as they are planned and upon their release provided with:

- ✓ Upgrade/Update assistance (if desired)
- ✓ Upgrade/Update release notes
- ✓ Updated User Manuals and Technical documentation

Training for new releases is offered as the new releases are made available. UNI/CARE offers group or individual new release training scheduled on a recurring basis or per customer inquiry.



Note Pro-Filer™ upgrades and new releases are covered under UNI/CARE's Support Services Agreement.

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.

UNI/CARE currently services over 900 companies and 450 installations that range in size/type and are located throughout the United States. Pro-Filer™ is the complete re-write of our legacy product, COBOL, and only marketed since 2000. Since 2000, UNI/CARE has signed over 100 Pro-Filer™ contracts, which includes large numbers of consortiums composed of multiple organizations.

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.

UNI/CARE has a proactive and vital national users' group as well as numerous regional user groups. UNI/CARE and its customers organize a National Users' Group that meets annually in Sarasota, Florida. Topics and special events are developed by a committee composed of staff from UNI/CARE and representatives from customers nationwide. Regional Users' Groups are also organized in a state or a region who consider the meeting as a forum for sharing information.

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	PRO-FILER™	CLIENT SERVER; WEB-ENABLED	WINDOWS 2003 OR 2008	SQL SERVER 2005	C++, WIN32 API, VB.NET, .NET API, HTML, ASP, AND CRYSTAL REPORTS (REPORTING ENGINE)
2					

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)
2	PRESENTATION	2	Xeon or AMD 2.0Ghz Quad Core	12	4 x 72GB (Raid 10)
2	APPLICATION	2	Xeon or AMD 2.0Ghz Quad Core	4	4 x 72GB (Raid 10)
1	DATABASE	2	Xeon or AMD 2.0Ghz Quad Core	16	16 x 120GB (Raid 10)

#	PRIMARY SERVER PURPOSE	NUMBER OF PROCESSORS PER SERVER	PROCESSOR TYPE/SPEED (MHZ)	MEMORY (GIG)	STORAGE (GIG)
1	AUTOMATION MANAGER	2	Xeon or AMD 2.0Ghz Quad Core	4	4 x 72GB (Raid 10)
1	TEST/UPGRADE	2	Xeon or AMD 2.0Ghz Quad Core	4	4 x 72GB (Raid 10)
1	DECISION SUPPORT/REPORT	2	Xeon or AMD 2.0Ghz Quad Core	16	16 x 120GB (Raid 0)

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	See below note.	WINDOWS XP OR HIGHER	N/A	N/A	IE 6.0 OR HIGHER	N/A
2						

Since all of the actual Pro-Filer™ processing occurs on the tiered servers, the requirements for the individual workstation are minimal. It need only be capable of running the Remote Desktop Protocol (RDP) for the OS version of that particular workstation. Most versions of the MS operating system come standard with the Remote Desktop client. Winternets are an ideal solution if the organization is purchasing new equipment and UNI/CARE has no brand preference.

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

#	TYPE OF PERIPHERAL HARDWARE	OPERATING SYSTEM (IF APPLICABLE)	SPECIFICATIONS/CHARACTERISTICS
1	SEE BELOW NOTE.		
2			

The implementation of additional components such as peripheral hardware will vary by organization. UNI/CARE will provide hardware specifications and guidance upon reviewing an organization's existing network, number of staff, desired functions, and so forth.

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	TCP/IP	WINDOWS 2003 OR HIGHER	PRO-FILER™ RUNS IN ACTIVE DIRECTORY ENVIRONMENT REQUIRING A MICROSOFT DOMAIN.
2	COM+/MS DTC		

System Backup/Recovery Considerations

(Not to exceed 4 pages)

RR-H-06 Describe the system backup process for your core product.
 An organization may use a third party application, such as Backup Exec. Upon installation of the Pro-Filer™ system and setup of the database tier Microsoft SQL server maintenance plans are created to generate nightly backups of the Pro-Filer™ databases. For more granular restore capabilities periodical transaction log backups can be created.

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

RR-H-08 Describe any automated backup features that allow rapid and unattended backups of system and operational data on a user-scheduled basis.
 Backup features and functions are performed outside the Pro-Filer™ application through a third party application, e.g. Backup Exec. As noted above, upon the installation of the Pro-Filer™ system and setup of the database tier, Microsoft SQL server maintenance plans are created to generate nightly backups of the Pro-Filer™ databases. For more granular restore capabilities periodical transaction log backups can be created. Pro-Filer's N-Tier architecture provides for

built-in redundancy of the business rules and presentation tiers which also allows for quick and easy disaster recovery at that level.

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

Yes, UNI/CARE provides such measures within the hardware configuration requirements.

Data Archiving Considerations **(Not to exceed 4 pages)**

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

Pro-Filer™ is designed to efficiently deal with historical data by conditionally suppressing it from the view of users, as defined by the application set-up. Expired clients and data can all be easily hidden from the user, so their on-line experience is of current active data only - if that is your desire. (Based on set-up). Reports have this capacity as well. MS SQL Server has been shown to be just as efficient with terabyte size DB's, as with smaller data sets, so archiving is not a pressing issue with our current customer set.

UNI/CARE has implemented various methodologies for archiving and purging data. The system does not include standard tools for these processes. If a customer requires archiving or purging, a specific tool that complies with the customer request is installed for that purpose.

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

Pro-Filer™ can restore archived data to a separate DB for online review and reporting.

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

UNI/CARE has developed custom tools that archive the Pro-Filer DB to any media available for DB file storage.

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.

UNI/CARE has many years of experience designing and implementing both one-way and two-way interfaces to multiple ancillary systems. Pro-Filer™ is capable of interfacing with other applications, which reside either on other local or enterprise servers that are located onsite or on other organization sites. Pro-Filer™ can interface with State reporting systems used by a variety of State and federal agencies to collect data. Pro-Filer™ can allow staff to enter common information using common formats and then generate output in a format usable by the external agencies.

Pro-Filer™ interfaces are made possible due to the adherence to open architecture standards thereby permitting future interfaces or integration with other business application systems. Pro-Filer™ utilizes MS SQL database, which is ODBC compliant and possesses the ability to produce numerous output file types. UNI/CARE has worked with many industry-standard

packages to create interfaces, including HL7-based ADT interfaces. Please also note the following:

- Pro-Filer™ supports transactional and batch output through most every data type including but not limited to XML, ASCII fixed length, delimited and all ODBC compliant data types. While Pro-Filer™ can theoretically import data from any ODBC compliant data source; there is a mapping process that must occur. A white paper discussing Pro-Filer's data interchange capabilities can be supplied upon request.
- Pro-Filer's™ interface methodology is “application neutral”, meaning that it can be configured to interface via batch file with any financial system capable of accepting external batch GL transactions. We have demonstrated this with each successful GL integration customer using such systems as MAS90, CMHC, Sage, Blackbaud and others.
- UNI/CARE uses an embedded HL7 Engine from NeoTools, the premier HL7 vendor. NeoTools product, NeoIntegrate has “gears” for every version of HL7 including the latest. We can therefore interface with other HL7 partners across one or more versions simultaneously. NeoTools is committed to always provide gears for each new version of HL7 (RIM), which in turn will allow us to provide the most current messaging with our partners. As far as X12N transactions, we are fully compliant for the HIPAA transactions. UNI/CARE has programmed all relevant HIPAA transactions for billing, payment processing, authorizations processing, eligibility review and others as needed (837, 835, 278, 271-272, 834). Additionally, we always insure compliance with the Companion Guides for each Payer.

Some interface capabilities are standard with the system such as Microsoft Office integration and two-way integration of Microsoft Outlook. Customized interfaces for Financial, HR, PR, and document integration are also available.

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

UNI/CARE uses an embedded HL7 Engine from NeoTools, the premier HL7 vendor. NeoTools product, NeoIntegrate has “gears” for every version of HL7 including the latest. We can therefore interface with other HL7 partners across one or more versions simultaneously. NeoTools is committed to always provide gears for each new version of HL7 (RIM), which in turn will allow us to provide the most current messaging with our partners.

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?

End-user set-up and security protocols will be defined using the Pro-Filer™ Security Configuration Tool and the Windows OS. Pro-Filer's Security Configuration Tool allows for the set up of table and field level application security based on staff type.

Using Active Directory, an organization will define the end-users security parameters such as username, password, and related protocols, e.g. length, strength, expiration, timeout, and so forth. UNI/CARE would recommend these tasks be performed by a System Administrator with OS and network technical skills and knowledge of the customer's security protocols.

Using multi-stage technology, UNI/CARE Systems has developed security functionality to meet the most demanding applications specified by agency policies, licensing organizations, accrediting bodies, and HIPAA regulations.

Security in Pro-Filer™ entails the following components:

- logon security
- form and field security
- company security
- company/treatment team security
- company/cost center/treatment team security
- combinations of these components

Pro-Filer™ Form Security

Forms in Pro-Filer™ are windows where data is stored such as the Client Profile form, Self Pay form, Axis I, or Provider form. Forms can have four separate privileges:

- the ability to view the form (load)
- the ability to add a new form (insert)
- the ability to update or change a form (update)
- the ability to delete a form (delete) – currently forms cannot be deleted

Each privilege functions independently but to add or update a form, the user must first have view privilege. To deny any access to a form, do not give it view privilege.

Pro-Filer™ Field Security

If a user has either view, add, or update privilege to a form, then each field in the form can be secured. Fields have three levels of access:

1. no privilege – the field data cannot be viewed (the field background is blue and it says “no access” if it is a combo box; or if it is a text or numeric or alphanumeric field – the background is white and the data does not display);
2. read privilege – the data can be viewed but cannot be changed or added (the field background is gray);
3. read and write privilege – the data can be viewed, added, or changed (the field background is the normal white).

Field security works in concert with form security in that in order to have read and write privilege to a field, the user must also have load and update privilege to the form. Form security takes priority over field security so make sure the proper privilege is given the form before attempting to secure the fields.

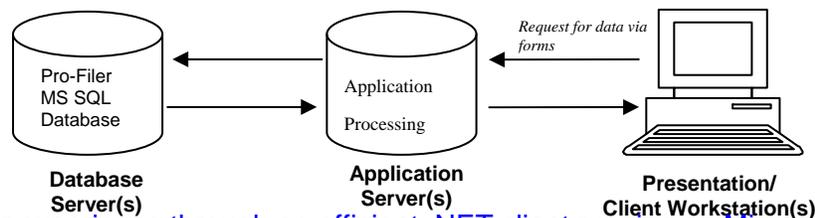
Scalability Considerations

(Not to exceed 3 pages)

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

UNI/CARE Pro-Filer™ is a fully scalable enterprise application suite deployable on true n-tier topology. The architecture provides for the logical separation of the three basic service components of the application:

- ❑ database
- ❑ application/business logic
- ❑ presentation



Pro-Filer™ provides a rich user experience through an efficient .NET client running on Microsoft Terminal Services as the presentation server. Our designated implementation of this design utilizes a multi-server environment, where each tier resides on one or more servers, as needed. This approach has proved to provide the end-user with the most effective experience while minimizing administration of the application suite resulting in the lowest total cost of ownership.

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.

The responsiveness of Pro-Filer™ in a production environment is directly related to a number of factors external to the application design. These are network and equipment infrastructure issues that must be understood and addressed for maximum speed. The following points are additional information for you to consider relative to this topic:

- The equipment recommendations we make are based on a “typical” transaction load mix resulting in acceptable overall performance for the specified number of users, however they do NOT translate directly into specific response time ranges. In production systems, we have found that response times vary directly based on the folder being opened and the amount of underlying data to be presented by the form. If a customer identifies an issue with the response time of a form, we have not hesitated to focus our efforts on improving it. To date, this improvement methodology has proved successful in keeping the system running efficiently.
- In general, Pro-Filer™ response times are a function of the following additional factors:
 - Database server hardware specifications - especially RAM size, RAM speed, number of processors, processor type, processor speed, hard drive size, hard drive speed, number of network interface cards, database server operating system configuration options selected, and SQL Server configuration options selected.
 - The number of database servers used and the ensuing multitude of options selected to configure a multi-server database tier.
 - Application server hardware specifications - especially RAM size, RAM speed, number of processors, processor type, processor speed, hard drive size, hard drive speed, network interface card type, number of network interface cards, and application server operating system configuration options selected.
 - The number of application servers used.
 - Pro-Filer™ client operational environment including RAM size, RAM speed, processor type, processor speed, hard drive size, hard drive speed, number of network interface cards.
 - If Terminal Services is used, then the Terminal Server hardware specifications - especially RAM size, RAM speed, number of processors, processor type, processor speed, hard drive size, hard drive speed, network interface card type, number of network interface cards, and application server operating system configuration options selected.
 - Number of concurrent users accessing Pro-Filer™ via the Terminal Server (TS) mode.
 - The mix of transaction loads being processed by the application and database servers at any given moment (especially concurrent reporting - high processor/disk usage).
 - Number of concurrent users accessing Pro-Filer™ directly from their PC (not via TS).

- The amount of data in the database affects response time. In general, the greater the number of clients and all associated lower level tables (including but not limited to episodes, treatment plans, service plans, recorded services, revenue lines, revenue line detail, and billing/claim transactions, contracts, authorizations, etc.), the more time it takes to process certain types of transactions that require database reads.
- The overall network traffic and bandwidth usage at any given time affects response time.
- The network infrastructure design and configuration of all routers, hubs, switches, PDC's and BDC's.
- The number, timing and complexity of reports being run on the production SQL server.

Pro-Filer™ was designed with high performance in mind. The database is highly normalized which assists the Query Engine in returning results efficiently. The system design incorporates the best performance enhancements in the industry through the use of caching in IPL, dynamic on-demand look-up tables, application security and tree usage. Finally, we constantly work with our customers to meet their performance demands and in doing so continually improve the performance of the system.

Representative Response Times

The following response times are representative across all production systems suitably configured according to recommendations and site-specific factors. Note client volumes range from several hundreds to several thousands of clients. *Note: individual installations may vary.*

ACTION	RESPONSE TME RANGE
Click on Pro-Filer™ Icon to Database Choice Form	2 - 5 sec.
Find a Client using Simple Find	1 – 3 sec.
Open My Selected Charts (secure view – no find)	1 – 5 sec.
Open My Selected Charts (after a find)	<1 – 2 sec.
Open Profile of Client	2 – 5 sec.
Click on a form dropdown field	<1 sec (99%)
Save a record (add or update)	1 – 3 sec.
Click on a Tab from a main form	<1 sec.
Open a tree folder	1 – 4 sec.
Load a User Defined Form	2 – 5 sec.
Open the Report Window	<1 sec.
Delete a single record (non-cascade)	1 – 3 sec.
Review A/R for a Client by Claim	3 – 5 sec

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.

UNI/CARE is committed to a controlled growth strategy ensuring financial stability and customer satisfaction. Our company's owners have defined for us a growth pattern that has been adhered to for over 25 years. As such we are less concerned than other companies with the



number of accounts we are signing every year. Our concern is aimed at ensuring that our staff provides comprehensive software as well as quality implementation and maintenance services.

UNI/CARE has also partnered with an elite group of industry experts, such as *Idea Integration*, who have joined UNI/CARE's Professional Services Group, to provide value-added consulting services to human service organizations. UNI/CARE's Professional Services Group was expanded to include additional industry experts who have accumulated years of hands-on experience at human services organizations relating to business process re-engineering, change management, electronic health record implementation, information technology and network management.

Through UNI/CARE's Professional Services Group, UNI/CARE will provide consulting services, which in combination with the use of Pro-Filer™, will help maximize an organization's operational goals and enhance an organization's ability to deliver the highest level of service to their consumers.

Consulting and professional services offered by UNI/CARE include:

- Network Management and Support
- Hosting Services
- Report Writing
- eForms Development
- Interim Management
- Senior Management Coaching
- Strategic Planning
- Decision Support Dashboards
- Revenues Cycle Management
- Rapid Assessments
- Customized Training

Additional services in the areas of Clinical Operations, Information Technology, Business Intelligence, and Remote Infrastructure are also available.

UNI/CARE's Professional Services Group will ensure that human service organizations are maximizing the benefits of implementing an electronic health record, such as Pro-Filer™, from a clinical operations, financial management, and information technology perspective.

J. Implementation Planning

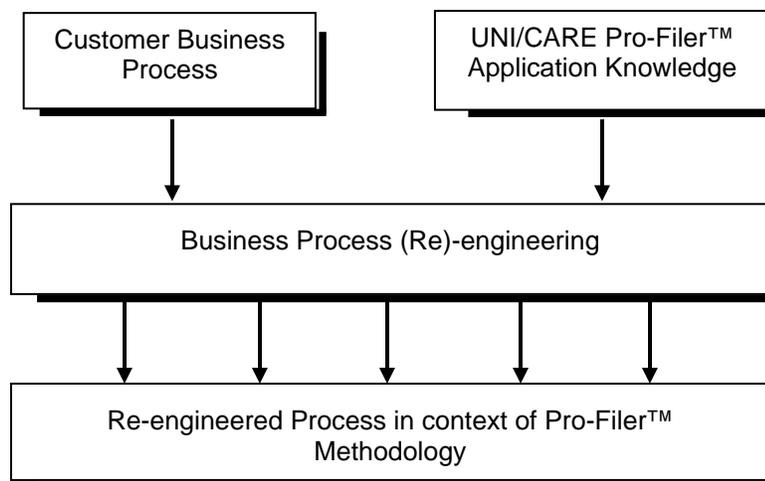
(Not to exceed 5 pages.)

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.

Implementation Services are delivered by our Consultants and Trainers who are not only knowledgeable in their area of expertise, but have participated in sharing with the UNI/CARE

customers the successes and tribulations of a software implementation. UNI/CARE has developed **a specific implementation methodology designed to guide Organizations** in all of the tasks to be completed prior to the implementation process, as well as all of the tasks required to successfully implement Pro-Filer™ in a production environment. Implementation Services are offered in the following areas: course planning and continuous evaluation, understanding of system requirements, review of software customized functionality, software testing and acceptance, production cut-over and system maintenance. Implementation Services are provided at a customer's site, or delivered through web-based sessions. A structured implementation methodology is offered for customers in need of a fast track guided approach to their implementation.

To be successful, every implementation of a new Electronic Health Records (EHR) system must define and map primary business requirements into the functional “best practices” model offered by the application vendor. Uncovering where the current business processes do not map well to the existing application function, is an important task. This effort is collectively defined as “business process re-engineering” and it should be the foundation of all new software implementations. It requires a thorough understanding of the functions, integration and critical decision points of the new application software. This relationship is graphically shown below:



For most implementations, the process described above, including roll-out of the new application, occurs over an extended period of time, from 9 to 12 months and even some as long as 18 months. The range of time is highly dependent on the amount of time required by the customer to achieve internal consensus on the hundreds of detailed application decisions, which form the basis of the application business rules. The Implementation Process is designed around the specific needs of each customer in this critical area. The amount of Account Management services, which is the change management and process re-engineering assistance offered by UNI/CARE, is determined by the customer based on their needs. A minimum amount of Account Management time is necessary for every implementation, but that need can expand greatly if there are difficult issues that need to be addressed by the customer before they can implement new technology.

The Implementation Process is designed to leverage mutual strengths: for the organization, it is the comprehensive knowledge of their business and processes; for UNI/CARE it is our years of professional and management consulting experience, most as former managers and

professionals in healthcare organizations, combined with our comprehensive knowledge of our enterprise application system.

The Implementation Process consists of the following phases. Within each phase the critical tasks are defined. The resources for each task are further detailed in the Implementation Plan, but in general reflect the requirement of shared resources from the organization and UNI/CARE to complete most items.

Phase 1: Presentation of Pro-Filer “How to...” Sessions – (2-4 Months)

- ✓ *Logical presentation of the design and structure of Pro-Filer through a series of how to sessions that focus on how specific functions are performed in Pro-Filer™ and discuss the overall design concepts of the software.*
- ✓ *After each session the customer will start to build the tables necessary to perform these functions and begin to build a prototype system. Our goal is to engage the customer in the use of the product very early in the implementation process.*
- ✓ *During these sessions, areas where process re-engineering will be needed will be identified and possible solutions identified. The role of the Account Manager is to help the customer through these change management issues.*
- ✓ *Review of state reporting requirements and critical billing formats for Medicaid or local billing requirements that might be non-standard.*

Phase 2: Complete System Build and Workflow Design (2-4 months).

- ✓ *Complete the design of the Foundational System Structures within the context of business rules and relationships relative to the application design. Example: Company, Location, Cost Center, Service Plan, Service Item, Default Treatment Plans, Security, etc.*
- ✓ *Documentation of critical terms, definitions and work flow processes as it relates to application usage. Example: Admission, Discharge, Team, Case Manager, Intake, Service recording, Referral, Scheduling, etc.*
- ✓ *Facilitation of Business Process Re-engineering decisions, in light of the new application functionality. This process can vary greatly from customer to customer and often is the determinant of the length of the implementation timeline.*
- ✓ *Programming of State Reporting Interfaces and Billing Requirements.*
- ✓ *Joint and directed development of all applications tables, taking into consideration reengineered business process and state reporting requirements.*
- ✓ *Development and initial testing of Data Conversion and any Interfaces.*

Phase 3: Testing, End User Training and Go-Live (2-4 months)

- ✓ *Testing – UNI/CARE will assist the customer in developing a testing plan and process, but it is the responsibility of the customer to execute the testing process. This is another service*

that UNI/CARE can augment, but we strongly encourage the customer to take ownership of this process as part of the knowledge transfer process.

- ✓ *Go-Live Planning – UNI/CARE will assist the customer in developing a Go-Live plan. This is an important area to manage carefully to avoid unnecessary confusion and disruption at the cut over point. The UNI/CARE Account Manager will work with the customer Project Manager on this process.*
- ✓ *Training of End User Staff – End user training is the responsibility of the customer though additional consulting time can be purchased to augment this process.*
- ✓ *Final Conversion – Although the initial work for the conversion is done early in the implementation process, the timing of the final conversion is critical and is part of the Go-Live Planning.*
- ✓ *Production and Go-Live – Under the best circumstances, the customer will have complete control at this point; however, if additional resources are needed, including on-site support, can always be purchased to assist at this critical stage. The Go-Live Planning process should anticipate these needs and be scheduled accordingly.*

Conclusion

UNI/CARE's Implementation approach is a value-added methodology that can greatly facilitate the efficiency, quality and success of the Pro-Filer™ application system. Tasks and responsibilities are clearly defined and monitored by both organizations. UNI/CARE Account Managers and training consultants will provide best practice advice and suggestions and guide the definition and re-engineering of an organization's critical business rules in context of the application to be implemented.

The implementation of an enterprise health information system is a large undertaking in any size organization. The Implementation process has been designed to meet most organizations needs, but is flexible enough to be expanded to assist the customer as needed based on their resource issues and constraints. Our goal is to complete the knowledge transfer of the application to the customer so that they take ownership of the application and truly integrate the application software into the organization's business and clinical processes.

IMPLEMENTATION PLAN

An initial Implementation Plan will be developed based on a review of requirements for an Electronic Medical Record (EMR) as defined by the customer. The implementation plan will be continuously detailed and/or modified by the customer and UNI/CARE staff during the early implementation phase.

- ✓ The project will initiate within two weeks of contract signatures.
- ✓ UNI/CARE will assign an Account Coordinator to the project and staff to provide support/training functions as needed.
- ✓ A Project Implementation Team composed of the customer and UNI/CARE staff will be formed within a month after contract signature.
- ✓ The customer will appoint a Project Manager and a System Administrator to perform management, system administration, and coordination functions and to monitor compliance with timetables.

- ✓ Each member of the Implementation Team will perform acceptance of the system deliverables, as defined below, on a timely basis, to assure successful project continuation.

IMPLEMENTATION MONITORING ACTIVITIES

- ✓ The Implementation Services Division of UNI/CARE will monitor Implementation of the UNI/CARE software and the proposed training and consulting services.
- ✓ The Operations Division of UNI/CARE will monitor the development of special requirements.
- ✓ The Support Services Division of UNI/CARE will monitor the provision of support services.

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.

Using the above methodology, UNI/CARE in partnership with a customer has implemented Pro-File™ in as little as three months. UNI/CARE has also implemented as long as 18 months with another customer who suffered from a lack of executive leadership and solid infrastructure.

UNI/CARE’s experience has taught us that the timeframe for the implementation of an electronic health record varies based on the following customer factors:

- Available staff and network resources
- Staff knowledge and skill sets
- Funding
- Executive Leadership
- Ability to adapt to change

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.

Please reference below.

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

Please reference below.

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

Please reference below.

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

Please reference below.

RR-K-05 Who provides the training: employees of your company or sub-contractors?
Please reference below.

RR-K-06 Do you provide clinician-specific training?
Please reference below.

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

UNI/CARE proposes online software training via virtual classroom to the customer, for a period of days based on the functionality to be implemented. In addition, UNI/CARE will offer onsite training at the customer should this option be preferred. UNI/CARE provides management training, system administration personnel training and data entry personnel training. It is suggested that the customer invites to the training sessions key personnel responsible for the main functional areas to be computerized and ensures their attendance to appropriate sessions.

UNI/CARE operates on the principal that the customer's key personnel will then ensure that their staff members are properly trained and will act as liaison with UNI/CARE staff.

The proposed training schedule requires the delivery of the proposed number of days of training. During the software installation phase UNI/CARE will work with staff from the customer to determine the need for additional training. At this time, and if necessary, UNI/CARE will offer customized training sessions geared toward specific identified needs.

TRAINING METHODOLOGIES

UNI/CARE has developed various methodologies designed to assist its customers in the implementation of their systems. These are:

- ✓ *Pre-Implementation services* offered to the user to assist in the structuring of the users goals, objectives, priorities and timetable for the implementation. Development of *an implementation and training plan* customized to comply with the defined needs of the customer.
- ✓ Presentation of the Implementation Administrative Manual designed by the UNI/CARE staff to assist The customer with preparing for the software implementation

USER APPLICATION TRAINING

UNI/CARE provides *a set number of training days per module licensed* by the customer. Training is performed at the customer' site, centralized sites designated by the customer, online and/or at the UNI/CARE Florida based offices.

UNI/CARE's training methodology provides for the training of a set of staff on a particular module or function. These trainers will in turn train a designated group of staff, based on a set of training materials customized for the organization. UNI/CARE recommends that all training be performed in a Training Room designated specifically for that purpose. The Training Room should contain at least six computers designated exclusively for supporting the training function. This requirement usually provides the ability to train 6-8 users in each training session.

The following are training sessions to be performed by UNI/CARE staff:

✓ Pre-Implementation Session:

Experienced UNI/CARE training staff will provide pre-implementation consulting days. The training agenda for these days' focuses on assisting *designated managerial staff* from the customer to review the system implementation goals of the customer and subsequently develop a customized implementation plan.

✓ System Administration Session:

UNI/CARE technical staff will provide System Administration training at the customer's site. Training is performed for a period of contracted days per site and includes the following:

- A review of the technical environment available to the user
- Mapping of all hardware, peripherals and communication devices used by the site implementing the licensed software
- Development and documentation of all protocols required for ensuring adequate software and peripheral interface
- Development of hardware support procedures
- Development of network support procedures
- Development of interface with UNI/CARE technical support staff
- Development of back-up procedures
- Training on log-it procedures
- Security
- Menu design training
- Initial system tables building training
- Initial system navigation procedures

✓ Modular Functionality Sessions:

UNI/CARE professional training staff provides Modular Functionality training either at the customer site, or at the UNI/CARE Florida sites. Training is performed for a number of days per software module licensed by the customer and includes the following:

- Overview of modular system structure and flow
- Review of support tables specific to the module
- Review of data entry screens
- Review of data editing and correcting functions
- Review of tickler files functions
- Review of reporting needs and responsibilities
- Outline of pre-defined standard reports
- Creation of customized and ad hoc reports
- Review of interface with other modules
- Review of UNI/CARE's procedures for problems identification
- Review of UNI/CARE's procedures for problems reporting and resolution

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).
2. User operator/system administrator manuals.
3. Hardware/OS manuals.
4. Network and Security.
5. Training manuals (initial and ongoing user self-training).

UNI/CARE has developed a set of tools used during the process of implementation and training. These are:

- ✓ *An Administrative Pre-Implementation Manual* specifically designed to offer the customer with guidance related to all of the implementation tasks needed to ensure a successful implementation. The UNI/CARE training staff discusses the use of this manual in detail during the first days of training. This manual in turn is used by all of the trainers to ensure consistency of training, as well as the monitoring of requirements.
- ✓ *An implementation plan* designed to detail tasks, resources and interdependencies among tasks and resources and used to monitor progress.
- ✓ *A training plan* designed to structure training days and requirements to be met prior to each training session.
- ✓ *A training agenda* by module, as well as a checklist of tasks required to be performed by the site prior to the training session.
- ✓ *Training guides* developed by the customer and UNI/CARE Staff and designed to guide the staff into the relationship between the UNI/CARE system and the processing of the customer's business functions.
- ✓ *Technical Documentation* for system administration, report writing, and database management.
- ✓ *New Release(s) documentation* that offers a comprehensive overview and details regarding all the functionality provided within the new release.

RR-K-08 Is the documentation available:

1. In hardcopy? **Yes**
2. On CD-ROM? **Yes**
3. On the Local Area Network? **Yes**
4. On the Internet? **Yes**

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

Documentation, which includes revised manuals and release notes are updated within two weeks of a new release. Such documentation is made available online via UNI/CARE's customer web site.

UNI/CARE provides new releases annually with updates issued in-between via our customer web site. Customers are notified of the pending upgrades/updates as they are planned and upon their release provided with:

- ✓ Upgrade/Update assistance (if desired)
- ✓ Upgrade/Update release notes
- ✓ Updated User Manuals and Technical documentation



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**
- 3. Interface maintenance? **Yes**
- 4. Architectural changes such as migration to emerging technologies and new methods of systems deployment? **Yes**

If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

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

Support is provided on a 24 hour basis, EST. Our support staff are located in Sarasota, Florida, with second level support located in various states. All support is provided via telephone, e-mail and documented via a Logit tool available on the Internet for customers.

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
- 6. 24x7 software support
- 7. 24x7 hardware support

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

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

Performance Standards: If any of the Licensed Programs or Licensed Utilities fails to conform to the specifications set forth in the Licensed Materials or the Functionality Acceptance Criteria, UNI/CARE agrees to respond according to the following priority schedule:

Priority Level	Priority Level Definition	Required Response
CRITICAL	A problem preventing Users from reasonably continuing work with the Licensed Programs and/or Licensed Utilities	UNI/CARE will begin work on the problem within two (2) hours of notification and continue until an acceptable resolution is achieved
URGENT	Features of the Licensed Programs and/or Licensed Utilities are needed for performing daily functions and no work	UNI/CARE will begin work on the problem within four (4) hours of notification and continue until an acceptable resolution is achieved

	around is available	
IMPORTANT	Important features of the Licensed Programs and/or Licensed Utilities are needed and no work around is available	UNI/CARE will begin work on the problem within twenty four (24) hours of notification and continue until an acceptable resolution is achieved
NEEDED	Needed features of the Licensed Programs and/or Licensed Utilities are needed and no work around is available	UNI/CARE will begin work on the problem within seventy-two (72) hours of notification and continue until an acceptable resolution is achieved
DESIRABLE	Users have questions about potential enhancements to performance of the Licensed Programs and/or Licensed Utilities (other than normal questions that are handled under the Support Services Agreement)	UNI/CARE will respond as soon as practicable but in no event later than two (2) weeks after notification

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?

UNI/CARE's software support methodology is based on the premise of *direct access* to the staff providing first-level support and the staff providing training services. As such all UNI/CARE customers can dial a set of telephone extension numbers exclusively assigned to the support of the software and immediately report their specific concerns, issues or problems.

The support staff receiving the call will immediately answer an inquiry presented to them, if such an occurrence is possible. If the inquiry requires research, analysis or any further step, the UNI/CARE staff will advise the customer of the proposed action and will set a timetable for follow-up.

To ensure that all requests for support have adequate follow-up and subsequent communication with the customer staff, UNI/CARE has implemented an internal automated monitoring system, Logit, designed to document every request for support as well as related progress and/or resolution. In addition, UNI/CARE has identified a specialized committee responsible for the monitoring of all requests by customer, as well as the status, progress and/or resolution of each request.

UNI/CARE has also designed **a web site** that is enabled with a secure login for each UNI/CARE customer allowing access to a wide variety of information. The web site is **developed to serve as an information forum for our customers**, and offers sections for Logit, frequently asked questions, software downloads, updates, application reports, a knowledge base, a discussion board, the National Users' Group, and a customized section for each customer allowing for specialized communications. The UNI/CARE customer web site provides the customer with the ability to review a list of outstanding problems and enhancement requests.

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.

UNI/CARE's Support Services Agreement is for a period of one year, with the customer option to renew as desired. UNI/CARE will provide support services directly to the customer staff under the Support Services Agreement provided the monthly maintenance fee is paid accordingly.

Pro-Filer™ upgrades and new releases are covered under the Support Services Agreement.

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.

Pro-Filer™ is licensed in increments of 16 concurrent users by module with a monthly maintenance fee. Additional costs include an installation fee and implementation/training costs.

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.

UNI/CARE has not yet devised such a program with any state. Our company would be willing to participate with the State of California to develop such a structure.

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.

UNI/CARE's experience has taught us that the following customer factors pose possible implementation risks:

- Available staff and network resources
- Staff knowledge and skill sets
- Funding
- Executive Leadership
- Ability to adapt to change

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.

The following is a list of customers licensing Pro-Filer™ that you may contact as a reference. Please note our customers have varying schedules and may not return your call immediately. If you need assistance to set up a conference call with a reference, please contact Jamie Smith, Manager of Marketing & Sales at (941) 954-3403, ext. 310 or via email at jamies@unicaresys.com.

Organization: Davis Behavioral Health, Inc.

Address: 3185 South 100 East
Bountiful, UT 84010

Name: Mr. Scott Brian, Chief Information Officer

Phone: (801) 599-4712, ext. 235

Email: sbrian@itxmedia.com

Organization: Hamilton Center, Inc.

Address: 620 8th Avenue
Terre Haute, IN 47804

Name: Mr. Hans Eilbracht, IS Manager

Phone: (812) 231-8299, ext. 592

Email: HEILBRAC@HamiltonCenter.org

Organization: Lakeview Center, Inc.

Address: 1221 W. Lakeview Avenue
Pensacola, FL 32501

Name: Mr. Mike Idoni, Director of Information System

Phone: (850) 469-7083

Email: mike.idoni@bhcpns.org

Organization: Santa Clara Valley Health and Hospital

Address: 2325 Enborg Lane, Suite 240
San Jose, CA 95128

Name: Ms. Cheri Silveria-Moliere, IS Manager

Phone: (408) 885-6490

Email: Cheri.Silveira@hhs.co.santa-clara.ca.us