



NEW HANOVER COUNTY FINANCE DEPARTMENT

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ADDENDUM #1

From: Lena L. Butler, Purchasing Supervisor
To: All Firms
Project: RFP # 17-0171-Practice Management & Electronic Health Record System
Date: September 23, 2016

This addendum is issued to respond to questions received in response to the County's "RFP # 17-0171-Practice Management & Electronic Health Record System" and is hereby made a part of said Request for Proposals to the same extent as though it were originally therein.

1. I understand that this is for the County of New Hanover, are they not using an EPIC system from Lexmark? **Correct. We currently use Avatar –the state hosted HIS.**
2. Is there a preference for Local (in-state), or Small business? **No, preference – all are welcome to bid**
3. Is the county opposed to a full Docmentum solution? **No, as long as the system meets our specified needs and requirements.**
4. When awarded, when will Authorization to Proceed be given? **Our current timeline is set for Commissioner's Approval and Bid Award on 12/5/16 (tentatively).**
5. Are there hard requirements for the web interface to the Practice Management system. **The PM system must fully integrate with the Electronic Health Records for seamless sharing of data**
 - a. Does this include screen mockups? **Vendor discretion, not a requirement on the part of NHC as long as PM fully integrates with EHR systems.**
 - b. Does this include a story board with workflow of pages in the system? **Vendor discretion, not a requirement on the part of NHC as long as PM fully integrates with EHR systems.**
6. Are retention policies already clearly defined for the project's HER **Yes, we follow the**

guidelines set forth by North Carolina Department of Cultural Resources, Division of Historical Resources, Archives and Records Section, Government Records Branch.....Records Retention and Disposition Schedule for Local Health Departments.

7. On “Provides public health disease management”
 - a. Is this a separate web application tied to HIS information? **Yes, it is a separate web application (NCEDSS), not tied to HIS**
 - b. Are requirements clearly set for this already or a system in place to gather requirements from? **Yes**
 - c. Is this data separate from the EHR and HIS data? **Yes**

8. What does meets billing requirements mean? **See Appendix A - Check Out, Eligibility, Encounters, and Billing. Must meet meaningful use requirements as well as any requirements set forth by Medicare, Medicaid, third party insurance carriers and the billing specifications described in Appendix A.**

9. On “provides access to the patient via a patient portal”
 - a. Is this an outside web application that needs to be created? **The web portal is to be an integrated component of the EHR/PM application to allow patients/clients access to their confidential information and must be HIPAA compliant**
 - b. Is this an outside web application that already exists and needs to be fed data? **No, it is to be an integrated component of the EHR/PM application**
 - c. What is the requirement for HIPAA compliance for this data, pertaining to it being on the public domain? **Portal must comply with all HIPAA guidelines and regulations. The county’s current network configurations (routers, switches, firewalls) meet the necessary guidelines.**

10. Project completion of June 30, 2017 is a tight schedule for a such large project, not just from the perspective of new web applications and setup but from the stand point of migration of current data, and conversion of existing records. Is that a “hard date”? **Agreed, this is an aggressive timeline. June 30, 2017 is the hard date for completion as set forth by our county Board of Directors.**

11. The RFP mentions a Data Center
 - a. Is the county expecting not to house its own servers? **We generally prefer a hosted solution; however, we can support a turn-key on-site solution**
 - b. What is the county’s current business practice for its servers? **The County currently uses Dell Servers running Windows 2012 R2 or greater**
 - c. Does the county have hardware IT personnel and network personnel to maintain its hardware in house? **Yes**
 - d. The cost proposal does not have an area for hardware, is this by design? **For hosted solutions, any hardware needs will be determined and discussed separately. If a hosted solution is not provided we would expect the hardware be proposed as part of a “turn-key” solution, although we could provide if required.**

12. Regarding Section 12 - Required Signature Forms: It’s listed as a required section on page 4, however when each section is spelled out on the subsequent pages, Required

Signature Forms (or a Section 12) is not listed. It appears the numbering stops at Section 11.

- a. Is there supposed to be a Section 12 and associated forms? **This section was deleted in error. The two (2) required forms are attached to this addendum.**
 - b. Does the BAA need to be signed as part of our response? **BAA will be signed as part of the contract once the bid is awarded. The copy was provided to allow you time to review and ensure the company has the ability to comply with the BAA.**
13. Has New Hanover County viewed any demonstrations of EHRs and or Practice Management systems in the last year? If yes, please name the vendor(s) and appropriate time frame. **No**
14. Ability to import information via CD (P1 of Requirements). Do you mean CCD - Continuity of Care Document? **Import via CD refers to importing patient data via a Compact Disc (i.e. xrays, reports, information pertaining to previous medical history sent by a provider)**
15. Page 4 of 19, Appendix A: The following is “X” as MU *Has OCR (optical character recognition) capability to allow querying of scanned documents.* Can you please explain how this relates to MU? **Paper charts will be scanned in for patients entered in new EHR.....scanning/querying of scanned documents will allow for historical data (medications, diagnoses, etc.) to be identified and documented in EHR. OCR is not necessarily a MU requirement, but ability to query documents is a part of MU.**
16. Appendix B: please provide clarification what you are referring to regarding “LabNet”? **LabNet is our current Laboratory Information System**
17. Page 19 of 19, Appendix A: There are several references to labs, Environmental health etc. Please provide clarity regarding the County’s intent here as these don’t relate directly to an EHR.
- a. *Fields to enter lab results that show units, normal ranges and an indication of where the testing was done. Recommended by accrediting agencies that these are scanned into client records* **Need is dependent upon if application will be interfaced with current Laboratory Information System vs. integrated EHR component. It will be a requirement if using data entry to include lab results vs. scanned reports to make lab results meaningful.**
 - b. *Lab enters test request for well water testing and prints results directly to EHS* **Our Environmental Health division collects water samples and sends to our lab for processing. This can be deleted as a requirement.**
 - c. *Ability to order and track river water reports which includes fields for data entry and an interface to the MPN calculator provided by Idexx* **Our Environmental Health division collects water samples and sends to our lab for processing. This can be deleted as a requirement.**
 - d. *Ability to track daily quality control for test procedures* **Need is dependent upon if application will be interfaced with current Laboratory Information System vs. integrated EHR component. If EHR has lab component, a method for tracking quality control will be required**

18. What is your monthly paid claim revenue? \$130,344/average per month – does not include self-pay payments from patients.
19. How many NPIs do you bill off of? Department NPIs – 2, Individual providers – 21 providers affiliated with our department NPIs.
20. Is there just the one clinic location? If there are addition clinic locations, how many have less than five staff members? 1 main clinic, 1 administration building, a satellite office, an offsite clinic (with less than 5 employees) a mobile dental unit with less than 5 employees and 16 mental health workers that are at various schools throughout the county.
21. How many users do you estimate using the EHR/PM system:
- Eligible providers (Prescribers: Physicians, Nurse practitioners..)
 - 1 DDS; 4 MD, 2 NP, 16 LCSW/LPA/LPC, 1 Registered Dietician
 - Clinicians (in addition to Eps) such as nurses
 - Nurses = 39
 - CHA = 3
 - Therapist = 20
 - Lab staff = 6
 - MDU = 5
 - Non-clinicians such as admin, billing
 - Administration/billing = 40
22. Are you interested in a complete outsourced Revenue Cycle Management (RCM) solution whereby you outsource all of your billing for services such as (but not limited to): credentialing, verify and correct if needed coding, send claims and statements and process secondary insurance claims, follow-up on transmitted/submitted claims, make any corrections and re-bill if required, post payments, process and mail patient statements. If yes, should details of such integration be included in the vendor’s proposal? No. All credentialing and billing are performed by our Billing Unit.
23. Would it advantageous to be able to integrate the proposed EHR/PM to an Environmental Health Solution from the same vendor? If yes, should details of such integration be included in the vendor’s proposal? No
24. Appendix B: Is Navinet utilized by New Hanover as a Clearing House? If not, in what capacity is Navinet utilized? No, Navinet is only utilized to verify insurance coverage. We currently use InMediata as our clearing house.
25. Is an MS Word version of the RFP available? It would save a great deal if re-typing. A copy has been uploaded to <http://www.nhcgov.com/business-nhc/bids>.
26. # of billing providers (if possible, can you provide a breakdown such as the number of MD, NP, DDS, LCSW, etc.) 1 DDS; 4 MD, 2 NP, 16 LCSW/LPA/LPC, 1 Registered Dietician

27. # of MD's:
- a. Full time 0
 - b. Part time 4
28. # of users – we currently provide access for approx. 120 users
29. Whether companies from Outside USA can apply for this?
(like, from India or Canada) Yes, but companies must qualify to be a New Hanover County vendor by complying with all applicable local policies and North Carolina laws such as the Iran Divestiture Act (and any others that are applicable).
30. Whether we need to come over there for meetings? It is the County's desire that the selected vendor become a long term partner in the maintenance and support of the chosen solution. This may require face-to-face meetings at our location. Any anticipated expenses that will be incurred in the conduct of the RFP should be included in the price proposal.
31. Can we perform the tasks (related to RFP) outside USA?
(like, from India or Canada) Tasks may be performed remotely where possible as long as NHC's security standards are met. Remote access to the County's network is granted to specific users and IP addresses and only enabled while support activities are taking place.
32. Can we submit the proposals via email???? No – per RFP, email and faxed copies will not be accepted
33. What is your current Health Information System (HIS)? Pg.3 introduction We currently use Avatar – state hosted HIS.
34. Do you currently have billing in house or do you outsource it to a 3rd party? Moving forward are you looking to keep it in house or outsource it? Pg 27 billing
We process our billing in-house utilizing a clearinghouse for Medicare and some insurances. We do not outsource our billing, and we are looking to keep billing in-house.
35. What type of data would you like to convert to your new pm/ehr? Pg. 4 goals and objectives. n/a This is no longer a requirement. It has been determined that we will not be migrating any data.
36. Please state how many total providers (MD's) you have (FT and PT). How many midlevel providers do you currently have (physician assistant, nurse practitioner, nutritionist). Anyone who bills and or writes prescriptions. Pg 3 county 4 MD (part time), 2 NP (full time), 16 LCSW/LPA/LPC (full time), 1Registered Dietician (full time)
37. How many total dentists do you have (FT and PT). How many hygienists do you have? Do hygienists bill under the dentist or separately? Pg 3 county 1 DDS (part time); hygienist's bill under the dentist. No hygienists currently on staff – this will change prior to implementation. Less than 5 dental assistants.

38. Please list the number of behavioral health providers with titles. Ft and PT as well, thanks. Pg 3 county **We currently have 8 Full Time LCSW / 6 Full Time LPC / 2 Full Time LPAs / no part time**
39. How many total staff members will need access to the pm/ehr software? Pg 5 current system environment **We currently provide access for approx. 120 users**
40. Would you like a hosted solution or do you plan to in-house servers onsite? Pg 7 technology architecture **We generally prefer a hosted solution; however, we can support a turn-key on-site solution**
41. Can you please list all specialties that you provide services for? Ex. Primary care, dental, behavioral health, cardiology, etc. pg 3 county **Behavioral Health, Dental, Limited Primary Care (at offsite Clinic), Public Health**
42. Please provide the number of providers. (Licenses are tied to the number of providers, not number of CPU's or users. a. "Providers" mean those Physicians, Nurse Practitioners, Physician Assistants, Audiologists, Optometrists, Ophthalmologists, Opticians, Therapists, Occupational Therapists, Physical Therapists, Music Therapist, Speech Therapists, Massage Therapists, Chiropractors, Anaesthesiologists, Psychologists, Dentists, Hygienists, Licensed Social Workers, Midwife, Nutritionists, Dietitians, Counsellors, Mental Health Practitioners, Neurophysiologists, care managers, care coordinators and Podiatrists employed by or under contract with Customer to provide services within the medical field. The term Provider shall not include Customer personnel employed by or under contract with Customer as office managers, secretaries, or other administrative staff, or Nurses (other than Nurse Practitioners), and (hereinafter referred to as "Customer Personnel"). For any category of Customer staff not identified above, eClinicalWorks and Customer shall agree in writing as to who is a Provider.
- a. "Full Time Provider" means any provider that works more than 2 days a week is equal to 1.0 Full Time Equivalent Provider (FTE). **. 2 NP; 16 LCSW/LPA/LPC; 1 Registered Dietician**
 - b. "Part Time Provider" means any provider that works 2 days or less per week is equal to 0.5 Full Time Equivalent Providers (FTE). Practice must have a minimum of 1.0 FTE in a practice.) **4 MD (part time)**
43. Please provide the number of locations. **1 main clinic, 1 administration building, a satellite office (less than 10 employees and not currently using HIS), an offsite clinic (with less than 5 employees) a mobile dental unit with less than 5 employees and 16 mental health workers that are at various schools throughout the county.**
44. Does New Hanover County prefer a cloud-hosted solution or a locally hosted solution? **Cloud hosted**
45. If multiple locations, does New Hanover County prefer a single database solution or multiple? **Single**

46. Would New Hanover County please provide additional information with regards to the systems listed in Appendix B: function of each, type of interface (HL7, real-time, batch, bi-directional, uni-directional) **The systems listed are ones we must access on a regular basis either to pull data from or enter data into during the normal course of business. The matrix is to allow the vendors to indicate whether or not they have previously interfaced or have the ability to interface with those systems indicated; and, if so how - unidirectional (push or pull info only), bidirectional (push and pull info), upload info via batch uploads, standard HL7 interface, etc. Additional information regarding each system is provided at the end of this addendum.**
47. New Hanover County requiring an interface to Dentrix or and Integrated Dental EMR (Appendix B)? **Not a requirement but would be a nice feature. Currently we must perform double entry in Dentrix (Dentist) and in our current Avatar system (state HIS) in Dental Encounter Recording (Billing Staff). Services are required to be entered in or uploaded to Avatar. Medicaid and Health Choice billing is submitted via Avatar**
48. Will bidders be rejected if they take exception to the Terms and Conditions? **All requested information in this RFP must be supplied. Proposers may take exception to certain requirements in this RFP. All exceptions shall be clearly identified in this section and a written explanation shall include the scope of exceptions, the ramifications of the exceptions for the County, and the description of the advantages or disadvantages to the County as a result of exceptions. The County, in its sole discretion, may reject any exceptions or specifications within the proposal. Proposers may also provide supplemental information, if necessary, to assist the County in analyzing responses to this RFP.**
49. How many users will need to utilize the solution including clinicians, managers, administrators? **We currently provide access for approx. 120 users**
50. How many of the users will need to e-prescribe and will be they be prescribing controlled substances electronically? **6 – no, we do not prescribe controlled substances**
51. RE: Appendix A > End User Equipment > Ability to import information via CD? What type of information are you referring to? **Any medical information from previous provider that is sent on a Compact Disc instead of paper (xrays, test results, previous medical history)**
52. RE: Appendix A > Encounters > Confidential Services (Y or N) – ability to assign liability whether Y or N. What is the background of this requirement? **Current system allows for flagging service as “confidential” with the ability to “choose” the guarantor/payer. System assumes “not confidential” but auto designates the guarantor/payer based on a hierarchy listing. Due to system restrictions for specific guarantors/payers, auto designation of the guarantor/payer was not possible forcing staff to consider service as “confidential.” Flagging these services as “confidential” would not allow statements to be mailed when balances were transferred to self-pay for patients. We also need the ability to mark patients “confidential” upon patient’s request. If we have a patient that states that has requested that no mail or calls due to they do not want a parent/guardian or spouse to know about the visit, we have to be able to identify this patient as a confidential contact. Example: 15 year old presents for STD services and**

parents do not know about visit, we have to make sure that all staff are aware to not send mail or call patient.

53. RE: Appendix A > Labs > Ability to alert lab of a pending order. What is the purpose of this requirement? Requirement is dependent upon whether system will interface with current Laboratory Information System or if it part of the EHR/PM solution. Depending on where order entry originates, need the ability to notify lab of a lab draw or test ordered. Can be a check and balance to ensure work is completed if order doesn't cross over to current Laboratory Information System.
54. RE: Appendix A > Labs > Well water samples. Can you please explain the relationship of this requirement to patient/client care? Not applicable if we continue to use stand-alone lab system. Environmental Health division submits water samples to our lab for testing.
55. Page 3 – Introduction: “New Hanover County (hereinafter, “The County”) is seeking proposals from qualified firms to provide an integrated Practice Management System and Electronic Health Record in support of its Public Health clinical and ancillary operations. The goal of this project is to replace the current Health Information System (HIS) and to provide an Electronic Medical Record system in New Hanover County Public Health that meets meaningful use requirements. “
- What is the name of the current system being utilized? Avatar – state HIS system
 - a. Is it HL7 compatible Avatar is HL7 compatible, but the state is not using any HL7 interfaces.
 - b. Is data migration needed? If so, how many years of data would need to be migrated into the new EHR system? It has been determined that no data migration is needed
 - c. Approximately how many records? n/a
56. Page 4 – Goals and Objectives:
- “To replace Health Information System (HIS) that is currently in use
 - To implement a PM that includes an EHR that meets Meaningful Use requirements
 - Conversion of existing records
 - Data sharing with the state of North Carolina
 - Provides public health disease management
 - Meets billing requirements
 - Provides access to the patient via a patient portal
 - Meets Federal, State, and local reporting requirements
 - Meets HIPAA requirements
 - Project completion: June 30, 2017 “
- Will the conversion of existing records be strictly paper based, strictly electronic from the old system, or from both sources? This is no longer a requirement. It has been determined that existing records will not be converted.
 - When you say ‘Data sharing with the State of North Carolina,’ are you implying the integration with a Health Information Exchange (HIE)? If so, which one(s)? Or does this bullet reference another kind of system shared by the state? Coastal HIE, NC HIE, also want to see options for state programs (i.e. NCEDSS, NCLead, Crossroads, etc.).

57. Can you provide vendors with Appendix A as an excel document? **A copy has been uploaded to <http://www.nhcgov.com/business-nhc/bids>.**
58. Is the County interested in a client-hosted (hosted by the County) or a Cloud-Hosted (Vendor – Hosted) hosting model, or would the County like pricing for both options? **We generally prefer a hosted solution; however, we can support a turn-key on-site solution. Please provide pricing for both options, if available.**
59. How big is the County’s IT Department? Please list all roles. **32 employees, including network administration, user support, systems analysts, management and support staff**
60. Please provide the name of each facility where the EHR system will be used, and provide the staffing numbers (FTE/PTE) by role (Physician, Nurse Practitioner, etc.) at each facility(s).
- NHCHD – Main Clinic 4 MD (PT), 2 NP (FT), 16 LCSW/LPA/LPC (FT), 1 Registered Dietician (FT), approx. 120 total users**
 - Mobile Dental Unit 1 DDS (PT); less than 5 FT employees**
 - Good Shepard – less than 5 FT employees**
 - Satellite office on Shipyard less than 10 FT employees – currently do not use HIS**
 - Admin Building - 40 administration/billing users**
 - Schools by mental health therapists -16 LCSW/LPA/LPC (FT)**
61. What is the number of maximum number of users that will be on the system at any given time (concurrent users)? **We currently provide access for approx. 120 users – the goal is to allow all users to be able to access the system at any time. Estimate concurrent users at 120.**
62. Can you please provide every mandatory vendor/system in which the EHR vendor is to interface with (i.e. labs, pharmacy, other public health agencies, hospitals, urgent care, schools, HIEs etc.)? **Please refer to Appendix B – The systems listed are ones we must access on a regular basis either to pull data from or enter data into during the normal course of business. The matrix is to allow the vendors to indicate whether or not they have previously interfaced or have the ability to interface with those systems indicated; and, if so how - unidirectional (push or pull info only), bidirectional (push and pull info), upload info via batch uploads, standard HL7 interface, etc. Additional information regarding each system is at the end of this addendum.**
63. Describe your billing process. Who are you billing? What is inefficient about the billing process today, and what do you expect out of a new, electronic billing system?
Describe your billing process.
- Registration/Eligibility staff obtain financial and guarantor/payer information and enter in our current system (Avatar – state hosted HIS).**
 - Guarantor/payer information includes all subscriber information required for billing 837 Professional claims electronically and CMS 1500 paper claims.**
 - Billing staff enter encounter (service) information which includes CPT and ICD10 codes.**

- Batch files are created for billing of Medicaid/Health Choice, Trillium (behavioral health services), Medicare Part B, Railroad Medicare and some private insurances electronically. Medicaid is picked up by a state server and all others are submitted via InMediata our clearinghouse.
- Batch files are created for some insurances for printing of CMS1500 claim forms which are then mailed.
- Batch files are also created for printing of self-pay patient statements which are then mailed.
- Medicare Part D claims are billed directly in TransactRx.
- 835 electronic posting files are received from NCTracks in our current system and posted for Medicaid and Health Choice.
- Files are available from Trillium for creation of 835 electronic posting files. DHHS/HIS (State) staff create the 835 and place it in our system for posting.
- Payments are entered manually for all other billing; however, we do receive 835 files from InMediata. (See below)
- Claims are entered directly on-line with NCTracks, BCBS, United Healthcare and Tricare when needed.
- Contract/Company Billing is done manually from a batch file by creating an “invoice” for submission.

Who are you billing?

- We are in-network providers for Medicaid, Health Choice, Medicare Part B, Railroad Medicare, BCBS, United Healthcare, Aetna, Cigna, Tricare, MedCost and Coventry and bill services to all.
- We will also submit claims to other insurances for our patients; however, claims may or may not be paid. These claims are in CMS1500 form.

What is inefficient about the billing process today?

- System utilizes a hierarchy listing to determine guarantor for billing of services. This works for some billing; however, we have had to utilize “work-around” for billing to some guarantors. This has caused other issues.
- Posting of payments from Medicare Part B and insurances is done by hand at this time even though we do receive 835 posting files due to varying program guidelines from the State.....some services (non-coverage, co-insurance, co-pays) cannot be transferred to the patient and must be written off, others should be transferred to the patient and others should be transferred to the patient and the sliding fee scale applied. Staff feel it is easier to key manually.
- Contract/Company billing is done manually. Entry requires use of a “work-around” to enter in system for accounts receivable.
- Must use multiple websites for verification of coverage of services.

What do you expect out of a new, electronic billing system? **See Appendix A – Eligibility, Check-out, Billing for more information.**

- 837 Professional electronic billing for various guarantors/payer. Having a system clearing house for all electronic billing would be fantastic.

- 835 Posting files available for various guarantors/payer. Ability to “customize” transferring of remaining balances according to program guidelines would be helpful but is not required.
- Single website for verification of eligibility/coverage of services or at least a quick link to the various websites within the system.
- System must have ability to identify services/billing/payment for specific programs – Adult Health, Child Health, Family Planning, Sexually Transmitted Disease, etc. as set by DHHS-NCPH (State)
- System must have ability to identify services/billing/payments for specific sites/subprograms – Adult Health includes Good Shepherd, Colposcopy, Diabetes, Nutrition patients – statistical data for services and revenue be available for budget and statistical purposes.
- System must have ability to select “Confidential” service so patients do not receive statements or billing to insurances does not occur.
- System must have ability to select Guarantor/payer for billing of services.
- System must have ability to generate contract/company billing.

64. Does the County have an anticipated ‘go-live’ date? **May 1, 2017**

65. Does the County require a Patient Portal? **Yes**

66. Do medications get distributed at any of the facilities? If so, would the County expect the EHR to have a fully integrated eMAR? **Yes, medications are distributed at the Main Clinic and Good Shepard. An integrated eMAR would be helpful dependent upon how well the system meets our needs. We currently use a third party vendor.**

67. Is your facility(s) equipped with Wifi? **Yes**

68. Does the Health Department also provide healthcare for the County detention center? **Detention center residents are occasionally brought to the clinic for services and our lab staff goes to the detention center twice a month to test for HIV and syphilis. Copies of the scan sheets are sent to medical records and the results are sent to the nurse for review.**

69. For networking speed purposes, please provide the following for all of the County facilities:

- Facility Name - **Main Clinic**
- Facility Address - **2023 S. 17th Street, Wilmington, NC 28401**
- Number of FTE at the facility – **approx. 80**
- Number of concurrent users at the facility - **80**
- Current network speed - **100Mb**

- Facility Name - **Administration Building**
- Facility Address - **2029 South 17th Street, Wilmington, NC 28401**
- Number of FTE at the facility - **approx. 40**
- Number of concurrent users at the facility - **40**
- Current network speed – **100Mb**

We also have a mobile dental unit that travels to different schools located in New Hanover and Brunswick County; mental health therapists that travel to the different schools located within the county, a small clinic at Good Shepard 811 Martin Street, Wilmington, NC 28401 (less than 5 FTE) and a satellite office at 2150 Shipyard Blvd, Wilmington, NC 28403 (less than 10 FTE who do not currently use the HIS system). The MDU, Good Shepard and Shipyard offices should not have a major impact on connectivity speeds. Currently, we have fiber between the Main Clinic and Administration Building and the switches are running at 100Mb.

There was an error stated in the schedule regarding the due date for the proposals. Please note that proposals are due September 30, 2016.

Additional Information regarding Appendix B

Crossroads – used for WIC / web based / enter information into and pull information from application / no current integration with HIS

NCIR – used for immunizations / web based / enter information into and pull information from application / no current integration with HIS

NCTracks – used for patient eligibility and Medicaid & Health Choice billing / web based / enter information into and pull information from application / no current integration with HIS

TabFusion – current chart tracking system / In house vendor application/ enter information into and pull information from application / no current integration with HIS

LaserFische – current document storage solution / In house vendor application / enter information into and pull information from application / no current integration with HIS

NCEDSS – used for communicable disease documentation & reporting / web based / enter information into and pull information from application / no current integration with HIS

Coastal HIE – Health Information Exchange / web based / enter information into and pull information from application / no current integration with HIS

Travax – used for Travel Clinic / web based / look up current guidelines & recommendations for vaccine requirements when traveling / no current integration with HIS

RX1 – current pharmacy application / In house vendor application / no current integration with HIS

Dentrix – current patient management application for dental unit / In house vendor application / enter information into and pull information from application / no current integration with HIS

Dexis – current xray management system for dental unit / In house vendor application / enter information into and pull information from application / no current integration with HIS

LabNet – current Laboratory Information System / In house vendor application / pull information from system / no current integration with HIS

State lab – currently receive paper lab results / no current integration

Solstas Lab (Quest) – currently receive faxed lab results / web application may be available / no current integration with HIS

WakeMed – currently receive paper results / no current integration with HIS

BlueE – used for eligibility and direct billing / web based / pull information from and enter information into application/ no current integration with HIS

Medicare -- used for eligibility and direct billing / web based / pull information from and enter information into application / no current integration with HIS

Navinet – used to determine eligibility / web based / pull information from application / no current integration with HIS

Additional Systems:

NCLead – used for lead tracking / web based / enter information into and pull information from application / no current integration with HIS

TransActRX – used for eligibility and direct billing for Medicare Part B vaccines / web based / enter information into and pull information from application / no current integration with HIS

Chronicles – used for Diabetes program / web based / enter info into application / no current integration with HIS

Trillium – used for Behavioral Health Billing – clearing house and direct billing; treatment authorization / enter information into and pull information from application / no current integration with HIS

Tricare – used for eligibility and direct billing / web based / pull information from and enter information into application/ no current integration with HIS

United Healthcare – used for eligibility and direct billing / web based / pull information from and enter information into application/ no current integration with HIS

Cigna – used for eligibility and direct billing / web based / pull information from and enter information into application/ no current integration with HIS

IRAN DIVESTMENT ACT CERTIFICATION

CERTIFICATION OF ELIGIBILITY Under the Iran Divestment Act

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State. The Iran Divestment Act of 2015, G.S. 147-86.55 *et seq.** requires that each vendor, prior to contracting with New Hanover County, and the undersigned on behalf of the Vendor does hereby certify, to the following:

1. that the vendor is not identified on the Final Divestment List of entities that the State Treasurer has determined engages in investment activities in Iran;
2. that the vendor shall not utilize on any contract with New Hanover County any subcontractor that is identified on the Final Divestment List; and
3. that the undersigned is authorized by the Vendor to make this Certification.

Vendor: _____

By: _____
Signature Date

Printed Name Title

The State Treasurer's Final Divestment List is found on the State Treasurer's website at the address <https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Iran-Divestment-Act-Resources.aspx>, which will be updated every 180 days. For questions about the Department of State Treasurer's Iran Divestment Policy, please contact Meryl Murtagh at Meryl.Murtagh@nctreasurer.com or (919) 814-3852.

* Note: Enacted by Session Law 2015-118 as G.S. 143C-55 *et seq.*, but renumbered for codification at the direction of the Revisor of Statutes.

NEW HANOVER COUNTY
PRACTICE MANAGEMENT & ELECTRONIC HEALTH RECORD SYSTEM
RFP # 17-0171
DUE DATE: SEPTEMBER 30, 2016 4:00 PM EST

EXECUTION

In compliance with this Request for Proposals, and subject to all the conditions herein, the undersigned Vendor offers and agrees to furnish and deliver any or all items upon which prices are bid, at the prices set for each item within the time specified herein. By executing this proposal, the undersigned Vendor certifies that this proposal is submitted competitively and without collusion (N.C.G.S. 143-54), that none of its officers, directors, or owners of an unincorporated business entity has been convicted of any violations of Chapter 78A of the North Carolina General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934 (N.C.G.S. 143-59.2), and that it is not an ineligible Vendor as set forth in N.C.G.S. 143-59.1. False certification is a Class I felony. Furthermore by executing this proposal, the undersigned certifies to the best of Vendor’s knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal or State department or agency. As required by N.C.G.S. §143-48.5, the undersigned Vendor certifies that it, and each of its sub-contractors for any Contract awarded as a result of this RFP, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system.

VENDOR:		
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE & ZIP:	TELEPHONE NUMBER:	TOLL FREE TEL. NO:
PRINCIPAL PLACE OF BUSINESS ADDRESS IF DIFFERENT FROM ABOVE (SEE INSTRUCTIONS TO VENDORS ITEM #10):		
PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF VENDOR:	FAX NUMBER:	
VENDOR’S AUTHORIZED SIGNATURE:	DATE:	E-MAIL: