

Area Agency on Aging 1-B  
Electronic Medical Record  
Request for Proposal  
May 25, 2021

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## I. Executive Summary

### ***Request For Proposal Objective***

The purpose of this Response For Proposal (RFP) is to provide Vendors with the information needed to create an accurate estimate of the price and methods for designing, customizing, and implementing an Electronic Medical Record (EMR) system for Area Agency on Aging 1-B (AAA 1-B).

Afia (an outside consulting firm) has worked collaboratively with AAA 1-B to interview staff throughout the organization to confirm requirements. Information that was gathered is also included within this RFP in the form of a project vision and a comprehensive list of the key requirements that need to be addressed in AAA 1-B's future EMR. These documents have all been included in this RFP for Vendors to understand the work that has been completed to date, and to give a comprehensive understanding of AAA 1-B's needs.

AAA 1-B adheres to the Michigan Department of Health and Human Services Aging and Adult Services Agency general procurement standards required by the OMB - "Uniform Guidance, 2 CFR 200 et seq., as amended. This information is available as an attachment to this RFP under [Appendix A: General Procurement Standards - "Uniform Guidance"](#).

It should be noted that responses to questions and scenarios outlined in this RFP will be included as part of any contract(s) that results from this request. As such, Vendors should respond to this RFP knowing that contracts will include these items as the definition of system scope.

## Company Overview

Established in 1974, the Area Agency on Aging 1-B (AAA 1-B) is a nonprofit 501(c)3 organization with a rich history of supporting older adults, adults with disabilities and family caregivers in Southeast Michigan. We are a part of a national network of Area Agencies on Aging and a leader in aging services in a six-county region that includes Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw Counties. We help individuals access the services and programs they need to remain living independently and with dignity in their own home or chosen place of residence. The AAA 1-B is the largest Area Agency on Aging in Michigan having about 30% of the 60 and older population residing in our service area. We provide direct care programs for seniors, adults with disabilities and family caregivers along with funding and support for many programs provided by our community partner organizations. A few of the direct service programs provided by the agency including information and referral, clinical programs that provide in-home services for seniors and adults with disabilities and senior health and wellness programs. Some of the larger services that are funded in the community by the AAA 1-B including Meals on Wheels, congregate meal programs, chores services, home injury control services and adult day services.

## Primary Funding Sources

1. The AAA 1-B receives federal and state funding allocated through the Michigan Aging and Adults Services Agency (AASA) to serve older adults and family caregivers in our six-county region. We offer many services directly while also partnering with other community organizations in the delivery of senior and family caregiver services. Together with our community partners, we help build a strong local network of support, resources, and services for older adults in our region.

Services funded through AASA include:

- Information and Assistance Resource Center
  - Community Living & Care Management Programs (direct in-home care services)
  - Senior Health & Wellness Education
  - Home-Delivered and Congregate Meals
  - Chore and Home Injury Control
  - Transportation
  - Caregiver Resources & Support
2. Michigan's Medicaid MI Choice Waiver Program, also known as Home and Community Based Services for the Elderly and Disabled (HCBS/ED), is funded through the Michigan Department of Health and Human Services
    - Eligible adults who meet income and asset criteria can receive Medicaid-covered services similar to those provided by nursing homes but can stay in their own home or other residential setting.
    - AAA 1-B functions as a Pre-Ambulatory Health Plan (PAHP) in which reimbursement is received from the Michigan Department of Health and Human Services (MDHHS) via a managed care model. The agency receives capitated monthly payment per participant enrolled in the program.
      - Services rendered include both internal staff such as Support Coordinators and external service providers which make up the agency's Vendor Network. Vendors are contracted

utilizing a Direct Service Purchase (DSP) Agreement. Service authorizations are entered into the EMR.

- The service provider delivers care based on the authorization.
- Services rendered are billed via submission of claims within the EMR.
- AAA 1-B submits an 837 EDI encounter file to MDHHS.

### 3. MI Health Link (Michigan's Integrated Care Program)

- In 2015, the Michigan Department of Health and Human Services (MDHHS) initiated a demonstration program which integrates the medical, behavioral, and long term supports and services needs for the Medicare & Medicaid "dual eligible" population. Participants have the option to choose between five (5) Integrated Care Organizations (ICOs) who are responsible for providing and coordinating their healthcare services. The program is currently offered in demonstration regions of Western Michigan, the Upper Peninsula, Wayne County, and Macomb County. AAA 1-B and its provider network work with select ICOs in Macomb County to deliver long term supports and services to their qualified beneficiaries.
- AAA 1-B coordinates services for ICO beneficiaries based on authorized services provided by the health plan. The agency is reimbursed based on a fee-for-service contract model. AAA 1-B is a provider for the following ICO's:
  - HAP
  - AmeriHealth
  - Aetna
  - Michigan Complete Health
- Services rendered include both internal staff such as Service Coordinators and external service providers. Service providers (Vendors) are contracted utilizing a Direct Service Purchase (DSP) agreement.
  - Authorized services are entered into the EMR.
  - Service Providers deliver care based on the authorization.
  - Services rendered are billed via submission of claims within the EMR.
- AAA 1-B's current claims submission processes are based on specific payer requirements and current EMR functionality, including 837 file submissions and excel spreadsheet reports.

### 4. Other Clinical Contracts

- McLaren Health Plan
  - AAA 1-B is a contracted provider in which we provide Community Health Worker services to assess barriers to healthy living and accessing health care, and coordinate community services to address such barriers including Social Determinants of Health.
  - Reimbursement is based on a fee-for-service model in which the agency submits claims via an invoice in the form of a spreadsheet.
- Veteran Directed Program

- Veteran's Directed home & community-based program is a long-term care option for Veterans who are eligible for long-term supports and services, regardless of age. AAA 1-B provides assessments, develops a person-centered plan of care, and ongoing coordination and support as needed / requested, plus connection to community resources as desired by the Veteran. Self-Determination (SD) is offered as a program choice, along with traditional providers of services, to allow veterans more choices about who provides their care.
  - Reimbursement is based on a fee-for-service model. The agency submits claims via UB04 forms.
  - Total Health Care
    - AAA 1-B is a contracted provided in which we provide hospital discharge planning, monitoring, education, and follow up through the first thirty (30) days post discharge, or beneficiaries with a diagnosis of COPD. With enhanced discharge planning and follow-up, improved health outcomes are achieved and prevents 30-day hospital readmissions.
    - Reimbursement is based on a fee-for-service model in which the agency submits claims via an invoice in the form of a spreadsheet.
5. Other funding sources include fundraising, sponsorships, and grants.

### ***EMR Current User Roles***

Internal Staff - The AAA 1-B has 228 staff utilizing the EMR as part of their job function including information and referral specialists, clinicians (nurses, social workers, case workers program support staff), clinical supervisors and administrators, quality and compliance staff, billing and claims staff, and other designated staff.

External Providers - Currently, the AAA 1-B contracts with 208 external providers with 505 unique external users of the EMR for claims submission, authorization acceptance, clinical documentation view (read-only), and communication platform for coordination of services. Access to EMR is restricted by contractual provisions including authorization of services, need to know information, and user roles.

## II. Vendor Requirements

### ***Selection Process***

The RFP will be posted on **5/25/21** on the AAA 1-B website. Respondents should submit electronic responses via email to Kathy Dettling at [kdettling@afiahealth.com](mailto:kdettling@afiahealth.com) (paper copies will not be accepted or reviewed)

### **Deadlines**

Please notify Kathy Dettling via email **6/18/21 by 5pm EST** of your organization's intent to respond. Final RFP responses are due by **6/25/21 at 5pm EST**. Late submissions will not be accepted except in extraordinary circumstances.

### **Single Point of Contact**

Kathy Dettling ([kdettling@afiahealth.com](mailto:kdettling@afiahealth.com), 517-712-5593 (cell phone)) will be the Single Point of Contact (SPoC) for this RFP process. To maximize efficiency and to ensure a fair selection process, Vendors are prohibited from communicating with other AAA 1-B or Afia staff regarding this RFP. All questions and communications regarding this RFP should be directed to Kathy Dettling. All questions and responses related to the RFP will be posted on the AAA 1-B website.

### **Initial Remote Demonstration**

Based on Vendor RFP and Key Requirements responses, AAA 1-B will select Vendors for a two-hour remote demonstration focused on prioritized features as identified by AAA 1-B during the week of July 19, 2021. Vendors selected for web demos will be notified via email by Kathy Dettling on 7/9/21.

### **Finalists**

Based on the web demos, Vendors will be selected to complete a AAA 1-B Explicit Requirements Matrix that will provide further detail of functionality within a Vendor's base product, and identify areas that will require further development, future development, or potential workaround. Based on the responses to the Explicit Requirements Matrix, AAA 1-B will select up to 2 Vendors for full day demos. The agenda will be divided into sections similarly to those in the web demos but will focus more on carefully defined user scenarios.

The dates between **8/2/21** and **8/6/21** have been set aside for remote or onsite\* full day demonstrations with the two finalist Vendors. Please block off those dates to be scheduled for demonstrations if your system is selected.

For the full day demonstrations, the expectation is that the content will reflect an understanding of AAA 1-B's services and requirements based on the information provided in this document and the addendums. It should also focus on navigating live through a test/demonstration system rather than screenshots or indicating that the functionality exists without showing it. Not demonstrating functionality indicated on the agenda may result in a failing score for that section of the presentation.

From there, depending on whether a suitable Vendor is found, AAA 1-B will begin procurement according to its internal practices.

## Selection Timeline

| Date             | Process                                   |
|------------------|---|
| May 25, 2021     | RFP posted to AAA 1-B website             |
| June 18, 2021    | Intent to respond due by 5pm EST          |
| June 25, 2021    | RFP responses due by 5pm EST              |
| July 19-21, 2021 | Two-hour Web Demos                        |
| August 2-6, 2021 | Full day demonstration by top two vendors |

\*Onsite demonstration availability will be dependent on COVID-19 restrictions.

## Response Requirements

All proposals must include the following:

1. Executive Summary of your proposal
2. Vendor Details
  - a. Company overview
    - i. Number of staff members
    - ii. Local/offshore support model
  - b. Company history
    - i. ONC Health IT Certification Status
    - ii. Years in business
    - iii. Significant ownership changes
    - iv. Tenure of management team
  - c. Experience and qualifications
    - i. Customers (including approximate number of agencies live on system)
    - ii. Brief description of team members expected to support each phase of your process (discovery, implementation, support, etc.)
    - iii. Number of implementations currently in progress
    - iv. Experience implementing for Area Agency on Aging or Aging Services organizations, or other similar community-based services.

- v. Experience implementing in Michigan in an agency where specialty services (beyond traditional outpatient behavioral health or primary care services) are provided and compensated through capitation or other payer arrangements.
      - vi. Experience implementing in an Accountable Care Organization (ACO), Managed Care Organization (MCO) or Care Management Organization working with people with Medicaid, Medicare and / or Dual (Medicaid / Medicare) coverage
  - d. Minimum of three customer references. All should provide Aging, Senior Services, or similar community-based services. Please include:
    - i. A customer that has implemented within the past 12 months.
    - ii. A customer that is in Michigan.
    - iii. A customer that has a similar service mix to AAA 1-B including Aging / Senior Services and / or ACO / MCO services.
  - e. Product roadmap showing the current focuses of your system and how you intend to evolve the system over time.
    - i. If any of the key requirements listed in the RFP are in development, please describe current functionality and limitations, with a description of future expected functionality with timeframes for release.
  - f. Details of any previous litigation with customers
- 3. Description of proposed system functionality to address items in:
  - a. Section [VI. Key Functional Requirements](#)
- 4. Complete the attached [Appendix B: AAA 1-B Total Cost of Ownership](#). Instructions are on the Read Me tab. See [Company Overview](#) for user numbers to use for licensing estimate.

## ***Notice of Terms and Conditions***

**BY RESPONDING TO THIS RFP, YOU HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS:**

### **Gap Analysis**

If you are required to prepare a Gap Analysis (document identifying the differences and distinctions between the functionality of your software and the business requirements of AAA 1-B), the Gap Analysis is incorporated by reference into the final contract.

### **Milestones**

AAA 1-B will determine and select the mutually agreed upon Vendor milestones and acceptance criteria that will be incorporated into the final contract.

### **Previous Litigation**

Vendor shall disclose any previous litigation with customers.

### **Software and Services**

Vendor warrants that the software and services will be performed with reasonable care and in a diligent manner, and further, Vendor represents that it will assign sufficient and qualified personnel to perform the services as set forth in the Agreement.

### **Costs Associated with RFP Response**

AAA 1-B is not liable for any of the costs (including travel costs) incurred by a respondent in preparing or submitting a response or proposal.

### **Right to Select or Reject Proposals**

AAA 1-B reserves the right to reject any or all responses for any reason at its sole discretion. We reserve the right to make copies of responses and disperse them for internal review as we see fit. Neither party is legally bound by the submitted proposals – this will be addressed during the contract phase of system procurement.

### **Confidentiality**

AAA 1-B may disclose to the respondent written material, oral conversations, or other information that AAA 1-B considers to be confidential (“Confidential Information”). Respondent must agree to hold in strict confidence and trust all Confidential Information provided by AAA 1-B and agree not to disclose or otherwise provide or transfer, directly or indirectly, any Confidential Information or anything related to the Confidential Information to third parties, without AAA 1-B’s prior written consent.

Respondent may disclose Confidential Information only to those directors and employees who are advised of the terms of this confidentiality requirement and who need to know such information to enable respondent to respond to this RFP. Respondent further agrees that it may use the Confidential Information only in connection with responding to this RFP and not for any other purpose or for the benefit of any third party. Respondent agrees to require any of its directors and employees who obtain Confidential Information to comply with these terms and agrees to be responsible for any breach of this requirement by such persons.

### III. AAA 1-B Executive Vision

This section of the RFP is intended to provide Vendors with a sense of the expectations and long-term vision of AAA 1-B's governance team. It is provided so that Vendors can use this guidance while responding to specific questions in Section [VI. Key Functional Requirements](#) and the other areas that require a response.

#### Guiding Principles

The information below reflects the AAA 1-B guiding principles, which will guide the selection, design, and implementation of any new system. While a new system alone is not capable of addressing these needs, the success of an EMR will depend in large degree on how well the system can support this list. Please speak to ways in which your system supports these guiding principles.

1. Vendor understanding of current and future national and state (Michigan) clinical, financial and data reporting requirements.
  - a. Vendor experience working with Michigan's Medicaid MI Choice Waiver Program, MI Health Link, Health Plans, and Area Agency on Aging requirements.
  - b. Vendor experience in working with document interface with existing integration points and reporting.
2. Ease of use and sustainable EMR workflows for information and assistance, clinical, financial, service plan authorization, provider communication, and quality processes that drive positive health outcomes.
  - a. Reduce the need for manual process and the need for storage of data outside the EMR.
  - b. Intuitive EMR workflows where data entry is non-duplicative and reduces the number of clicks, tabs and scrolling for the user.
  - c. EMR with experience and demonstration of productivity dashboards and quality reports which provide data to analyze quality performance and beneficiary health outcomes.
3. Minimize the risk of errors in workflow and data entry related to information and assistance, clinical, financial, service authorization and quality processes.
  - a. Vendor experience in setting clinical documentation and billing rules to ensure accuracy at the time of entry.
  - b. Ensure EMR is audit ready 24/7.
4. Sustainable cost of implementation and ongoing maintenance and updating.
  - a. Vendor pricing includes the cost of implementation and ongoing upgrades, including current and future federal, state (Michigan) and payer requirements.
5. Ability to partner with the EMR Vendor to ensure ongoing positive performance beyond implementation to direct all aspects of the product.
  - a. Vendor hosts the EMR on a cloud-based platform.
  - b. Vendor software is based on open architecture structure.
  - c. Vendor provides responsive support to payer and regulatory changes.
  - d. Reduced need for internal resources to maintain the product.

## Business Goals

The Business Goals below highlight the results that AAA 1-B would like to attain within 1-3 years of purchasing and implementing a new EMR. These goals are not restricted solely to the functions within the EMR but require an overall dedication by staff at all levels of the organization.

1. Information and Assistance Goals
  - a. Increase the number of information and assistance requests managed, tracked, and successfully resolved.
  - b. Increase the number of up-to-date resources available to persons requesting information.
  - c. Improve the quality and quantity of data collection and extraction to anticipate current and future resource needs.
2. Clinical Goals
  - a. Track at least two clinical outcomes demonstrating positive impacts on emerging issues (e.g., social isolation, medication adherence, pain management, fall prevention, hospital admission, 30-day hospital readmits, nursing home admissions, and caregiver resources).
  - b. Increase participant satisfaction with supports and services.
  - c. Improve the quality and accuracy of assessment documentation captured to improve participant health outcomes.
3. Agency Expansion of Services and Supports
  - a. Increase the number of participants in select programs. (e.g., Michigan Medicaid MI Choice Waiver Program, Community Living Program, and Care Management)).
  - b. Launch at least one new service, program, or payer contract.
4. Finance Goals
  - a. Reduce or sustain the cost of administrative overhead through efficiencies in the new EMR.
5. Revenue Cycle
  - a. Improve the percentage of payments collected upon initial submission of claims.
  - b. Improve the percentage of successful encounter submission at initial submission.
  - c. Improve the percentage of Vendor correct claims upon initial submission.
6. Workforce Capacity
  - a. Achieve staff satisfaction with the selected EMR product within 2 years.
  - b. Achieve 95% of direct staff and 75% of Vendors utilizing the EMR successfully within 3 months of implementation.
  - c. Improve available staff time for participant contact through a reduction of time spent on documentation.

- d. Improve staff efficiency through use of productivity dashboards including task management, time-sensitive deadlines, and required follow-up to enhance program compliance, quality, and effective time-management.

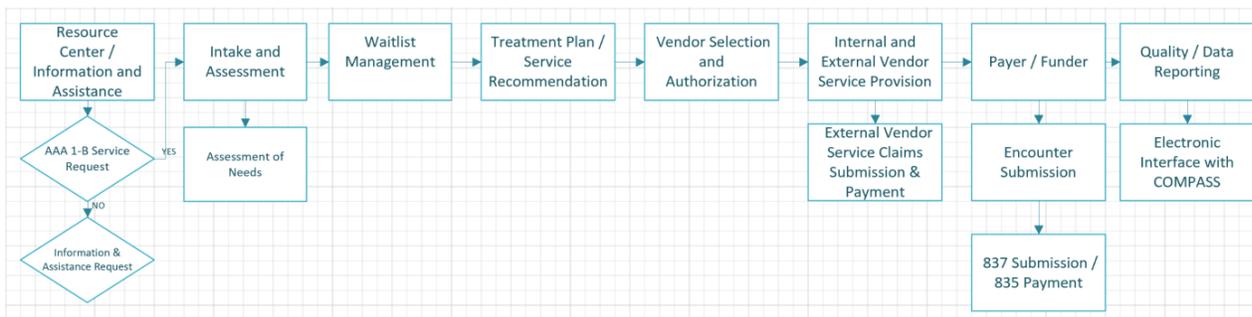
7. Information and Data Integrity

- a. Data field coding reflects the intended response (e.g. Pre-populating already recorded responses to ensure consistency and reduce the risk of conflicting coding).
- b. Information and data sets can be extracted in usable format by the front-end user.
- c. Reduce rejection and validation errors with interface.
- d. Optimize workflows resulting in capturing the appropriate data that populates the data warehouse.
- e. Identify, reduce, and prohibit errors related to data entry, especially within demographics.

## IV. AAA 1-B Programs

The list below expands upon the [Company Overview](#) by describing in more detail the core services provided by AAA 1-B. This section does not require a response but demonstrating an understanding of the needs in each of these program areas will be critical evaluation criteria for potential Vendors and should be used to inform responses to the requirements below.

**Figure 3: AAA 1-B Programs & Services**



- Information and Assistance
  - The AAA 1-B Information and Assistance Resource Center is a toll-free line available Monday through Friday from 8 am through 5:00pm. It provides older adults and family members information about organizations, programs benefits and services available to assist seniors, people with disabilities and caregivers within the six covered counties. The Information and Assistance Resource Center maintains and updates a database of thousands of senior-focused organizations and programs and helps families find, navigate, and understand the programs and services available, whether offered by AAA 1-B or by other local organizations.
- Intake and Screening
  - The AAA 1-B Intake and Screening team gathers demographics, service needs, functional abilities, and financial information (defined as Intake) to determine potential medical and financial eligibility for programs and services that support people with complex care needs to maintain living independently in their home setting.
  - The Intake Screening and Assessment process includes unique screening tools based on program requirements (e.g. [Michigan Intake Guide \(MIG\)](#) and a Universal Intake (UI)). AAA 1-B utilizes these screening tools as a first step to potential enrollment into an in-home program.
- Waitlist Management
  - The AAA 1-B Intake and Screening Team maintains a waitlist for participants regardless of funding

based on unique program criteria, such as priority categories.

- The AAA 1-B Intake and Screening team maintains contact with participants on a scheduled basis to determine a change in need and / or level of care during these contacts.
- At any given time within the state, there may be 1200+ applications on the waitlist for Community Living Programs and 350-450 on the waitlist for the Michigan Medicaid MI Choice Waiver Program
- The MI Choice waitlist for the region within the CIM-COMPASS system is manually replicated in the AAA 1-B EMR.
  
- Community Living Program (CLP)
  - Provides assessment, planning, supports coordination, care management and in-home services to participants 60 years and older who require an identified minimum level of support to maintain independence.
  
- Care Management (CM)
  - Provides assessment, planning, supports coordination and in-home services to participants 60 years and older who require a higher level of support than CLP, but do not qualify for the Michigan Medicaid MI Choice Waiver Program
  
- Michigan Medicaid MI Choice Waiver Program, Home and Community Based Services for the Elderly and Disabled (HCBS/ED) Waiver
  - Through MI Choice, eligible adults who meet income and asset criteria can receive Medicaid-covered services similar to those provided by nursing homes but can stay in their own home or another residential setting. The MI Choice program includes a comprehensive assessment of the individual's needs, development of a person-centered plan of care, service delivery of long term supports and services, coordination of care across health systems and professionals, and linking of resources to promote continued independence in their home.
  
- Assessment, Person Centered Service Planning and Authorization of Provider Services
  - A comprehensive assessment is performed by a clinician to identify needs of the participant. A Person-Centered Service Plan (Plan) is developed to address identified needs inclusive of medically necessary services including service type, amount, frequency, duration, and scope. These services are authorized based on program funding source. For some payer contracts, AAA 1-B receives authorized services that can be included in the Plan (I.e. ICO/Health Plan).
    - Service Coordinators link available contractual service providers to provide the amount, scope and duration of services and supports within the geographical proximity of the participant.

- Once a contractual provider accepts the referral, an authorization for services is provided based on the Plan.
  - Services are provided based on the authorization and Plan requirements.
  - AAA 1-B monitors the Plan and ensures services and supports are being provided as per Plan requirements.
- Contractual providers submit claims for payment of services to AAA 1-B through an 837 or other direct entry process.

## V. Key Functional Requirements

This section lists the key requirements for a new EMR for AAA 1-B. Please provide details on how (not just if) the system is able to address each of these requirements. Please make sure to address each bullet point and indicate which requirement you are addressing in your response by number/letter. Including screenshots whenever possible.

### 1. Vendor Knowledge and Experience

- A. Vendor demonstrated understanding of current and future national and state (Michigan) clinical, financial and data reporting requirements is of highest priority.
  - i. See Response Requirements Section on p.7  
[2.0 Vendor Details c. Experience and Qualifications \(iv., v., vii.\)](#)
- B. If Vendor does not have required Vendor knowledge and experience, this area should be noted as “Does not meet requirements”. Vendors without the required knowledge and experience may not be considered to have met the minimum requirements for continuing with the RFP process.

### 2. General Functions & Navigation

- A. **Demographics** - Please describe how your system tracks demographics, including AAA 1-B’s control over updating, adding, and removing fields based on the type of information the organization needs to collect.
- B. **Search** - Please describe which variables staff can use to search for an existing Participant (e.g., name, DOB, aliases, unique ID, caregiver) and ensure that they are selecting the correct record.
- C. **Dashboard and Upcoming To-Do Items** – Please show how the system will be able to track and notify staff of items coming due or already past-due.
  - i. This may include upcoming due dates for assessments or plans, or notification of unsigned documents.
  - ii. Dashboards may also include a quick look at current caseload, upcoming appointments, or a change in coverage status.
- D. **Flags, Alerts, and Notifications** – Please describe the functionality to provide staff alerts, prompts, notifications, and flags. Include examples of flags that are available out of the box or easily configured in the system.

- E. Chart Header** - Please demonstrate how the system displays pertinent information to show which Participant's chart the user is accessing and describe what options are available for information to display.
- F. Required Fields** - Please describe how your system indicates which fields are required.
- G. Available Reports** – Please show and describe the logic for at least one example each of a clinical and revenue cycle report available out of the box, including both the parameters available to run them and the output. Please also provide a list of out of the box reports with descriptions.  
*NOTE: This item is specific to standard reports and the report user interface.*
- H. Custom Forms and Letters** - Please describe any availability to create standard forms and letters complied with data entered into various modules within the EMR to be shared (e.g., Coordination of Care letter to be sent to the primary care provider that includes participant specific information).
- I. Scanned/Uploaded Documents** - Please show the interface for adding scanned/uploaded documents to the chart and how those documents can be viewed once they are attached to the chart, including the ability to attach to specific documentation (e.g., assessment, wet signature on release of information).
- J. Vendor Communication** - Please describe any available functionality to submit secure email communications between AAA 1-B and authorized Vendors that are not a part of the clinical chart. Describe a method of notification to AAA 1-B of no response after a set number of days.
- K. Patient Portal** – Describe any available functionality for an online portal to allow Participants and their family to access and/or submit information.  
*NOTE: This item is specific to Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access Final Rule. [See Appendix C: Patient Portal and Other 21st Century Cures Act Requirements](#)*
- L. Documentation History:** Describe, or show, how historical documentation is kept in the EMR including user entry, date, and time stamped.

### 3. Administrative/Business Operations

- A. Release of Information/Disclosures** – Please demonstrate:
  - i. How the system tracks active releases of information (electronic and paper).

- ii. How the system pulls together documents for disclosures.
- iii. Features to support verification that a release exists before disclosing information.

**B. Staff Licenses/ Degrees/ Credentials** – Please describe the system’s capabilities to track staff credentials, licenses, and degrees.

**C. Discharge** – Please describe the system’s discharge functionality, including the ability to validate that all requirements have been met (e.g., no notes remaining in draft) before the process is completed.

#### 4. Information and Assistance

**A. Information and Assistance Inquiries**- Please indicate how your system can document, track, and provide follow up to information and assistance requests received via phone, email, or fax. See [Appendix D - Information and Assistance Requirements](#)

**B. Information Inquiry Record** - Please describe how your system can create a “record” of a series of contacts based on the name of a caller or subject of a call to include follow up calls, attachment of referrals, resources or applications, and other ongoing information that may be added in subsequent calls or call-backs.

**C. Call Back Queue** - Please describe how your system manages a real-time call-back queue when multiple responders are managing calls.

**D. Resource and Referral Dictionary** - Please describe how your system manages a comprehensive resource and referral dictionary that can populate selected resources into an information inquiry record.

#### 5. Clinical

**A. Intake** - Please indicate how your system can support the intake process of routine requests and subsequent scheduled assessments, including tracking requests, waitlist and scheduled update contacts, prioritization of needs, and funding availability.

**B. Assessment** – Please describe the system’s ability to support an assessment template for payer required comprehensive assessment (COMPASS - software application developed by Center for information Management (CIM) for the delivery of Home and Community Based Services under

the Michigan Medicaid Waiver and other funding sources). See [Appendix E: AAA 1-B Center for Information Management - COMPASS Interface Requirements](#)

- C. Clinical Decision Support** – Please describe how your system can support clinical workflow to ensure the appropriate treatment. Describe how the system will support the appropriate clinical pathways.
- D. Waitlists for Internal Referrals** – Please describe your system’s ability to support referrals to AAA 1-B programs that have a wait list, including making the request, tracking status, updating the Participant's status, indicating disposition, and opening the Participant in the program.
  - i. Waitlist slots are dependent on funding availability within the Michigan Medicaid MI Choice Waiver Program
  - ii. Due to limited state and local availability of funds for specific services, and the need to assess and reprioritize participant’s access to available funding based on changing needs, Waitlist Management is an essential function for AAA 1-B.
- E. Treatment/ Service Plans** – Please describe the system’s ability to support Person Centered Service Planning and the need for support and services provided internally and within a provider network.
- F. Service Note Design** - Please show examples of service note templates in the system. If possible, please show a template with structured values and text fields such as purpose, presenting needs, response to supports and services, etc.
- G. Outcome Tracking** - Please indicate how the system supports tracking clinical outcomes. Include any available system functionality, standard assessments, and/or reports.
- H. Note/ Document Corrections** – Please demonstrate:
  - i. The user interface for making amendments including corrections (to clarify inaccuracies), addendums (to add new information to the original document), and voids (elimination of information without substituting new information).
  - ii. Any additional validations (e.g., higher security level is needed after note is signed or service is claimed).

## 6. Medical

- A. ePrescribing** –Within the current processes at AAA 1-B, there are no direct or contracted medical services requiring ePrescribing. AAA 1-B anticipates requiring ePrescribing functionality in the next five years. Please describe your system’s current and / or future ability to:
  - i. Prescribe, modify, and refill medications.
    - 1. Check for drug-drug/drug-allergy/drug-formulary interactions.

2. Indicate the Participant's preferred pharmacy.
  - ii. The cost for ePrescribing should be separated out in your proposed cost of ownership as a future requirement.
- B. Medication Lists** - Within the current processes at AAA 1-B, there are no direct or contracted medical services requiring ePrescribing but does require clinicians and nurses to gather a reconciled list of medications for each participant. Please show how medications, utilizing the NDC identifier and product to display a reconciled list of current and historical medications.
- C. Lab Orders and Results** – Within the current processes at AAA 1-B, there are no direct or contracted medical services requiring lab orders or results. AAA 1-B anticipates requiring health information exchange functionality in the next five years, including lab orders and results functionality. Please describe how providers will be able to generate orders/lab requests and view results in the system.
- i. The cost for health information exchange functionality for lab orders and results should be separated out in your proposed cost of ownership as a future requirement.
- D. Health Vitals Collection/Remote Patient Monitoring** –Within the current processes at AAA 1-B, there are no direct or contracted medical services requiring vitals collection. AAA 1-B anticipates requiring health information exchange functionality in the next five years, including vitals collection functionality. Please describe how providers will be able to document vitals collection and view results in the system, including how data is entered and how it can be due overtime.
- i. The cost for health information exchange functionality for health vitals collection should be separated out in your proposed cost of ownership as a future requirement.
- E. Allergies** - Please show how allergies can be documented and viewed in the system, including any differences in alerts for more serious and / or at-risk reactions.

## 7. Billing

- A. Consolidated Process** - AAA 1-B seeks to reduce the time and resources required for its billing and claims submission processes. It seeks to reduce the number of errors at the time of entry and submission. It seeks to reduce the number of spreadsheets and custom reports produced and maintained outside of the EMR to manage its processes. Please describe how your system can accommodate the varied processes required by payors to ensure clean claims and encounter submissions.
- B. Charge Capture** - Describe how your system can interpret services for billing based on predefined elements such as program, duration, and type of service documented. Describe the elements on the Participant's record or service documentation that are able to drive different billing requirements.

- C. Fee Schedules / Rate Tables** - Please describe how your system handles fee schedule setup, including:
- i. Billing setup variables that can impact code and rate output.
  - ii. How covered services are defined.
  - iii. How standard and contracted rates are differentiated.
- D. General Billing Rules** - Please indicate how the system would support the following common billing rules at the time of document or claim entry, and / or at the time of submitting claims or encounters:
- i. Missing required claim information (e.g., diagnosis, date of birth, for proper formatting of zip codes)
  - ii. Missing approval by supervisor
  - iii. Missing valid authorization
  - iv. Duplicate services
  - v. Duration too short/long
  - vi. Insurance expired
- E. Front End Business Rule Validation** - Please indicate any functionality around flagging/notifying the user at scheduling and at signature when a service will not be submitted as claim or encounter due to AAA 1-B-defined business rules related to billing, such as missing documentation (e.g., diagnosis, treatment plan), missing authorizations, billing exceeds authorized units, billing incorrect unit rate, or missing payer information.
- F. Insurance** – Please indicate how Participant’s insurance policies are set up and managed, including effective dates and accounting for coverage gaps. Third Party Liability?
- G. Eligibility Verification** – Please describe the system’s ability to support batch and real time 270/271 transactions. Please describe how the system supports identification of any changes in coverage and the process for making and tracking updates to the Participant’s assigned payer details.
- H. Authorization** - Please describe how your system supports real time authorization monitoring for clinical, billing, and support staff for the lifecycle of the authorization (requested, approved, etc.):
- i. AAA 1 - B provides authorization and payment for externally provided services through contracted Vendors.
- I. Claims Processing** – Please describe how your system supports electronic claim file creation and submission:

- i. External providers - Please describe how your system supports acceptance of 837 files from external providers / Vendors that would then be submitted to the designated funding stream for payment. (e.g. AAA 1-B contracts with a Vendor to provide personal care and issues an authorization for a participant to receive the designated services. The Vendor submits payment for these services to AAA 1-B)
  - ii. Claims Submission - Please describe how your system supports processing of all services provided internally and accepted via the 837 process to submit to designated funding sources.
  
- J. **Re-Billing** - Please describe how services can be re-billed after corrections are made and/or after a certain amount of time as open A/R. Show user interfaces that can be used to make the corrections.
  
- K. **Remittance Processing** - Please describe the logic and configuration options available to control how the system automatically calculates adjustments and recoupments and determine what happens next based on the adjustment type, such as transferring a service from one payer to another.
  
- L. **Payment Posting** – Please show the user interface(s) available for posting 835 files and manual remittance.
  
- M. **Denial Management** – Please describe how your system allows for tracking the reason and notes related to follow up and resubmission when a claim is denied.
  
- N. **Accounting periods** – Please describe how your system distinguishes between accounting periods and service dates. Describe how the month is closed and any workflow requirements during that process for front end or financial staff (e.g., if services cannot be entered while the process is running).
  
- O. **General Ledger** - Please describe your system’s approach to mapping and extracting data for loading data into the accounting system, including the user interfaces used to create the monthly file.
  
- P. **Provider Management** - Please describe your system’s approach to set up, manage, and audit provider accounts, including changes in services codes and fee schedules based on Vendor contracts. Describe any automation functionality with Vendor contract updating and fee schedule renewal.

## 6. System Administration

- A. Environments** – Please describe the environments that would be set up during implementation and would be available to AAA 1-B post go-live and who owns setup and maintenance of each environment.
- B. User Roles and Security** – Describe your functionality to include system level administration, database administration, and user level security options. Please show how users are set up in the system and how they are assigned permissions.
- C. System Configuration** - Please explain the extent to which AAA 1-B can control system configuration (e.g., global settings) and what type of changes would require Vendor intervention. Please provide examples of agency internal EMR staff support that will be required to support ongoing system administration post implementation.
- D. User Defined Forms** – Please show the user interface for creating user defined forms and updating existing forms. Please explain the intent to which AAA 1-B can create and update forms, letters and reports, and what functions will be limited to the Vendor.
- E. Customizations** – This refers to custom development (configuration not able to be completed with tools in the user interface). Please describe in detail:
  - i. Process - The process for requesting and implementing customizations.
  - ii. Impact - How customization impacts future upgrades and support.

## 7. Implementation Process & Ongoing Support

- A. Implementation** – Please describe how you support the implementation of the system:
  - i. **Plan** - Specify a suggested plan for implementation and support including approach (phased or big bang) and timeline for completion.
  - ii. **Issue Tracking** - Please include information about process and tools for implementation project issue tracking, including a sample of a typical issue tracking mechanism.
  - iii. **Resourcing**
    - 1. What is the staff resourcing expected of from AAA 1-B throughout the implementation?
    - 2. What are the different Vendor team staffing models offered (e.g., hourly vs fixed)?
  - iv. **Data Conversion** - Please describe your typical approach to data conversion, including ownership of data mapping and loading test files.

**B. Training Method** - Please describe the resources and methods of training available to AAA 1-B before and after the go-live, including any expected deliverables (e.g., test system setup, training materials, job aids). This should include both Super User Training and End User training.

**C. Support**

i. **Service Level Agreement (SLA)** - Please include:

1. The levels of support agreements available to AAA 1-B.
2. Describe the SLA for each level of support.

ii. **Availability** - Provide details as to times available, time zones, and options available such as phone, email, fax, and chat.

iii. **Issues** - Describe your case handling / ticketing system.

1. How are tickets submitted? What access is needed to submit a ticket?
2. How are tickets prioritized?
3. How are tickets escalated?
4. How can tickets be reviewed/updated by AAA 1-B?
5. What is the expected turnaround time, both for initial response and resolution?

iv. **Help Documentation** - What self-service support is available (e.g., documentation, online searchable knowledge base, videos, etc.)? Please include an example.

v. **User Community** - Is there a customer support forum for support issues? What type of user groups are available?

**D. User Licensing** – What are your use licensing options (e.g., named vs concurrent) and how are limits enforced?

**E. Third Parties** - Are there any other parties involved with delivering or licensing the proposed solution (e.g., ePrescribing or billing done in a separate application)? If so, please indicate each organization, their function, and whether coordination and/or licensing be directly with the Vendor or if AAA 1-B would be responsible.

## VI. Technical Requirements

### 1. Hosting and Performance

**A. Uptime** – Please describe your committed uptime for the application in terms of “9’s” (e.g., 99.999, 99.99, 99.9) and how your infrastructure is setup to guarantee this commitment (e.g.,

redundant Internet providers, backup generators, hot sites, etc.). How often are failover mechanisms tested?

- B. Hosting location** – Please describe your approach to hosting customer applications. For example, are they hosted in-house or at a co-located facility? Geographically speaking, where will the systems and data be hosted and what is the Vendor preferred method for access (E.G. MPLS, VPN, Internet, etc.)?
- C. Outages** –
- i. **Outage Management:** How are system outages monitored and what is the process for resolving?
  - ii. **Communication:** What steps will you take to notify the customer of progress towards resolving the issue?
  - iii. **Frequency:** In the past two years, how many infrastructure related outages have you experienced?
  - iv. **Maintenance** – Please describe your approach to downtime related to maintenance of the application. Include:
    1. **Standard Maintenance Windows** - Frequency and what is performed.
    2. **System Accessibility** - Please indicate what functions are available/unavailable during maintenance windows.
- D. Software Upgrades** – Discuss how software upgrades and patches are handled, including:
- i. **Releases** - Schedule and number of releases annually.
  - ii. **Additional Costs** - Are there circumstances that would require additional cost for upgrades/patches?
  - iii. **Fixes** - How hotfixes/patches are received and implemented, including. scheduling downtimes, reasons for those downtimes, and backup procedures.
  - iv. **Release Notes** - Please include a sample of release notes that would be provided for both patches and regularly scheduled updates.
- E. Disaster Recovery** – Describe your organization’s methods to address disaster recovery. Include your strategy/suggestions for ensuring continuous operation for downtime related to minor outages (e.g., Internet outage) as well as critical outages (e.g., natural disaster) including the time required to recover from the ground up.
- F. Change Management Control** – Please describe the approach to change management used for implementation and rollbacks.

## 2. IT Requirements

- A. Security Requirements:** Are there any specific security requirements necessary to run the system (Internet sites trusted, ActiveX controls enabled, registry modifications, etc.)?
- B. Firewall** - Is it required or recommended to have a firewall on the client side? If yes, what is the recommended manufacturer/model?
- C. Bandwidth:** What are the minimum bandwidth requirements?
- D. Workstation Requirements** - Please describe the technical requirements for a workstation running your software (e.g., installed components, processors, memory, storage, etc.). Include whether you have a recommended manufacturer/model for workstations.
- E. Platforms:** Please include any requirements for the various platforms that your system works on (desktop, laptop, tablets, smart phones, etc.)
- F. Software:** Describe any other additional software components required (e.g., Flash, Reader, Office, Antivirus, etc.) and any known software/version incompatibilities. Does the product require any type of virtualization/client (i.e., Citrix, Cisco VPN, Java runtime, etc.)?
- G. Supported Browsers** – Describe your system’s ability to support current versions of multiple web browsers that may be used by AAA 1-B (Internet Explorer, Firefox, Chrome, Edge, etc.). Please note if there are any features or limitations tied to a specific browser.
- H. Peripherals** - Please describe how your system supports connection with the following, including recommended models for hardware and any additional third-party software required:
  - i. Printers
  - ii. Scanners
  - iii. Signature Pads (or other electronic signature capture devices)
- I. Certified Health IT Product** – Vendor must be a Certified Health IT Developer and the product is a Certified Health IT Product as identified on the Certified Health IT Product List.
- J. Compliance with the CMS Patient Access and Interoperability Final Rule** – As of January 1, 2021, AAA 1-B is required to provide access to a Patient Access API and Provider Directory API.

- K. Compliance with the 21st Century Cures Act** – As of April 5, 2021, AAA 1-B is required to comply with the 21 Century Cures Act. Information Blocking provisions. Updated compliance is required as the requirements are expanded over the next 17 months. Please describe your system’s readiness for compliance with the [21st Century Cures Act](#).

### 3. Data

- A. Data Dictionary and Schema** – Will a data dictionary and database schema be provided? If so, please provide a description of the information and a sample of the format.
- B. Data Access** - How will the customer be able to download and access copies of the application database for reporting and data ownership? Please include the proposed format of the data, how often the data can be downloaded and the secure method for transferring the database to AAA 1-B.
- C. Backup and Archives** – Please describe how backups and archives are handled for your system.
- D. Database Security** –
- i. **Protection:** What security mechanisms are in place to prevent unauthorized access to client data? How often are these mechanisms tested and audited and by whom?
  - ii. **Audits:** Please describe the type of external auditing that has been performed on your hosting environment (e.g., SAS 70, SSAE 16, etc.).
- E. Database Queries** - Does the product allow for querying directly against the database by customer using standard reporting software (e.g., Crystal Reports), BI tools, and/or other standard database queries?
- F. General Reporting**
- i. What delivery/scheduling mechanisms are available for running reports (e.g., integrated in the system, email, saved to network drive, batch, etc.)? Can reports automatically be run at regular intervals?
  - ii. Can reports in the user interface be pulled against a separate reporting database?
  - iii. Can reports be written to trend data (by Participant, groups of Participants served, treatment teams, etc.) over time?
- G. Ad Hoc and Custom Reporting**

- i. What are the skills needed for AAA 1-B staff to create custom reports?
- ii. How is report logic documented for standard reports? Is the logic for all out of the box reports made available to adapt for custom reports?
- iii. Please describe any available ad hoc reporting interface that allows end users to select parameters to pull data without requesting a custom report.

## Appendices

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### **Appendix A: AAA 1-B General Procurement Standards - “Uniform Guidance”**

AAA 1-B adheres to general procurement standards as outlined on the attached transmittal letter from MDHHS - AASA: [LINK](#)

### **Appendix B: AAA 1-B Cost of Ownership**

The Total Cost of Ownership spreadsheet provides a template for estimating the Total Cost of Ownership of your proposed system **over five years**. The first tab provides instructions for completing the sheet. Responses must be filled out in the requested format to be considered complete so please reach out if you have any questions. See attached spreadsheet titled “Appendix C AAA 1-B Total Cost of Ownership”.

### **Appendix C: AAA 1-B Patient Portal and Other 21st Century Cures Act Requirements**

AAA 1-B will require the selected EMR Vendor to be familiar with and meet applicable requirements of the [21st Century Cures Act](#).

AAA 1-B is required to establish an electronic exchange of information between the agency and its participants but has not yet established a connection. AAA 1-B will be required to meet the [CMS Interoperability Rules](#) as part of implementation with a new EMR. It is expected that Vendors are familiar with the [Final Rules](#) and have patient portal functionality available as a standard part of the EMR, or available as an application.

AAA 1-B is required to comply with the [Information Blocking Rule](#) requirements. It is expected that Vendors are familiar with and have the functionality to work with other EMR Vendors and third-party applications to transmit information as required in phase 1 of this ruling.

### **Appendix D: AAA 1-B Information and Assistance Requirements**

The Information and Assistance Resource Center is funded through a contract with the Michigan Department of Health and Human Services (MDHHS), Office of Aging and Adult Services Agency (AASA). The Information and Assistance Resource Center manages up to 250 calls per day, or 40,000 calls per year, of which only 10% will be referred to internal programs.

- I. The Information and Assistance Resource Center operation will require the level of data collection and detail often seen in a comprehensive information and referral center, like 211 but specific to aging services.
  - i. AAA 1-B collects data utilizing the Alliance of Information and Referral Systems (AIRS) Standards and Quality Indicators for Professional Information and Referral. This set of

standards and indicators is AAA 1-B's preferred standard for data collection for information and assistance inquiries.

1. AAA 1-B is seeking EMR solutions for collection of information as referenced in the most recent AIRS publication.
    - a. [AIRS Standards and Quality Indicators for Professional Information and Referral \(Version 9.0 Published July 2020\)](#)
  2. AAA 1-B requires that the chosen Vendor utilize the current AIRS standards either through an enhanced service inquiry module that utilizes the AIRS data collection format or a comparable model, or a rapid link to an application that is set up to utilize the AIRS data collection format or a comparable model that can replicate the standards.
  3. The AIRS publication is available as a free publication.
- ii. AAA 1-B currently utilizes AIRS / 211 LA County Taxonomy of Services as its preferred Human Services Classification system.
- 1.
  2. AAA 1-B pays an annual rate as an organizational subscriber to 211 LA County to utilize the "Taxonomy", which is updated regularly by 211 LA County and is accessed through a secure website available for subscribers only.
    - a. AAA 1-B has a dictionary of over 5000 different community resources in cover 1500 different agencies across its catchment area. This dictionary is updated every six months.
      - AAA 1-B is seeking EMR solutions for not only utilizing the "Taxonomy" as its resource classification system but is also looking for automation in updating its verification process.
        1. [211 LA County Taxonomy](#)
  3. The "Taxonomy" format has been built into the current EMR product as an application, and the Vendor pays for an annual Vendor Subscriber agreement for use of the system. Any unauthorized use of the "Taxonomy" format by Vendors is prohibited.
  4. AAA 1-B requires that the chosen Vendor utilize the current "Taxonomy" classification system either through an enhanced service inquiry module that utilizes the "Taxonomy" system or a comparable model, or a rapid link to an application that is set up to utilize "Taxonomy" or a comparable model that can replicate the dictionary built by AAA 1-B.
  5. If the enhanced service inquiry model is an internal application, the demographic and resource information collected should populate to other clinical processes to avoid duplication of data collection efforts.

## **Appendix E: AAA 1-B Center for Information Management - COMPASS Interface Requirements**

1. Center for Information Management (CIM) - COMPASS Interface Requirements
  - i. Description of [COMPASS](#) - COMPASS is a fully featured web-based application which can either be hosted by CIM Inc. or deployed on an agency's server. AAA1-B submits data via automated files using a secure website.
    1. COMPASS is utilized for participants in the Michigan Medicaid, Home and Community Based Services for the Elderly and Disabled (HCBS/ED) Waiver program.
  - ii. Requirements - Valid submission files consist of a fixed length text (ASCII) record. All records in the file must consist of 1097 data bytes followed by a % [percent sign] to indicate end of data and then a carriage return (ASCII 013) and then a line feed (ASCII 010) for a total of 1100 bytes.
    1. COMPASS Specification requirements documentation will be provided upon request.