REQUEST FOR PROPOSAL

FOR
AN INTEGRATED HEALTH RECORD, CASE
MANAGEMENT, BILLING AND REPORTING
DATA SYSTEM

Westchester County Department of Health

Westchester County Department of Information Technology

Issue Date: 10/6/2008
Reply Date: 11/14/2008
# TABLE OF CONTENTS

I. SCOPE OF WORK 4
   A. Background 4
   B. Purpose of Request for Proposal 6

II. PREPARATION AND DELIVERY OF PROPOSAL 6
   C. Format of Proposal 6
   D. Cost of Proposal Preparation 7
   E. Proposal Due Date and Effective Period 7
   F. Signature Requirements 7
   G. Proposal Inclusions 7
   H. Follow-up and Requests for Clarification 8

III. SELECTION PROCESS 8
   I. Factors for Selection 8

IV. RFP EVENT SCHEDULE 9

V. ACQUISITION, SYSTEM AND SUPPORT REQUIREMENTS 11
   J. Technical Requirements 12
   K. Software Installation and Server Configuration(s) 13
   L. Data Conversion 14
   M. Support 14
   N. Software Warranty 15
   O. Source Code 15
   P. Training 15
   Q. Documentation 16
R. Security

S. Clinical/Field Based/Epidemiological Case Reporting, Management and Investigation – General

T. Clinical – TB

U. Clinical – STD

V. Clinical – Child Lead Testing

W. Clinical – HIV Testing and Counseling

X. Clinical – Immunizations

Y. Epidemiological Surveillance

Z. Laboratory

AA. Pharmacy/Inventory

BB. Field Based - Home Health

CC. Field Based – School Based Dental Services

DD. Reporting and Data Management

EE. Document Management

FF. Billing/Accounts Receivable/Financial Management

GG. Time/Activity/Productivity Tracking

VI. APPENDIX I – REPORTS

VII. APPENDIX II – FORMS

I. APPENDIX III – CHECKLIST

II. APPENDIX IV – LEGAL DOCUMENT APPENDIX ATTACHMENT

3
Westchester County, acting by and through its Commissioner of Health and Chief Information Officer, is seeking proposals from qualified individuals and companies for a system to support the County’s clinic, field based, billing and epidemiological case reporting, management and investigation operations.

I. SCOPE OF WORK

A. Background

The mission of the Westchester County Department of Health (WCDH) is to promote health, prevent disease and prolong meaningful life for Westchester residents. The Commissioner of Health is vested with all of the powers and duties necessary under the mandates of the New York State Public Health Law to monitor and control the spread of communicable disease, monitor and regulate air and water quality, enforce state and local sanitary codes, promote and ensure local public health activities and assure the availability of community health services. WCDH also provides supplemental services that further enhance and support the quality of public health services offered to the residents of Westchester County with a focus on vulnerable, at-risk populations.

Clinic, field based operations, and epidemiological case reporting, management and investigation are administered by WCDH as part of its continuing efforts to provide quality health care to the residents of Westchester County. In addition to the field based programs of home health and school based dental, specific clinical operations include TB, STD, HIV counseling and testing, lead testing, and immunizations. These programs are further supported by a variety of centralized administrative functions including billing, accounts receivable, financial management, records management, data analysis and trending, and statistical reporting.

WCDH is licensed under Article 28 of New York State Public Health Law to operate clinics (known technically as Diagnostic and Treatment Centers, DT&C’s) and under Article 36 to operate a certified home health agency (CHHA). WCDH operates three such clinics in Westchester County. In 2007, WCDH clinics provided approximately 10,000 visits to nearly 4,200 patients. Additionally, the CHHA provided 20,700 visits to nearly 3,500 patients.

WCDH clinics generally operate Monday through Friday, including evening sessions. Typically, appointments are pre-scheduled for TB and immunization services, while STD and HIV services are handled on a walk-in basis.
Approximately 8 physicians and 6 nurse practitioners staff the clinics in addition to public health nurses, clerical, lab and other support staff.

In 2007, specific clinic activity was as follows:

<table>
<thead>
<tr>
<th></th>
<th>PATIENTS</th>
<th>VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD clinics</td>
<td>2,181</td>
<td>4,013</td>
</tr>
<tr>
<td>TB clinics (excluding 1100 visits solely for PPD readings)</td>
<td>861</td>
<td>3,569</td>
</tr>
<tr>
<td>Immunizations</td>
<td>390</td>
<td>478</td>
</tr>
<tr>
<td>HIV-Only Services</td>
<td>832</td>
<td>859</td>
</tr>
<tr>
<td>Dental ¹</td>
<td>135</td>
<td>138</td>
</tr>
</tbody>
</table>

¹ Data for the period September – December 31st

In 2007, STD, TB, and Rabies case management, investigation and reporting activities were as follows:

<table>
<thead>
<tr>
<th></th>
<th>CASES REQUIRING CASE MANAGEMENT, INVESTIGATION, AND REPORTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD Cases ¹</td>
<td>3727</td>
</tr>
<tr>
<td>TB Cases and Contacts ¹</td>
<td>1821</td>
</tr>
<tr>
<td>Rabies ²</td>
<td>709</td>
</tr>
<tr>
<td>Others</td>
<td>Approx 14,000</td>
</tr>
</tbody>
</table>

¹ Not all cases were WCDH clinic patients
² Treated by providers other than WCDH

The Certified Home Health Agency (CHHA) staff conducts home visits seven days per week. Typically staff conducting home visits includes public health nurses (RN’s), community health workers and health investigators. Additionally as a CHHA, other staff such as physical therapist, occupational therapist, speech language pathologist, home health aide and medical social worker also make home visits for the provision of patient care.

In 2007, specific CHHA activity was as follows (see Section V for additional explanation of these categories):

<table>
<thead>
<tr>
<th></th>
<th># VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB DOT/DOPT</td>
<td>7511</td>
</tr>
<tr>
<td>Other TB Related</td>
<td>4146</td>
</tr>
<tr>
<td>CHHA &amp; Preventive</td>
<td>2499</td>
</tr>
<tr>
<td>DSS/PCA</td>
<td>6587</td>
</tr>
</tbody>
</table>

In 1998, Westchester County replaced an in-house mainframe based clinical and billing data management system with a vendor purchased client/server system.
In the clinics, community and central offices, the software is currently used to support all facets of clinical and field based operations, as well as billing, accounts receivable, financial management, reporting, and statistical analysis. There are currently in excess of 60 end users who have access to the software, including clinicians, nurses, accounting, data analysts, clerical and other support staff. As a result of advances in technology and the mandate to work within a highly regulated environment, a newer and more robust health record, case management, billing and reporting data system hereon in referred to as (HRBDS) is required to support WCDH operations. The current system does not support any of the epidemiological case management, investigation, or reporting operations; WCDH is seeking a new system that integrates this functionality with its clinical and billing systems.

The Department of Information Technology (DoIT) is responsible for the development, implementation and support of computer systems for all County departments. These systems support the daily business processes and mission critical functions of the County of Westchester. DoIT’s mission is to:

- help County Government operate more effectively and efficiently;
- make government services and information more accessible to the public;
- help protect our residents’ safety.

B. Purpose of Request for Proposal

WCDH, in cooperation with DoIT, is seeking proposals from qualified individuals and companies to provide a comprehensive system to support the County’s medical clinics, home health and other field based clinical activities, billing, reporting, epidemiological surveillance and case management. It is expected that the proposals submitted will clearly demonstrate the respondent’s ability to deliver a system and implementation plan which will not only optimize advances in health related technology but will also support enhanced patient care and efficient program management. It is further expected that the proposal will clearly and thoroughly address the respondent’s ability to deliver a product(s) to the satisfaction of Westchester County which meets or exceeds all requirements and features outlined in the pages that follow.

II. PREPARATION AND DELIVERY OF PROPOSAL

A. Format of Proposal

All proposals must be received in a sealed envelope or box to the attention of Harriet Grayson at: Westchester County Department of Health, 145 Huguenot
Street, New Rochelle, NY 10801, on or before 4:00 PM (Eastern Standard Time), on 11/14/2008. Westchester County is not responsible for any internal or external delivery delays that may cause the proposal to arrive beyond the deadline.

The respondent must submit one original and ten (10) copies of the proposal in hard copy and an additional electronic copy in PDF or MS Word format. The content of the proposal should generally follow the outline of this document, although alternative formats are acceptable provided all requirements are clearly addressed.

<table>
<thead>
<tr>
<th>B. Cost of Proposal Preparation</th>
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<tbody>
<tr>
<td>No reimbursement will be made by Westchester County for the costs incurred by the respondent in preparing or delivering the proposal.</td>
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</tbody>
</table>

<table>
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<tr>
<th>C. Proposal Due Date and Effective Period</th>
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<tbody>
<tr>
<td>All proposals must be delivered as stated above no later than 4:00 PM (EST) on 11/14/2008. Respondents cannot withdraw their proposal within 120 days of this submission date.</td>
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</table>

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<tr>
<th>D. Signature Requirements</th>
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<tbody>
<tr>
<td>Proposals must be signed by one or more duly authorized officials of the proposer.</td>
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<th>E. Proposal Inclusions</th>
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<tr>
<td>Proposals must include the following:</td>
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</table>

- Executive summary outlining why the respondent’s software and implementation approach best meet the requirements expressed in this RFP
- Respondents must provide their most recent audited annual financial statement or other such documentation that is acceptable to the County of Westchester.
- Three references which include organizations with operations similar to WCDH and preferably include one such organization which bills New York State Medicaid for services provided to patients
- Point by point response to all requirements identified in Section V of this RFP, being as specific as possible; use the form in Section VIII, Appendix III to respond to each requirement
- Detailed presentation of the initial and ongoing costs and terms associated with the acquisition of software, installation of software, customization of software, implementation of software, training of staff, etc.
• Description of vendor project implementation and post implementation team(s).
• Recommended requirements for all hardware associated with successful implementation of the proposed system and operation of both production and training environments
• Detailed list of all server, client and peripheral software requirements, including an indication of whether the software is bundled in the vendor product or requires separate acquisition and/or installation
• Copies of signed schedules as required under Appendix IV (See page 3 of Appendix IV).

F. Follow-up and Requests for Clarification

Requests for clarification of the RFP must be submitted via email to Harriet Grayson at hag1@westchestergov.com by 10/17/2008. Additionally, all interested parties are responsible for checking http://www.westchestergov.com/rfp/ for post release addendums to the RFP as well as points of clarification which are deemed to be of general interest to respondents.

III. SELECTION PROCESS

Selection will be based upon the business credentials of the respondent and its ability to satisfy all project requirements, propose an acceptable schedule for implementation, present a customer focused implementation methodology and offer project costs which are detailed, all inclusive and competitive. The County of Westchester reserves the right to reject any and all proposals and/or waive any minor irregularities in any proposal. The County reserves the right to accept, reject or negotiate modifications to any proposal as it shall, in its sole discretion, deem to be in its best interest. The determination of adequacy of qualifications shall be at the sole discretion of the County.

Proposals will be reviewed by a core team consisting of representatives from the Westchester County Departments of Health and Information Technology. As appropriate and necessary, topic specific review will also be done by representatives from the Westchester County Departments of Social Services, Law, and Labs and Research. If the County review team deems it warranted, qualified respondents will be scheduled to conduct demonstrations of their proposed software solution(s).

A. Factors for Selection

It is expected that respondents to this RFP will have extensive, reputable and verifiable experience in providing integrated technology solutions for public health
agencies. The following general categories (in no particular order) will be considered when evaluating all proposals:

- Respondent’s business profile, financial stability and other relevant background information
- Depth, experience and capability of proposed project team
- Costs and proposed payment schedules associated with software purchase, customization, training, support, system acceptance criteria, and other related costs
- Complete, concise and clear responses to all system and implementation requirements, terms and conditions included in the RFP
- Technical environment, including but not limited to database platforms, network requirements, application requirements, hardware requirements, installation and implementation plan
- Demonstrated understanding of general clinical, home health, school based dental, epidemiological, billing, accounts receivable, financial management, reporting, and data analysis operations in a public health environment
- Clearly demonstrated knowledge and experience with electronic Medicaid systems, regulations and billing requirements in New York State for clinical and Home Health services, Medicare billing under Home Health Prospective Payments System (HHPPS) and private insurers, and ability to ensure ongoing system compliance with all Federal and State regulations relative to data security and billing criteria
- Satisfactory feedback from three references provided by the respondent; references should include organizations with operations similar to WCDH and preferably include one such organization which bills NYS Medicaid for clinic and home health services provided to patients

### IV. RFP EVENT SCHEDULE

The schedule below is subject to change as the County deems necessary but every effort will be made to meet projected dates:

<table>
<thead>
<tr>
<th>Event</th>
<th>Scheduled Date</th>
</tr>
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<tbody>
<tr>
<td>Release of RFP to public</td>
<td>October 6, 2008</td>
</tr>
<tr>
<td>Requests for clarification due</td>
<td>October 17, 2008</td>
</tr>
<tr>
<td>RFP responses due back to county</td>
<td>November 14, 2008</td>
</tr>
<tr>
<td>Notification of Finalists</td>
<td>December 22, 2008</td>
</tr>
<tr>
<td>Event</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Interview and Demonstration of Finalists</td>
<td>January, 2009</td>
</tr>
<tr>
<td>Final Selection of Vendor</td>
<td>February, 2009</td>
</tr>
<tr>
<td>Final Legal Agreement with County</td>
<td>April, 2009</td>
</tr>
<tr>
<td>Installation begins</td>
<td>August, 2009</td>
</tr>
</tbody>
</table>
V. ACQUISITION, SYSTEM AND SUPPORT REQUIREMENTS

The HRBDS being sought must support all facets of WCDH patient care, billing for services, accounts receivable, epidemiological management and public health reporting. While specific program and technical requirements are listed in the sections that follow, it is important to note several fundamental yet critical themes which are applicable to all areas and should be reflected in responses to this RFP:

- The primary focus of WCDH clinical, field based and epidemiological case reporting, management and investigation operations is provision of high quality patient care and compliance with Federal and NYSDOH mandated activities and reporting requirements. Any software solution being proposed must be flexible and comprehensive enough to allow clinicians and other staff to effectively use the system while maintaining compassionate, responsive patient care and complying with mandated reporting requirements.
- All patient or case data, regardless of the point or program of entry, must be available to all other program, billing and reporting components without repeated or duplicative data entry.
- Similarly, a complete transactional and update history of patient demographics, care, billing and financial data is vital to effectively managing clinical, field based and epidemiological case reporting, management and investigation operations. The availability and retrieval of such historical data is critical to clinicians, financial managers, and data managers.
- It is essential that WCDH have available a wide variety of reports and reporting options as well as a variety of data output options. Standardized and ad hoc reporting capabilities must be comprehensive yet flexible in order to allow WCDH to be responsive to individual patient needs, perform mandated disease reporting to NYSDOH, and meet all regulatory requirements.
- By statute, WCDH must be in full compliance with all applicable Federal and New York State rules and regulations. It is imperative that the HRBDS software selected for implementation in the County consistently meet all such regulations in a timely manner such that requirements are satisfied and patient care and cash flow are not adversely impacted.
- Any software proposed must be verifiable as fully HIPAA compliant.
- WCDH is desirous of working towards a paperless patient record, i.e. electronic medical record (EMR). Proposals must demonstrate the capability of the software package(s) to address requirements and features of an EMR in a phased approach. At minimum, the system software being proposed must be capable of producing a printed...
document that meet the medical-legal standards for a medical record from day one of implementation.

- Billing for services through private pay, private insurance and government programs is a major part of the clinic and home health operations. All system proposals must clearly demonstrate an understanding of the billing and accounts receivable issues related to these programs, particularly requirements unique to New York State Medicaid and Medicaid Managed Care.

The following sections itemize the core requirements for the system being sought to administer medical clinics, field based programs, billing and epidemiological management for WCDH. In addition to operational needs supporting the care and management of patients, technical requirements and staff support requirements are described. **It is expected that each requirement will be thoroughly addressed in the response, including a clear indication of:** (a) whether the requirement is met in the solution being proposed (“off the shelf”), (b) would require vendor customization that is included in the cost of the delivered product, (c) would require vendor customization at additional cost to the County, (d) configurable by end user (using built-in tools) or (e) is not available. **Any omissions will be regarded as an incomplete response to the RFP.** (Please refer to Appendix III for requirements checklist.) If the respondent feels that a requirement has been addressed in another section, a reference to that section will serve as a sufficient response. The respondents should feel free to include descriptions of proposed software features which exceed the minimal requirements set forth in this RFP. Where a respondent may suggest multiple software solutions either through internal or external collaborations to address this RFP, the proposal must clearly and thoroughly explain the manner in which distinct software packages are logically integrated without negatively impacting the end user interface, patient flow and care, or administrative management. Additionally, where multiple solutions are suggested, the RFP response must clearly delineate resource requirements, areas of responsibility, and associated costs.

A. **Technical Requirements**

1. The proposed system must run on the County’s existing TCP/IP network.
2. Any client code in the proposed system must be capable of running on an industry standard platform – i.e., Microsoft Windows XP, Microsoft Windows 2000 or Microsoft Windows 2003.
3. The respondent must provide a detailed specification list for all hardware required for successful implementation. The vendor is not permitted to include the cost of standard computing hardware, such as client workstations, servers or printers as part of their response to this RFP. Rather, County DoIT, in accordance with County procurement
law, will use the recommended hardware specifications to order hardware through the County Bureau of Purchase and Supply.

4. Data must be stored on a Westchester County administered server, in a relational or object-oriented database, meeting the latest industry standards from a major vendor.

5. The system’s services and data must be accessible through an industry-standard interface, which must be at least one of the following: COM, .NET or ActiveX controls and objects; JavaBeans, JMS, J2EE; XML, ODBC or SQL connectivity; a rich, well-documented API.

6. Database documentation in the form of an ERD (entity relationship diagram) or detailed schema must be included as part of the delivered system. This documentation should not be in a proprietary format but rather an industry standard format (i.e. .vsd or html).

7. The system should offer ad hoc query and reporting facilities and interfaces, which are within the capability of end users (i.e. Crystal Reports).

8. The proposed system should suffer no degradation of service during system backup and maintenance functions.

9. The proposed system must be capable of backup using County standard backup facilities (note: the backup solution currently employed at Westchester County is Legato Networker Enterprise).

10. The system must be able to import and export data in ASCII, CSV, XML, or MS Access format.

11. The system must support Internet based accessibility for remote access.

12. In support of home health, school based dental, and field epidemiological investigations, the proposal must include a detailed description of wireless off line/on line access to the software as well database update processes.

13. The system must be able to handle all transactions which will occur over a 7-day workweek, and a 24-hour work period.

14. If a relational database is used, it is desirable that it be either the latest version of Microsoft SQL Server or Oracle.

15. It is desirable that the system have an open interface through .NET or ActiveX controls and objects; or J2EE/Java API.

16. The System’s security should be integrated into the existing Microsoft Active Directory security model.

17. Software should not require Administrator rights to execute any client code.

18. Software should employ multi-tier technology.

B. Software Installation and Server Configuration(s)

1. The proposed system software must be installed on a server(s) located in the DoIT Data Center at 148 Martine Avenue, White Plains, NY by
DoIT technical staff under the direction of respondent’s implementation team.

2. Separate testing/training and production environments must be established.

3. Documentation must be provided and maintained for all installation requirements and processes.

4. Criteria factors for successful installation must be suggested in the proposal.

5. Technical knowledge transfer sessions must be described, including content and personnel resources (both vendor and County).

C. Data Conversion

1. Proposal must include a description of acceptable file formats for importing patient and billing data from existing database.

2. Proposal must include a suggested data conversion plan including required tasks, resources and schedule.

D. Support

1. Complete implementation plan must be outlined in the response including but not limited to on site go-live support, schedule, tasks, dependencies, resources, expectations, and deliverables.

2. Proposed implementation plan must include a description of how the County project team will be regularly updated as implementation proceeds, i.e. a standard project planning tool such as MS Project or a vendor maintained web site accessible to authorized County staff. These updates should include but not be limited to task lists, milestones reached, adjustments to timeline, additions to requirements list, resource allocation changes, etc.

3. Process and content of a joint County and vendor post implementation review plan should be described.

4. One year warranty period must be included in system acquisition costs.

5. Annual maintenance cost and content proposal for each of the four years following the one year warranty period must be included in the response.

6. An ongoing support plan must be thoroughly described in the proposal and include but not be limited to method(s) of problem reporting (i.e. Help Desk, email, web, on-site), problem severity categories, guaranteed response times associated with each severity category, methods of response (i.e. phone calls, on line documentation, reports, etc.), and process for identifying time and resource costs associated with support requests which are not included in the agreed upon maintenance plan.
7. Software compliance with Federal and New York State regulatory requirements must be included as part of the one year warranty period as well as in the costs associated with an annual maintenance agreement.

E. **Software Warranty**

1. The proposal must include a one year warranty period following the County’s indication of system acceptance.
2. The proposal must further indicate that during the warranty period, repairs and maintenance will be provided at the vendor’s expense.

F. **Source Code**

1. Respondents are required to place source code, as delivered to County, in a verifiable and acceptable escrow account at the vendor’s expense.
2. The proposal must describe the respondent’s plan for maintaining currency of escrowed source code.
3. The proposal must also indicate agreement that, at the County’s discretion, the vendor will allow the County to verify that the software in escrow is current.

G. **Training**

1. Respondent must describe a comprehensive training plan which addresses specific County requirements, includes a projected schedule, identifies training staff and lists specific requirements and expectations of the training facility, network availability, software installation, etc. The training plan should also address the availability of follow-up training for new software releases and upgrades.
2. End-user training must be provided by experienced vendor staff.
3. Training must be lead by an instructor at a Westchester County training facility in White Plains, NY, in groups not to exceed 10 individuals per session, for a total of approximately 85 staff.
4. The proposed training plan should accommodate task specific instruction as well as an overall review of system components and interfaces. Such task specific groups might include Data Management, Report Generation, Billing, Accounts Receivable, Financial Management, Pharmacy Inventory Control, Clinic Scheduling & Appointment, Epidemiological Case Management, Electronic Medical Record including laboratory ordering/results, Home Health and WCDH application administrators.
5. The training plan must also address the need to provide select central WCDH administrative staff the training and reference documents necessary to effectively and productively generate ad hoc queries,
import/export data sets, maintain user identity and access, and modify business rules.

6. In addition to end user training, the proposed plan must include technical training. In the classroom setting or “on the job” location, knowledge transfer sessions and supporting reference materials must be provided to DoIT technical staff (server, network, desktop, and database administration). The sessions must cover all aspects of hardware set-up, software installation, software patching, software upgrading, system backup procedures, database restore/recovery procedures and general troubleshooting.

H. Documentation

1. The proposal must describe comprehensive, current, easy to follow hard copy and electronic training/reference materials which will be available to WCDH end user staff, WCDH administrative staff and DoIT technical support staff both as part of formal training sessions and as needed.
2. For technical staff, the documentation must include hardware set-up, software installation, software patching, software upgrading, system backup procedures, database restore/recovery procedures and general troubleshooting.
3. The proposal should indicate availability of on-line documentation, field level or otherwise, preferably in an industry standard, searchable help format such as a Microsoft Help or HTML file.
4. The proposal must indicate that a detailed system configuration design document will be delivered to the County; this should include field level description of all files and database tables used in the system, including keys, variable type and length, codes, etc.
5. If the respondent supplies an application programming interface, at least one thoroughly documented application example should be included in the proposal.
6. The respondent should indicate agreement that Westchester County can reproduce training and technical documents as needed.
7. If available, the respondent should describe authorized access to vendor maintained web site containing documentation enhancements, bug reports, user tips, etc.

I. Security

1. The proposal must describe the methodology for user defined and user maintained internal security work groups (identity) and access parameters.
2. The security component of the proposed system should provide flexible access parameters which can be defined at the functional and/or data levels.
3. Secure log in procedures must be described in the proposal.

J. **Clinical/Field Based/Epidemiological Case Reporting, Management and Investigation – General**

   1. The proposed software must include a customizable central registration function which facilitates the collection and recording of patient demographic, family composition, biostatistical and financial/billing/insurance information. This core data must be current and available to all other system components, i.e. such core data should not have to be re-entered by specific program or service areas.
   2. In addition to tracking patients serviced through the clinics, the proposed software must be capable of tracking tests and readings for individuals who are not actively receiving clinical services from WCDH.
   3. The proposed software must facilitate the production and printing of a full or customizable electronic patient record. This component should also include capability to capture patient signatures at the registration desk as well as in the exam room.
   4. In addition to program specific data elements included in the core software, the proposed system must provide for the addition of user defined fields in all system components.
   5. The proposed system must provide the capability to produce patient identification cards, the format of which can be customized by WCDH.
   6. For a variety of program areas, such as laboratory, EMR, pharmacy, etc., the proposed system must provide functionality which allows for user designed labels to be created and printed.
   7. The proposed system must include the ability to bar code output documents and labels as well as read bar codes in order to facilitate maintenance of an electronic medical record.
   8. The proposed system must provide for all patient, service, accounts receivable and billing data to be fully audited and archived with clear indication in the database as to the data updates and insertions made, update date/time stamps, and update user stamp.
   9. The proposed software should provide for WCDH to build “alert rules” to facilitate effective communication among the various patient program areas and central office administrative programs. An example of such an alert might include a notation made by central finance to check a patient’s Medicaid card or insurance card the next time the patient presents him/herself at the registration desk. Other examples might include alerting clinicians to follow-up on lab orders or alerting office staff to re-order supplies/medications based on defined par levels. Disease surveillance alert rules should be capable of being built according to specific disease and required tasks.
   10. Similarly, the proposed system should provide for WCDH to build “warnings” when certain conditions are met that require special action on the part of the end user. An example of such warning would be if a
new or revised insurance coverage type or period is added and the patient had billings or current outstanding accounts receivable balance during this same period; the warning would remind staff to review the billing and to make any needed additions or adjustments to the billing records that may be required due to an addition, removal or change in insurance coverage.

11. The proposal must include descriptions or software screen prints which demonstrate flexible end user navigation from system module to module which is also compatible with patient flow.

12. The proposed system must include a full featured appointment scheduling and management component which is accessible to all appropriate staff in both office and remote (wireless) locations. Functionality should include but not be limited to creation and maintenance of scheduling templates, scheduling and revising appointments, production of reminder lists and notices, tracking no-show's, printing daily appointment schedules, and report generation.

13. The proposed system must have the capability to track services provided by multiple providers, i.e. nurse, clinician, HIV counselor, and lab technician, in a single clinic encounter. The patient record should reflect all services provided as well track each individual provider’s activity for productivity reporting.

14. The proposed system must have the capability to use field laptops, scanners and signature pads.

| K. Clinical – TB |

1. The proposed system must provide for comprehensive tracking of diagnostic testing, treatment, and case management for patients infected with TB.

2. In addition to tracking patients serviced through the clinics, the proposed software must be capable of tracking tests and readings for individuals who are not actively receiving treatment services from WCDH.

3. The proposed system must support comprehensive tracking of referrals to outside sources for x-rays and other services as well as receipt of referral reports.

4. The proposed system must support provider dispensing and administration of pharmaceutical treatments to patients with active and latent TB in the clinic, home or other non-clinical setting (Directly Observed Therapy, DOT). This tracking must include distinction between DOT attempted and DOT delivered. (See also Section R, item #7)

5. The proposed system must support comprehensive tracking of contact tracing to identify and test individuals who may have been exposed to an active case of TB.
6. The proposed system must be able to distinguish HIV Counseling and Testing services (HIV C&T) which were performed as an integral component of the TB clinic visit.
7. The proposed system must link all contacts to the primary patient.

L. Clinical – STD

1. The proposed system must support comprehensive tracking of diagnostic testing and treatment to patients infected with Sexually Transmitted Diseases (STD’s).
2. In addition to tracking patients serviced through the clinics, the proposed software must be capable of tracking tests and readings for individuals who are not actively receiving treatment services from WCDH.
3. The proposed system must support provider dispensing and administration of pharmaceutical treatments to patients with active and latent STDs in the clinic setting.
4. The proposed system must support comprehensive tracking of contact tracing to identify and test others who may have been exposed to an active case of STD.
5. The proposed system should be able to track Hepatitis vaccines when administered in the STD clinic (see also Section P).
6. The proposed system must be able to distinguish HIV C&T services which were performed as an integral component of the STD clinic visit.
7. The proposed system must link all contacts to the primary patient.

M. Clinical – Child Lead Testing

1. While the volume of lead testing is not significant, nonetheless, the proposed system must accommodate related data collection and blood lead screening for these children who are not WCDH patients.

N. Clinical – HIV Testing and Counseling

1. The proposed system must support a variety of HIV testing situations, including:
   • STD Clinic patients undergoing confidential rapid testing
   • STD Clinic patients undergoing anonymous rapid testing
   • TB Clinic patients undergoing confidential venous testing
   • TB Clinic patients undergoing anonymous venous testing
   • Walk-in, non-STD patients undergoing confidential rapid testing
   • Walk-in, non-STD patients undergoing anonymous rapid testing
   • Court-ordered confidential rapid testing
   • Patients preferring venous rather than rapid testing
• Confirmatory testing for individuals with reactive rapid results
• Rapid and confirmatory testing performed off premises

2. The proposed system must contain separate modules for pre-test and post-test counseling events, and for test results, since not all patients who undergo pre-test counseling receive HIV testing, and not all patients tested undergo post-test counseling to receive their results.

3. The proposed system must link the HIV result, whether obtained at the time by rapid testing or days later by venous testing, to the post-test counseling module. This test result field should be auto-populated in the post-test counseling module.

4. The proposed system must generate reminders to the clinical staff to recommend HIV testing at specific intervals: every three months for returning STD Clinic patients and every 12 months for returning TB Clinic patients.

5. The proposed system must facilitate the tracking of individuals testing confidentially who have any type of positive or reactive result. This should include verification of linkage to ongoing HIV care. All such positive or reactive results must remain flagged until a final disposition or reconciliation occurs.

O. Clinical – Immunizations

1. The proposed system must support comprehensive tracking of the administration of the Hepatitis vaccine series to adults in the STD clinics, using non-patient specific standing orders. In addition to standard immunization administration information, this component must allow for the recording of data from risk assessments and screening questionnaires.

2. The proposed system must support comprehensive tracking of the administration of pediatric immunizations, based on non-patient specific standing orders, to children between the ages of 12 months to the 19th birthday who meet the vaccine for children (VFC) requirements and for college students receiving the required second MMR vaccination. In addition to standard immunization administration information, this component must allow for the recording of data from screening questionnaires and immunization history assessments.

3. The respondent must include a description of the proposed software’s capability to meet Public Health Law requirements for electronically reporting the administration of immunizations, via data transfer files. Specifically, providers are mandated to report all immunizations administered to persons less than 19 years of age through the New York State Immunization Information System (NYSIIS). This web-based application complies with HL7 standards and does have ASCII flat file upload capabilities. Specifications have been developed to allow software vendors to create an export file from clinical records or
billing systems for NYSIIS. Additional reporting requirements for
documentation, inventory tracking (including vaccines and other
pharmaceuticals) and ordering must also be addressed in the
proposed system.

P. Epidemiological Surveillance

1. The proposed system must support WCDH activities related to
addressing mandates of New York State Public Health Law, to monitor,
implement appropriate control measures, and report to NYSDOH for
TB, STD, and HIV (for patients known to clinical and/or field based
programs).
2. The proposed system should include functionality to define additional
communicable disease components.
3. The proposed system must support comprehensive tracking of
treatment/vaccination of patients with exposure to Rabies who are not
actively receiving treatment services from WCDH.
4. As indicated in other sections, the proposed system must include
functionality for tracking directly observed therapy (DOT) for all TB
patients, regardless of location where treatment is occurring (i.e. home,
workplace, office, etc.) Similar recording is required for DOT provided
to patients with sexually transmitted diseases (administered at STD
walk in clinics; see also Section K ).
5. The proposed system must be capable of direct interface with NYS
DOH systems, i.e. Electronic Clinical Laboratory Reporting System
(ECLRS), Clinical Disease Electronic Surveillance System (CDESS)
for TB, STD, and HIV Partner Notification cases to facilitate automatic
initiation or update of existing case management/investigation records.
This includes the capability to upload CDESS core and disease
specific supplemental information.

Q. Laboratory

1. The proposed system must include components for ordering laboratory
tests as well as electronically downloading results. The respondent
must describe the proposed software’s capability to interface directly
with the Westchester County Labs and Research SoftWeb system.
2. The laboratory component of the proposed system must also provide
for stat lab test results performed on premises, to be entered into the
results section of the EMR and reviewed electronically by the ordering
clinician.
3. In addition to the electronic retrieval of results from Westchester
County Labs and Research, the system’s laboratory component must
also be capable of retrieving results from other labs such as
Bioreference and Wadsworth.

21
4. The laboratory module must also include a tracking component to facilitate monitoring receipt of lab results, clinician review of results, etc.

R. Pharmacy/Inventory

1. The respondent should fully describe the features included in an integrated medication and vaccine dispensing and inventory tracking component.
2. The proposed system must include the ability to track the purchase and distribution of rabies vaccines, to external facilities (Westchester County hospitals or a private MD) and be able to maintain inventory.
3. The proposed system must facilitate electronic ordering of medication from all clinical and home health programs.
4. The system must include the ability to generate and print patient specific labels for medication bottles and vials as well as relevant and customized medication fact sheets.
5. The proposed system must be capable of allowing the recording of all patient medications, not just those provided through WCDH.
6. The system must allow for referencing drug interactions and warnings.
7. Any new orders or modification of existing patient medications must be capable of being recorded and made available to all other relevant programs, i.e. home health/DOT, EMR, clinical, epidemiological/case management applications.
8. The respondent should fully describe reports included in the pharmacy/inventory module; required reports include but are not limited to patient medication history and dose counts, pending medication orders and required delivery dates, inventory usage and replenishment, purchasing, distribution, etc.
9. Functionality in the pharmacy/inventory component must support standard inventory tracking features as well as any customization related to medications, vaccines, and medical supplies, i.e. tracking lot numbers and expiration dates.
10. The proposed system must support provider dispensing of medications at the DT&C's.

S. Field Based - Home Health

1. Proposed system must be capable of supporting all facets of community based field work, i.e. home visits, via remote access.
2. Proposed system must allow the establishment of several programs and sub programs under primary Home Health component, such as but not limited to:
   - CHHA:
     - Disease and Disability
     - TB
• Department of Social Services (DSS) Programs
  • Private Duty Nursing Assessments
  • DSS Personal Care Assessments (PCA)
  • DSS PCA Supervisions
• Public health preventive
  • Maternal child health
  • Infant-Child Health Assessment Program (ICHAP)
  • Communicable disease

3. Central registry data (i.e. patient demographic data, insurance information, social/family history, etc.) must be available to all programs as well as new program admissions or readmissions.

4. Different episodes of care and historical data must be maintained and available for viewing.

5. Entire patient history, including services provided and orders on file, must be available for viewing and reporting.

6. Home health patient record information must be available to all other relevant system components, i.e. disease control, pharmacy, laboratory, clinic, billing, and the DSS Q Mack system.

7. System must automatically generate ICD-9 & CPT4 codes based on diagnosis recorded in the database, as well as translate codes to literal descriptions.

8. System must be capable of processing multiple diagnosis, procedures, etc. and correctly code as primary, secondary, etc.

9. Start and stop dates for diagnosis must be captured.

10. System must be capable of accommodating the entry of multiple providers and start/stop dates for each referring physician.

11. Proposed system must be capable of tracking, billing and reporting home health supplies provided to Medicare patients.

12. Proposed system must be capable of tracking, billing and reporting Medicare home visits in 15 minute service units.

13. Comprehensive tracking of developmental assessments, provision of education, itemized and narrative based findings, patient conferences, contacts with physicians or other disciplines, collection of specimens, plant/read tuberculin skin test (TST), administration of pharmaceutical treatments, compliance counseling, plans of care, and follow up visits.

14. Data interface with HAVEN for submission of OASIS.

15. All patient documentation and data collection must meet Federal and NYS CHHA requirements; medical record should be available for printing and placement in a hardcopy patient record.

16. Data entry of referrals received must be accommodated and tracked based on NYSDOH CHHA guidelines and codes including but not limited to:
  • Rejection of referral and reason
  • Acceptance of referral, program assigned, staff assigned and date
  • Scheduled visits
  • Start of care date
17. All past orders must be retained.
18. Completion of (Centers for Medicare and Medicaid Services) CMS 485, 486, 487 must be accommodated.
19. Completion of verbal orders must be accommodated.
20. System must include ability to complete pre-hospital discharge assessment for Maternal and Child Health (MCH) and TB program patients.
21. Home visit planning, scheduling and tracking by Public Health Nurse (PHN) must be included.
22. System must include a staff time and activity reporting component capable of being used remotely by PHN’s and viewed centrally by supervisory staff.
23. Supervisory component must allow for the viewing of PHN schedules, ability to generate assignments, track individual staff productivity, approve/disapprove activity reports, review patient records, and provide feedback to PHN’s.
24. System must allow for collection of data and completion of CMS OASIS assessment: start of care (SOC), Resumption of Care, Follow-up, Transfer to Inpatient facility, Discharge.
25. CMS OASIS tool must be customizable to include the completion of a comprehensive nursing assessment based on the OASIS specific time points.
26. System must allow for end user defined comprehensive nursing assessment tools by individual program such as but not limited to:
   - Maternal/child
   - Prenatal/postpartum
   - ICHAP
   - Private Duty Nursing
   - TB skilled visit/Directly Observed Therapy (DOT)/Directly Observed Preventive Therapy (DOPT)
   - Communicable diseases
   - DSS-PCA Assessments & Supervisions
27. All current and historical patient data, including medications, allergies, precautions, orders, significant patient and family information, must be maintained and available for viewing and reporting.
28. System must allow for definition of agency specific and/or evidence based guidelines filtered by diagnosis and program criteria to guide visit and documentation to promote consistence in practice.
29. Home Health component must provide access to medication profiles to identify actions, contraindications, side effects, adverse interactions and other precautions.
30. Significant patient findings, change in patient status, and other Home Health related criteria must be accommodated in the system alerts component.
31. Medication administration must be provided and include tracking/counting doses by medication in the TB-DOT program;
attempted administrations must also be tracked but not counted in the total/target doses.

32. Creation of individual medication profile which incorporates all current medications either dispensed by WCDH pharmacy or other pharmacy, past/discontinued medications, medication instructions and adverse interaction warnings based on link with the pharmacy module.

33. System must provide the ability to link individual patients to family groups and communicable disease contacts; must also facilitate the coordination of visit scheduling as it relates to such groupings.

34. Case coordination must be accommodated, i.e. other programs and individual staff associated with care of the patient.

35. System must provide for creation of discharge/transfer summaries using central registry and program specific information as well as applicable NYSDOH coding system requirements.

36. For the child lead testing component (included in section M), the system must also be capable of tracking information collected during related home visits performed by PHN in conjunction with lead inspector.

T. Field Based – School Based Dental Services

1. The proposed system must support comprehensive tracking of preventive dental services provided to children in a school setting. Data must include but not be limited to demographics, identification of school site, visit type, tooth number, surface, quadrant, dental procedure code, and billing/reimbursement activity.

U. Reporting and Data Management

1. In addition to standard functionality, editing, workflow and data collection, the system must provide for end user customization of data fields and definition of business rules for all system components, i.e. designated users can add, edit or delete data fields and business rules.

2. SPSS, Crystal Reports, or other similar query/analysis tools must be able to be used against the database, copy of the database which is refreshed on a daily basis or data extract files.

3. The proposed system must include a reporting component which provides standard, pre-defined reports for all program areas. (See Appendix I –and include in the response an indication of the current availability of the reports listed, ability to develop the reports as part of the software acquisition, or ability to develop the reports at cost.) The respondent should feel free to include lists of other available reports not specifically listed in this RFP.

4. The proposed system must include an ad hoc reporting component for authorized users.
5. Pre-defined reports must be clearly described in the user interface, i.e. purpose of the report, criteria for data selection, available filters, sort order options, etc.

6. The respondent must describe all options available for report output, i.e. preview, printing, emailing, export to other programs, electronic signatures, etc.

V. Document Management

1. Respondent must thoroughly describe an imbedded system component or seamless interface to other compatible software which allows for imaging of patient and billing related documents, including digital photographs and radiographic images, as well as incorporation of those images into the electronic medical record for retrieval and printing as needed. This description must include user interface components, required software and hardware, file formats, storage requirements, etc.


W. Billing/Accounts Receivable/Financial Management

1. The respondent must include a full description of the end user interface for billing/accounts receivable/financial management table maintenance.

2. The proposed system should provide functionality for end user maintenance of billing rates and should automatically adjust unbilled claims to new rates.

3. The system must provide functionality for posting and monitoring external provider payment information (voucher #, check #, date paid, amt paid, etc) to help ensure that vendors are being paid for their services in a prompt and efficient manner.

4. The system must be capable of recording and monitoring referrals from external sources to the WCDH clinic and home health programs. The purpose of this tracking is to ensure that the services provided by WCDH are in compliance with the associated referral with regard to service type, service amounts, number of services, service period, etc. and so that WCDH is paid for all authorized services provided.

5. The system must be capable of providing a minimum of two built in automated self pay sliding fee schedules that can be modified by authorized end users when updates are made to the Federal Poverty Guidelines. These schedules must have a minimum of four fee graduations between self-pay $0 and full fee. These schedules must be based on family size and income and must be able to handle family sizes of up to 12 individuals. There must be a mechanism such that
each of our various services can have their self-pay fees slide, as we deem necessary.

6. The system must have flexibility which allows for self pay bills to be directed to a person or organization other than the associated patient, i.e. guarantor/responsible party. Included in this feature should be a system edit requiring patients under the age of 18 to be assigned a guarantor. The guarantor/responsible party data must be linked with associated family/contacts in order to facilitate maintenance of this information.

7. The system must be capable of producing a self pay bill which is compliant with the requirements for a NYSDOH uniform patient bill. The end user should have the ability to define the self pay billing periods as well as suppress mailings as needed. The system should allow for user initiation of the self pay bill production process, allowing for customized generic messages and in a format conducive to mail sorting, automated folding and insertion.

8. The system should include an automated mechanism to allow for self pay accounts receivable write-offs. The selection criteria should allow for write-offs based on account age and/or account activity.

9. A cash drawer accounting component must be included in the proposed software. This component is necessary for reconciliation of cash and checks received/posted and therefore must be available to clinic as well as central staff.

10. The proposed system must be capable of generating and printing receipts as well as recording specific receipt data in the patient accounts receivable database, including but not limited to receipt number, date of service, co-payment, donation, partial pay and/or adjustments.

11. The proposed system must be capable of electronically billing Medicare under the Home Health Prospective Payment System (HHPPS) for CHHA services. Medicare billing is done based on a 60 day episode of care and is based on the number and types of services provided along with a complex matrix of 80 Home Health Resource Groups (HHRG).

12. The system must be able to calculate outliers, service fall backs, and billing/payment adjustments under low utilization payment adjustments (LUPA’s). It must accommodate partial/advanced billings (RAP’s), adjustments, and maintenance of accounts receivables. In addition, it should be able to import Outcome and Assessment Information Set (OASIS) data to determine billing rates.

13. The proposed system must provide a fully compliant process for billing NYS Medicaid for clinical (including school based dental) and CHHA services (currently using the 837 Institutional Health Care Claim). Of special note under the clinical Medicaid programs are: Tuberculosis Directly Observed Therapy Program (TBDOT) which is billed based on predefined service criteria using a weekly service rate; HIV Counseling
The proposed system must be fully compliant with NYSDOH requirement that diagnostic and procedure codes reported on all Medicaid claims for ambulatory care services (diagnostic and treatment centers) be comprehensive and reflective of the specific reason(s) for the patient visit and any procedures performed in relation to the visit.

The NYS Medicaid client identification number (CIN) must be included as part of the patient central registry and must also be edited to insure correct formatting (i.e. AANNNNNA); patient records should be able to be located based on a CIN query.

The respondent must fully describe how a system linkage will be made with the NYS EMEDNY system in order to process transaction type 1 (utilization authorization) and transaction type 2 (patient eligibility) activities.

The system must accommodate the payment requirements of Ambulatory Patient Group (APG) payment system for Diagnostic and Treatment Centers as follows: starting 3/1/2009, 25% of payment will be based on APG's; starting 1/1/2010, 50% of payment will be based on APG's; starting on 1/1/2011, 75% of payment will be based on APG's; and starting on 1/1/2012, 100% of payment will be based on APG's.

The system must allow for on demand printing of the outgoing 837 Institutional Health Care Claim and the incoming 835 Health Care Claim Payment Advice along with the Medicaid 835 supplementary file.

The system must manage payer source hierarchy; as part of this feature, the system must be capable of allowing for billing secondary payers for balances not paid by the patient's primary coverage.

The system must provide the ability to generate bills on demand, including CMS-1500 for clinical medical and home health services, and ADA Form J-400 for school based dental services.

It is necessary that the system provide the ability to segregate and account for home health reimbursement additions made by NYSDOH to Medicaid rates, including but not limited to the home health Bad Debt and Charity care funds which are received as additions to the home health Medicaid nursing reimbursement rate.
23. The respondent must describe features of the proposed system which facilitate electronic billing, error correction, remittance posting, reconciliation, and posting of retroactive adjustments, including the processing of 835 Health Care Claim Payment Advice along with the Medicaid 835 supplementary file, billing to other third party payers for clinical medical, school based dental and home health services.

24. The billing component must allow for billing to various payer sources by procedure performed, including billing Medicaid or third party insurance for the administration of various vaccines.

25. The system must allow for manual posting of patient payments and insurance payments, including but not limited to the recording of check number, check date, check issuer/payer, check amount, payment amount and posting date.

26. The financial component of the proposed system must have a fully operational accounts receivable function. At minimum this function must segregate the accounts receivable by payer source and program, allow for posting of financial notes, maintain account activity data, and provide information regarding the aging of the accounts receivable balances.

27. Standard financial billing and reimbursement reports must be fully described by the respondent. Examples of required reports include but is not limited to billing and reimbursement reports by program area, service type, service period, payer source, amount, and service location; annual home health Medicare statistical report; AHCF1 (ambulatory health care form) Medicaid clinical report; patient visit lists by program area and service period.

28. As indicated in other sections of this RFP, the system must also allow for ad hoc reporting and exporting of data files to EXCEL for further analysis.

29. The financial screen, tables, and reports should be viewable on the screen and printable.

30. The proposed system should have functionality for suppressing the mailing of third party bills or system generated notices on a patient by patient basis.

31. The proposed system must have the ability to segregate and account for retroactive clinical and home health Medicaid rate adjustments.

| X. Time/Activity/Productivity Tracking |

1. The proposed system must have a component for recording patient care activity by clinicians in both the clinic and home health settings.

2. This component must also include a feature allowing for nursing supervisory approval of Daily Activity Reports (DAR’s).

3. The respondent should fully describe reports included in the time/activity/productivity module; required reports include but are not
limited to individual and group activity and productivity reports, activity level reports, program area reports and service location reports.
VI. **APPENDIX I – REPORTS**

Standardized and ad hoc reporting capabilities must be comprehensive yet flexible in order to allow WCDH to be responsive to individual patient needs, identify public health trends, meet all regulatory requirements and be capable of responding quickly to requests for information. Reports should be available by user defined date range. The following is representative of the types and variety of system reports required by WCDH but should not be considered an exhaustive list:

- Total unduplicated patients served for full clinic and home health operations as well as for each specific program area
- Total patient visits
- Appointment schedule by day, clinician, program area, etc.
- No-show reports (for scheduled appointments)
- Patients seen by provider
- Pending lab results
- Immunizations given by age and insurance type
- Number of HIV tests performed by type of test
- Patient Demographic Summary, i.e. breakdown of patients by age grouping, race, ethnicity, gender, and payer source for most recent visit
- Daily staff activity tracking reports, i.e. time spent by category/activity, program area and service location and filtered according to specific provider, select staff, select title, or all staff
- Year to Date Report on Clinical Services, Home Health Services and Vaccinations Administered
- Quarterly report on HIV tests by program and office
- Monthly activity report for TB clinic, HIV counseling and testing
- On demand report of chest x-ray referrals to external providers; filter by date and office
- Immunization Report for Children
- Adult Hepatitis – monthly vaccine usage report
- Home Health Agency Statistical Report/Cases and Visits by Age and Sex – DOH 155
- Home Health Agency Service Report/Census/Payment Schedule – DOH 519
- Point in time report of outstanding lab orders that were never conducted
- Number of labs tests performed by lab type with ability to filter by tests performed on-site vs. tests performed by an outside lab
- List of labs tests with positive test results with the ability to filter by lab type
- Time/activity reports including but not limited to individual and group activity and productivity reports, activity level reports, program area reports and service location reports
• Count of patients receiving services, with the ability to filter by type of service such as HIV pre-test counseling or a Hep B vaccine, etc.
• Staff productivity reports, with the ability to filter by staff member, staff group, date, type of activity, etc.
• Patient list by diagnosed condition, such as gonorrhea
• Summary report by external provider filtered by time period, types of referrals, payments made, outstanding balances, etc.
• Standard financial billing and reimbursement reports, i.e. reports by program area, service type, service period, payer source, amount and service location
• Annual home health Medicare statistical report and AHCF1 Medicaid clinical report
• Annual clinic report required for cost reporting; includes monthly counts of users, threshold visits, number of prescriptions, number of x-rays, and number of lab tests; encounters by provider, provider class and month; threshold visits by payment source; threshold visits by provider/provider class; encounters by program and month; threshold visits by program
• Annual home health report required for cost reporting; includes patient count by payment source and discipline; count of nursing AIDS visits and patients; unduplicated count of HHA users and hours by payment source; percent of time spent on direct patient care and other activities by discipline (i.e. nurse, physical therapist, etc.); count of self pay and no charge
• Customizable reporting to support epidemiological surveillance activities and comply with CDC (Federal), NYSDOH and local reporting mandates
• List of CHHA patients served over a user defined period of time including primary and secondary diagnosis, services provided, admission and if applicable discharge date and payer source
• List of active patients including address, phone number, emergency contact information and priority level for compliance with NYSDOH emergency/disaster preparedness requirements
• Supervisory management reports
  a. Daily schedule of home visits broken down by staff member
  b. List of patients due for home visits broken down by staff and program
• CHHA patient census for user defined date range that includes the number of:
  a. Unduplicated admissions
  b. Readmissions
  c. Patients discharged to hospitals
  d. Patients discharged to nursing homes
  e. Patients discharged – goals met
  f. Patients died
  g. Total discharges
Following is a listing of a variety of forms used by WCDH for clinical, home health and case management data collection/assessment purposes.

**General Communicable Disease Reporting Form (NYSDOH)**

DOH 389 (DC 103) – required for all 70 or so reportable diseases

**HIV Reporting & Partner Notification Assistance Program (PNAP) Forms**

1. HIV Reporting & PNAP Case Tracking Template - currently used by WCDH Disease Control to capture and track case information on which WCDH is required to report
2. HIV PNAP Patient Summary Form
3. HIV Medical Provider & Partner/Contact Report Form (DOH4189)

**Rabies Forms**

1. Rabies “Log” Case Tracking Template – currently used by WCDH Disease Control to capture and track case information on which WCDH is required to report
2. Case Investigation and PEP Release Record
3. Human Rabies Biological Release & Administration Record
4. HRIG/Human Rabies Vaccine Request
5. Weekly Rabies Vaccine/HRIG Inventory Log

**STD Forms**

6. STD Case Tracking Template (IDF) – currently used by WCDH Disease Control to capture and track case information on which WCDH is required to report
7. Field Record (CDC 73.2936S)
8. Interview Record (CDC 73.54) – same form currently used for syphilis, gonorrhea, Chlamydia but to be replaced by the following 2 forms
9. Interview Record for Syphilis (not currently in use - NYSDOH states that this will replace the above CDC 73.54 form but does not have date)
10. Interview Record for Gonorrhea or Chlamydia - (not currently in use - NYSDOH states that this will replace the above CDC 73.54 form but does not have date)
11. CDC Congenital Syphilis Case Investigation and Report (CDC 73.126)
12. Major Analytical Points Sheet
13. STD Case Investigation Data Form
14. Syphilis Case Supplemental Investigation Form (700 Supplemental form)

**TB Forms**

1. TB Case Tracking template – currently used by WCDH Disease Control to capture and track case information on which WCDH is required to report
2. TB Patient Intake Sheet  
3. Tuberculosis Case Management Summary Sheet (Cardex)  
4. Tuberculosis Patient Report (DOH-1567A)  
5. Tuberculosis Drug Susceptibility Report Follow-Up Report 1 (DOH-1567B)  
6. Tuberculosis Case Completion Report Follow-Up Report 2 (DOH-1567C)  
7. CDC Report of Verified Case of Tuberculosis (not currently in use - NYSDOH states that this will replace the above 1567A, 1567B, and 1567C forms as of 1/1/09)  
8. TB Medication Dose Tracking Form  
10. TB-32 Contact Information Flow Sheet  
11. Contact Follow-Up Work Sheet (NYS DOH)  
12. Individual TB Worksheet (ARPE)  
13. Aggregate TB Contact Worksheet (ARPE)  
14. Individual TB Survey Results Summary  
15. Aggregate TB Survey Results Listing

### Clinical and Home Health Forms

<table>
<thead>
<tr>
<th>Name on Form</th>
<th>Used for: Home Health</th>
<th>Used By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ante-partum Assessment</td>
<td>Initial Home Health Ante partum Nsg. Visit</td>
<td>Public health nurse (PHN)</td>
</tr>
<tr>
<td>Home Health Advanced Beneficiary Notice</td>
<td>Home Health Medicare patients</td>
<td>PHN</td>
</tr>
<tr>
<td>Detailed explanation of non-coverage</td>
<td>Home Health Medicare patients</td>
<td>PHN</td>
</tr>
<tr>
<td>Call for Service</td>
<td>General Home Health Referral</td>
<td>PHN/SPHN</td>
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<tr>
<td>DSS/DOH Personal Care Service Plan of Care</td>
<td>PCA-Plan of Care</td>
<td>PHN</td>
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<tr>
<td>Post-partum Nursing Assessment</td>
<td>Initial Home Health post-partum nsg. Visit</td>
<td>PHN</td>
</tr>
<tr>
<td>Ante-partum Care Plan/Problem List</td>
<td>Documenting post-partum plan of care</td>
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</tr>
<tr>
<td>Newborn Care Plan/Problem List</td>
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<tr>
<td>Post-partum Care Plan/Problem List</td>
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<tr>
<td>Post-partum/Newborn Education Check List</td>
<td>Documenting educational needs/ed. Provided</td>
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<tr>
<td>Pediatric Nursing Assessment (0-8yrs)</td>
<td>Initial pediatric home visit</td>
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<tr>
<td>Pediatric Nursing Assessment-supplemental pg.</td>
<td>Initial pediatric private duty nsg. home visit</td>
<td>PHN</td>
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<tr>
<td>OASIS Assessment</td>
<td>Initial adult home visit</td>
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<tr>
<td>Nursing Supervisory Visit 3-month Report</td>
<td>DSS/PCA program supervisory home visit</td>
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<td>Private Duty Nursing Assessment</td>
<td>Initial assessment &amp; reassessment PDN visit</td>
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<tr>
<td>Home Health Certification and Plan of Rx</td>
<td>Physicians orders – CMS-485</td>
<td>PHN</td>
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