EHR Request for Proposal

The request for proposal (RFP) is a powerful tool to use in the selection process for electronic health records (EHR). This tool provides a RFP template that can be customized for your organization’s use.

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| --- |
| **Time needed**: 40 hours**Suggested other tools**: Section 3.4 Soliciting Bids for EHR and HIE: RFI, RFB, RFP  |

# How to Use

Review the RFP template, eliminate any questions for that are not applicable to your organization. Enter your organization’s information. Send the REP to the vendors you have selected to receive the RFP.

|  |
| --- |
| Date: |
| Re: Request for Proposal for Electronic Health Record |
| Due Date for Response: |
| To: |
| From: * Primary Contact Name:
* Title:
* Address:
* Phone Number:
* E-Mail address:
 |
| Additional Instructions for Responding to this RFP:Please limit contact to individual identified above. Submit your response electronically, and as five paper copies. Complete all sections without alteration. |
| Table of Contents:1. Background and Information
2. Request for Information:
	1. Vendor Information
	2. EHR Product History
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	4. How EHR Meets Functional Requirements
	5. How EHR Meets Performance Requirements
	6. EHR Technical Requirements
	7. Implementation Plan
	8. Documentation, Training, and Testing
	9. Ongoing Support/Maintenance
	10. Contractual Considerations
3. Price Proposal (supply as a separate electronic file, and as separate sealed paper copies)
 |

# A. Background and Information

**1. Overview of Organization**

* 1. Number of Professional Staff
	2. Number of Clinical Support Staff
	3. Number of Administrative Staff
	4. Number of Locations
	5. Client Visits per Year
	6. New Clients per Year
	7. Current Number of Active Clients
	8. Medicare
	9. Medicaid
	10. Commercial Insurance
	11. Services Provided

**2. Overview of current IT Environment**

* 1. Number of IT Staff
	2. Other IT Support
	3. Types of Servers/Operating System
	4. Number and Type of Work Stations/Operating System
	5. Backup, Business Continuity, Disaster Recovery
	6. Extent Networked—locally/to other sites
	7. Wireless Capability
	8. Internet Service Provider
	9. Web Site URL
	10. Systems with which the EHR must connect (e.g., Practice Management System, Dictation/Transcription System, Reference Lab, Other)

# B. Request for Information

# Vendor Information

**1. Vendor Primary Contact**

* + Name
	+ Title
	+ Office/Location Address
	+ Phone Number
	+ E-Mail address
	+ Organization’s Internet Home Page

**2. Identify the location of the following:**

* + Corporate Headquarters:
	+ Field Support Offices:
	+ Programming/Technical Support Personnel:

**3. List the number of employees (full-time equivalents) in your organization by category:**

|  |  |
| --- | --- |
| **Category** | **# Employees** |
| Total Employees |  |
| Executives and Managers |  |
| Marketing/Sales |  |
| Installation |  |
| Research and Development |  |
| Application Support |  |
| Technical Support |  |
| Customer Service |  |
| Other |  |
| Those with health backgrounds (specify type): |  |

4. Is your company a subsidiary or part of another company and, if so, what company? Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

5. How long has your company been in existence and how long has it developed and marketed EHR products?

6. What percentage of revenue did your company expend for research and development on your proposed products during the last three fiscal years? What is budgeted for the current and next fiscal year?

7. Provide your most recently completed fiscal year financial statements and annual report, or other evidence of financial sustainability.

8. List the names of any technology companies that your organization partners with, the nature of your relationship, and the value that it brings to your proposed solution and to our organization.

9. Identify any awards or recognition your company has earned for the proposed product.

# EHR Product History

10. Describe the EHR product’s major version history, including whether the product was developed internally or acquired from another source, the release or version proposed for our facility, and any other planned new releases over the next one to two years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version #** | **Key Distinguishing Features/Functionality** | **Month/Year Introduced or Planned** | **Currently Supported?** | **Date Certified by Certification Commission for Health Information Technology (CCHIT)?** |
|  |  |  |  |  |
|  |  |  |  |  |

11. How are enhancement and new release priorities determined? How are clients supported during these releases? How much system downtime is required during these upgrades?

# Customer Information and References

12. What is your total number of client installations using the proposed system? What is the number of installations in organizations similar in size and service type to our organization using the system?

13. Provide references for at least three clients using the same practice management system that are similar in size and service type to our organization, with emphasis on those that provide Children’s Therapeutic Service and Supports (CTSS) services. Provide names and contact information for individuals who have sufficient experience to speak knowledgeably about the implementation process, functionality, vendor support, documentation, and training.

14. Describe any regularly held seminars or user group meetings available to users of your product. Please supply an invitation for the next such meeting.

# Functionality Requirements

15. Indicate how your proposed system makes available the following features and functions. Information supplied here will be expected to serve as a contractual obligation in any contract we enter into for this product. Describe availability as:

 6 = Installed in one or more sites

 5 = Installed in one or more sites, but not included in this proposal

 4 = Installed in one or more sites, but not available for general release until (specify date)

 3 = Planned for future release (specify date)

 2 = Not available, but will develop for additional fee

 1 = Not available, no current plans to develop

| **EHR Functions** | **Availability\*** | **Description of how Product Performs this Function** |
| --- | --- | --- |
| 1. Client data capture functions |  |  |
| a. Enables capture and recording of structured data for the diagnostic assessment (DA) to meet Minnesota Mental Health Center and Clinic Certification (Rule 29 and Rule 47) requirements, including the 2011 required Basic, Standard, and Extended formats and 0-3 diagnostic criteria. |  |  |
| b. Enables capture of limited diagnostic assessment based on specified parameters. |  |  |
| c. Based on reason for visit and DA and utilizing DSM-5, provides context-sensitive template for determining and documenting differential diagnosis for each client. |  |  |
| d. Enables development of unique treatment plan—including CTSS format—for each client, identifying and linking goals, treatments, and interventions to symptoms. |  |  |
| e. Provides goals to quantify progress and represents them in graph or other presentational format. |  |  |
| f. Provides text writer that incorporates selected menu items into standard sentences. |  |  |
| g. Based on diagnosis and treatment plan, provides context-sensitive template for capturing and documenting progress notes that reflect specific outcomes relative to client goals. |  |  |
| h. For documentation of group progress notes, enables a single entry of group content to automatically combine with each group member’s note of individual response. |  |  |
| i. Renders progress or regress in both qualitative statements and quantitative measurements. |  |  |
| j. Supports data capture and documentation of psychiatric evaluations that support standards of practice. |  |  |
| k. Enables data captured in structured format to be converted to equivalent narrative notes for ease of use, managing referrals, and creating a legal health record. |  |  |
| l. Enables annotation of professional’s personal notes that do not become part of the legal health record. |  |  |
| m. Captures and indexes external documents. |  |  |
| n. Captures client-originated data, such as client intake data, self-report medical screen, and other documents, and flags by source. |  |  |
|  |
| **2. Client data management functions** |  |  |
| a. Creates and manages problem list. |  |  |
| b. Creates and manages medication list from any prescriptions and renewals, including documenting allergies and adverse reactions. |  |  |
| c. Flags variances to provider and supervisor from standards of practice, including incomplete or inappropriately structured information.  |  |  |
| d. Makes summaries of variances available to provider, supervisor, and QA target report. |  |  |
| e. Generates an integrated summary of a client’s case. |  |  |
| f. Enables graphic display of client goals and objectives. |  |  |
| g. Enables normative scaling of outcomes. |  |  |
| **3. Prescription/ordering functions** |  |  |
| a. Enables selection of drugs based on medication formulary advice. |  |  |
| b. Enables writing of legible prescriptions that may be transmitted to a retail pharmacy via an e-prescribing network or printed on tamper-resistant paper, as applicable. |  |  |
| c. Enables processing of refills/renewals.  |  |  |
| d. Receives refill notifications. |  |  |
| e. Enables drug, food, allergy, lab interaction checking. |  |  |
| f. Enables drug-condition/indications. |  |  |
| g. Provides client-specific dosing and warnings. |  |  |
| h. Orders diagnostic tests. |  |  |
| i. Orders referrals. |  |  |
|  |  |  |
| **4. Clinical decision support functions** |  |  |
| a. Manages decision support rules presentation: passive, context-sensitive, mandatory, reference. |  |  |
|  |
| **5. Client support functions** |  |  |
| a. Provides client-specific goals and progress reports to staff. |  |  |
| b. Provides online access for clients to complete psycho-social questionnaire and view individual treatment plans. |  |  |
| c. Generates automated client reminders.  |  |  |
| d. Provides summary for client use. |  |  |
| e. Provides access to client education materials. |  |  |
| f. Supports client self-report of medical screen. |  |  |
| g. Supports home monitoring/tracking capability. |  |  |
| **6. Clinical workflow functions** |  |  |
| a. Schedules and manage tasks (work queues, personnel, rooms, equipment). |  |  |
| b. Integrates unique timeframe requirements for all documentation tasks and flag to provider and supervisor events outside specified parameters. Includes reminders of upcoming deadlines for Diagnostic Assessment (DA), Individual Family Community Support Plan (IFCSP), Child and Adolescent Service Intensity Instrument (CASII), Strengths and Difficulties Questionnaire (SDQ), and other tasks. |  |  |
| c. Provides personalized in-basket/dashboard support for providers. |  |  |
| d. Automatically generates daily activity reports and other administrative data.  |  |  |
| e. Enables printout of legal health record when necessary. |  |  |
| f. Enables de-identification of protected health information when necessary. |  |  |
| g. Enables specialized views of data. |  |  |
| h. Supports multimedia: images, waveforms, scanned documents, pictures, sounds. |  |  |
|  |
| **7. Administrative and reimbursement functions** |  |  |
| a. Provides personalized in-basket/ dashboard support for administrator. |  |  |
| b. Manages client records release, including capturing digital image of authorization forms, confirmation of financial responsibility for services not covered, notice of privacy practices, etc. |  |  |
| c. Manages external accountability reporting/outcomes measures.  |  |  |
| d. Utilizes reporting wizard to generate ad hoc reports for business intelligence.  |  |  |
|  |  |  |
| **8. Electronic communication and connectivity functions** |  |  |
| a. Enables transfer of data to notifiable registries.  |  |  |
| b. Provides a current directory of provider information. |  |  |
| c. Manages provider identifiers. |  |  |
| d. Manages (external) trading partners, retail pharmacy, insurers. |  |  |
| e. Provides secure web messaging. |  |  |
| f. Supports remote access.  |  |  |
| g. Provides secure authentication. |  |  |
| h. Provides access management and audit trail services. |  |  |
| i. Enforces client privacy and confidentiality. |  |  |
| j. Ensures integrity, data retention, and availability. |  |  |
| k. Manages system versioning (change control). |  |  |
| l. Supports interoperability through compliance with data interchange standards and agreements. |  |  |
| m. Supports data comparability through use of controlled vocabularies. |  |  |

| PMS Features | **Availability** | **Description of how Product Performs this Function** |
| --- | --- | --- |
| 1. General financial functions  |  |  |
| a. Includes general ledger, accounts payable, and payroll. (If system does not contain one or more of these functions, list vendor products with which you have interface experience.) |  |  |
| b. Manages purchase orders. |  |  |
| c. Produces management reports (e.g., trends, referral totals, service unit costs).  |  |  |
|  |
| 2. Patient scheduling |  |  |
| a. Integrates patient demographic, insurance, and medical history information to support rules-based scheduling. |  |  |
| b. Maintains daily, weekly, and monthly provider appointment schedules. |  |  |
| c. Permits authorized users to alter provider schedules. |  |  |
| d. Maintains appointment slots of varying lengths and types. |  |  |
| e. Includes tracking and managing schedule changes, including bumps, cancellations, and no-shows. |  |  |
| f. Integrates provider scheduling with resource scheduling. |  |  |
| g. Automates eligibility checking before appointments. |  |  |
| h. Displays schedules for multiple days or providers on single screen. |  |  |
| i. Searches for next available appointments of proper duration. |  |  |
| j. Includes automated phone reminder system/recall capability. |  |  |
|  |
| 3. Patient registration |  |  |
| a. Shares demographic and registration information directly without any data re-entry into EHR. |  |  |
| b. Enters and updates demographic and insurance information by family group. |  |  |
| c. Permits transfer of family members to a new guarantor and change of guarantor. |  |  |
| d. Warns the user of potential duplicate registration records for patients with matching identifiers. |  |  |
| e. Ability to search by birth date or other identifying information. |  |  |
| f. Permits entry of home and work contact information for each individual in family. |  |  |
| g. Accommodates multiple sources of payment for a given patient without assigning the patient to multiple accounts. |  |  |
| h. Allows patients to be assigned a primary provider. |  |  |
| i. Allows different primary providers for patients within a family group. |  |  |
| j. Alerts reception staff to account status and payments due when patients check in. |  |  |
| k. Enables electronic signature by provider on all documents requiring signature. |  |  |
| l. Integrates online access for insurance verification. |  |  |
| m. Integrates online access for pre-authorization requirements and eligibility checks. |  |  |
|  |
| **4. Third-party billing functions** |  |  |
| a. Shares the same coding master files between PMS and EHR. |  |  |
| b. Stores co-pay information by individual in a designated data field. |  |  |
| c. Operates on an open-item billing system. |  |  |
| d. Opens item reports for insurance bills over 30 days. |  |  |
| e. Permits batch posting of electronic remittances for payments covering multiple patients. |  |  |
| f. Enables a robust range of standard and user customizable reports presenting and aggregating data on billing codes, service types, service locations and different programs.  |  |  |
| g. Enables a robust range of flags and alerts, customizable by user and tied to selected data fields.  |  |  |
| h. Integrates online access for claim status inquiry. |  |  |
| i. Integrates electronic remittance advice. |  |  |
| j. Calculates and automatically updates fee schedules for insurers based on current Relative Value Units (RVU) and contract data.  |  |  |
| k. Automates ICD and CPT updates. |  |  |
| l. Manages coordination of benefits. |  |  |
| m. Reconciles explanation of benefits (EOB) with claims to ensure clean claims. |  |  |
| n. Provides for electronic claims submission. (Identify and describe all business partners.)  |  |  |
| o. Supports changes to the format of billing forms or reports without vendor intervention or special programming. |  |  |
| p. Produces financial, receivables, and RVU reports.  |  |  |
|  |
| **5. Patient billing functions** |  |  |
| a. Prints on-demand statements and patient bills. |  |  |
| b. Provides option to generate patient statements only for those with a balance due. |  |  |
| c. Manages collection of overdue patient balances. |  |  |
| d. Stores patient budget payment and alerts billing staff to overdue payments. |  |  |
| e. Supports generation of billing mailers. |  |  |
| f. Supports the avoidance of sending bills to patients requiring confidential account processing. |  |  |
| g. Enables claims status inquiry. |  |  |
|  |
| **6. Managed care support** |  |  |
| a. Checks enrollment and patient eligibility. |  |  |
| b. Manages referrals within network. |  |  |
| c. Supports contract management. |  |  |
|  |
| **7. Other Functions** |  |  |
| a. Converts data from existing PMS. |  |  |
| b. Manages maintenance of staff credentialing information. |  |  |
| c. Manage access controls in accordance with credentialing. |  |  |

16. Describe your EHR’s functionality in response to the questions within this typical client scenario:

Tristan and his family just moved back to the local area from Alaska, where they had been living for five years. Tristan’s father continues to live in Alaska; his parents are divorced. Tristan’s parents have 50-50 legal and physical custody. Tristan, now age 7, and his mother have come into the office to get mental health services set up for Tristan.

When they lived in Alaska, Tristan was on an Individualized Education Program (IEP) at school, met with a therapist every other week, saw a psychiatrist about every three months for medication management, had a Personal Care Assistant (PCA) for 3 hours a day, and had a Big Brother through the Big Brother, Big Sister program. He was involved in OT, PT, and speech therapy, but had made enough improvements to discontinue those services one year ago. The family participated in family therapy once a month.

Tristan and his mother came to the intake appointment in September and were scheduled to come in for a diagnostic assessment in 2.5 weeks. Tristan’s mother did not bring any paperwork, reports, or information regarding Tristan’s services in Alaska, but she did sign releases of information so that the agency could ask for any information needed to help set up services for Tristan.

1. As care at the agency progresses, potentially with referral to other services, how will clinicians and practitioners know whether Tristan has proper releases in its file? How will staff know that Dad has been contacted about Tristan seeking services?

2. How will the system let needed staff know the progress of Tristan’s case?

3. As the mental health professionals prepare to meet with Tristan and the family, how will they know when information from outside agencies has been received?

4. How is information or collateral information incorporated into the EHR at the agency?

5. How is Tristan’s medication information made available to activate for checking contraindications with any potential new medications and for renewals—both to a mail order supplier and a local pharmacy?

6. How are Tristan’s allergies, medical history, medication history, etc. documented?

7. How are agency staff members made aware of the results of the Diagnostic Assessment (DA) or failure to keep an appointment?

Approximately three months after the initial DA at the agency, Tristan has started CTSS group services at his school. He attends CTSS groups twice a week and has individual CTSS skills once a week. He has a medication consult scheduled with his new primary doctor and has been put on an IEP at school, which includes multiple services. School staff members become aware of significant problems within the home, including parents fighting over custody. Tristan is acting out more in school. Staff members working with Tristan put in a referral for play therapy and in-home services, and have asked the DA provider to refer the case to the county for case management.

8. How are appointments documented?

9. How does staff involved with Tristan and his family stay informed of Tristan’s progress in all of his various services?

10. How are CTSS group notes documented in the EHR system? How is the EHR CTSS group progress note process an efficient and time-saving process?

11. How does your EHR reduce the time spent organizing information for client visits to optimize or increase the time spent with the client?

12. How will the new referrals to other services be documented? How will the staff that provides the specific services be made aware of the referrals?

13. How will staff involved with Tristan be made aware of the status of the referral process is at, at any given time?

14. How will staff involved with Tristan be informed of appointments involving new referrals?

15. What information will the DA provider need to make a referral to the county? How will the provider access this information?

16. How will staff members be informed of Tristan’s eligibility status regarding case management services through the county?

17. How will staff become informed of who is assigned to Tristan if he is accepted for case management services?

# Technical Requirements

18. Provide a systems environment specification that outlines technical requirements:

| **Technology** | **Specification for Optimal Performance** |
| --- | --- |
| Database server |  |
|  CPU type & speed |  |
|  Memory size |  |
|  Disk configuration |  |
|  Hard drive type & size |  |
|  Operating system |  |
|  Backup solution |  |
|  Peripherals  |  |
| Database management system |  |
| Network server |  |
|  CPU type & speed |  |
|  Memory size |  |
|  Disk configuration |  |
|  Hard drive type & size |  |
|  Operating system |  |
|  Back up solution |  |
|  Peripherals  |  |
| Other servers |  |
|  Fax server |  |
|  E-mail server |  |
|  Backup server |  |
|  Other: |  |
| Work Stations |  |
|  CPU type & speed |  |
|  Memory  |  |
|  Disk configuration |  |
|  Operating system |  |
|  Monitor |  |
|  Navigational device |  |
|  Peripherals  |  |
| Tablet PCs/PDAs |  |
|  Processor |  |
|  CPU speed |  |
|  Memory |  |
|  Disk configuration |  |
|  Operating system |  |
|  Peripherals (e.g., wireless card) |  |
|  |
| Other Peripherals |  |
|  Printers |  |
|  Document scanners |  |
|  Card scanners |  |
|  Wireless access points |  |
| Communications |  |
|  Internet service provider |  |
|  Desktop browser |  |
|  Private network type (e.g., frame relay, dial-up) |  |
|  Private network bandwidth  |  |
|  Private network security (e.g., firewall, VPN, SSL) |  |
| External Support |  |
|  From hospital |  |
|  Other resources |  |

19. Do you also offer your EHR product as an application service provider (ASP) or Software as a Service (SaaS)? If you deploy cloud computing can you guarantee that no data will be stored in any offshore server?

20. Provide a copy of your Quality Assurance Guidelines for testing new software releases.

21. Describe the system backup process. Can backup be completed in a dynamic mode so the system can be operational 24x7? What backup schedule do you recommend? Describe the automated backup features that allow rapid and unattended system and data backup operations on a user-scheduled basis.

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

23. Discuss data archiving and restoring from archive within all applications of the software. What are the capabilities in restoring from archive? What tools/media are used for archiving data?

24. Do your optimal technology recommendations include the ability to manage production, testing, and training environment databases?

25. Discuss the user remote access (dial-in vs. Internet) capabilities of your systems solution, including view-only vs. full function.

26. With what version of HL7 is your product compliant? What plans do you have to upgrade to a more recent version of HL7?

27. Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third party systems. Describe the process you use to settle disputes over interfaces between your solution and others.

28. Does your system have a report writing wizard utility or utilize an ad hoc report writer application? How do these access all database structures and data elements (including user defined fields)?

* 1. Is the report writer utility a third-party package?
	2. Is the same report writer used for all applications? If not, indicate the differences.
	3. Are all data elements available for report writing?

29. Describe your reporting capabilities. How much technical knowledge is required for a general user responsible for analytical reporting?

30. Can your clients do ad hoc reporting without vendor assistance? Can non-IT users utilize the ad hoc reporting tool? What type of special training is needed for your report writer tool?

31. Discuss your approach to data/information security, especially with regard to Internet technologies. Is it consistent with the latest industry approaches for encryption and authentication and support HIPAA compliance?

32. Does the system support log-on capabilities by:

1. User ID/password
2. Smart card, proximity card, or token device
3. Other security controls/devices including biometrics (describe)
4. Secure remote access (describe methods [Citrix, dial-up, Internet] and extent of functionality [complete, view only])

33. Can the system accommodate multiple users on a common workstation with easy log-off/log- on capabilities?

34. Does the system require the user to change his/her password at set intervals? Can IT staff set intervals for password changes to an organization’s specifications?

35. Describe how system access can be configured to limit user access to client records and functionality based on their role in the organization (i.e., role-based access). For example, can access to client financial, billing, and medical records information be restricted to only those clinical or administrative staff that have a need to know the information? Also describe what emergency access procedures (e.g., “break-the-glass” procedures) exist for access in extenuating circumstances.

36. Does the system log all activity to provide a complete audit trail of the specific user, client, and function accessed, as well as date/time and data changes? Are record accesses and edits easily reportable by client and employee?

37. Will the system automatically “log off” users? How is this function controlled?

38. Does the application mark closed/completed encounters with a date/time stamp and prevent further changes to the encounter?

# Implementation Plan

39. Provide an overview of your implementation methodology and a sample project plan consistent with the size of our organization and modules in which we are interested.

40. With your proposed solution, are you able to implement components or modules of the application over time? Conversely, can you implement the entire solution at once? What would your organization typically recommend?

41. In what timeframe after contract signing can implementation start?

42. What is the typical implementation timeframe for the proposed products?

43. Describe your issues management strategy and support capabilities. Describe the typical issues escalation procedure.

44. Do you offer a paper-chart conversion strategy?

# Documentation, Training, and Testing

45. Describe the documentation (both system and training) provided as part of standard installation approach, including:

* 1. Manager and user reference manuals (applications)
	2. User operator/system administrator manuals
	3. Hardware/OS manuals
	4. Training manuals (initial and ongoing user self-training)

46. What documentation is provided with the system? Is the documentation available in hardcopy and on CD-ROM? (Please be prepared to provide a copy of the documentation prior to contract signing if referenced in your contract.)

47. How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, online, CD, etc.)?

48. Describe the types of training offered, i.e., end-user, systems administrator, installer, etc. How often is training offered (as needed, or on a set calendar schedule)? Please give the duration of each class, the location of training, associated costs, and the recommended number of people that should attend training.

49. Describe your ongoing training programs.

1. Who provides the proposed product training?
2. Describe the training approach for users. Please describe whether training is classroom style with an instructor, one-on-one, computer-based, self-study, etc
3. Describe the testing database available in your systems? Can new software be loaded and tested in the testing database before it is loaded into the live production system?

50. Identify the nature of unit, system, integrated, and acceptance testing that you perform. Do you develop test scripts? Do you require users to develop test scripts and sign off on successful testing?

# Contractual Considerations

51. Provide a copy of your standard contract.

52. Explain at what point the maintenance contract begins and any hardware/software warranty or installation/acceptance period ends.

53. Do proposed acquisition and/or ongoing maintenance/support costs include:

* 1. Future enhancements to acquired/licensed application modules?
	2. Operating system and related environmental software?
	3. Interface maintenance?
	4. Architectural changes such as migration to emerging technologies and new methods of systems deployment?
	5. If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

54. What are your normal support hours (specify time zone)? Where is support staff located?

55. Which of the following support features are available?

1. Toll-free hotline
2. Remote monitoring
3. Remote diagnostics
4. Training tutorials
5. Web-based support tracking

56. Do you offer 24x7 software and hardware support?

57. What is the response time for problems reported: 1) during regular business hours and 2) off hours?

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

59. Please list the top five support questions you receive from your clients.

60. Describe your support process for evaluating and fixing “bugs” or problems in your software. How would you coordinate problem analysis and resolution with the PMS vendor and other third-party products?

61. Provide a guideline for the type of internal support that will be required, for both information systems personnel, by classification, and non-information systems personnel (i.e., department-based). Please describe their roles and responsibilities.

62. What is the range and average for system downtime (scheduled and unscheduled) for your clients’ systems?

# Price Proposal

Provide – in a separate electronic file and sealed envelope – a pricing proposal for software, implementation, interfaces, and hardware that you recommend for our organization as described in our profile. Utilize the spreadsheet supplied to record price information. In the pricing proposal, specify how your products are priced (e.g., number of concurrent users, client visits, providers, per PC).