

**Van Buren  
Community Mental  
Health Authority**

**Request for Proposal:**

**2020-001**

**Electronic Health Record ("EHR") and  
Integrated Practice Management System**

**6/25/2020**

Van Buren CMH  
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# Van Buren CMH Request for Proposal

**Date: 06/25/2020**

To Whom It May Concern:

## **Purpose of the RFP**

Van Buren Community Mental Health (VBCMh) has issued this Request for Proposals (RFP) for an Electronic Health Record Integrated Practice Management System that meets the requirements outlined in this RFP. All interested parties are invited to submit proposals. Each bidder should submit a proposal in accordance with the instructions contained herein. A submitted proposal with requested documentation initiates the evaluation process.

Appropriate documentation must be submitted to verify each criterion. This RFP is open to the public.

## **About Van Buren CMH**

VBCMh is a Community Mental Health Authority that consists of approximately 8 physical locations, 180 staff, and a wide range of services. VBCMh operates under the authority of its own Board of Directors. The VBCMh designated service area encompasses Van Buren County in the State of Michigan. Van Buren acts as both a provider of services and a contracted payer for services with other organizations.

Van Buren CMH sees over 6,000 people per year across various services lines including Capitated and non-capitated payment sources. Also during the COVID-19 pandemic we have drastically increased the role of telehealth in our service delivery and need a system that is adaptable to allow telehealth, and communication between other organizations EHRs.

The current structure for EHR use includes 4 EHR systems; 1 system for Substance Use Disorder services, 1 for Mental Health and Developmental Disabilities services, 1 for a school-based health center program, and 1 system for provider claims and external organization documentation. One goal of this RFP process is to determine how to simplify, consolidate, and improve electronic communication within the agency and with other organizations to improve client care.

## **High-level Critical Requirement Summary**

### **Front Office**

- Eligibility Verification 270/271/834
- Scheduling
- Scanning
- Demographic data management
- Client portal

### **Back Office**

- Integrated Billing 837/835
- Authorization Management/Utilization Management
- Records/Release Management
- Billing – payment of claims and billing of internal service to external payers

### **Clinical**

- Prescription Management and e-Prescribing

- ICD-10- DSM-5 Diagnosis and billing
- Behavioral Health Documentation Requirements (state and internal standards)

### **Provider Management**

- Provider Portal
- Authorization Management/Utilization Management
- Claims Processing
- Contract/Licensing/Credentialing

### **State Requirements**

- Meaningful Use 2011, 2014, 2017 Certified
- Michigan State Reporting and PIHP Requirements
- State/PIHP/Local data integration
- Must meet Payor(s) requirements and changes
- Must be customizable to meet the needs of the changing mental health environment in Michigan

### **Data Reporting/Exporting**

- Internal reports for clinical and productivity purposes
- Custom reporting capabilities
- Full local data exporting

### **Data Migration**

- Data source Microsoft SQL Server

*Van Buren is seeking cost estimates for three (3) potential situations.*

- 1.) We are seeking proposals for a single system, for VBCMh SUD, MH and IDD business lines our current intent is to keep the School-based Health Center on a different system.*
- 2.) We are also seeking a proposal for use as a shared platform with Pines Behavioral Health (a second CMHSP).*
- 3.) We are seeking a proposal for use of a shared system with 2 other local CMHSPs.*

*These shared models (2 &3) are being explored to allow for cost sharing and would include shared documentation structures. We also need contained in the proposal what elements of the EMR will be shared and how records/ data from one CMHSP will be protected and kept separate from the other CMHSPs utilizing the same shared platform if we go with this model.*

**Proposed Go Live Date: 10/1/2022**

**To meet the deadline for the initial approval, all responses to this RFP must be received electronically by 5:00 PM (EDT) on 08/10/2020. All questions from all vendors will be consolidated and answered in writing by 5:00 PM (EDT) on 08/5/2020.**

**Answers to vendor submitted questions will be posted and available for review on the VBCMh Website**

Questions and completed responses should be sent to:

*Kyleen Gray Quality Coordinator [kgray@vbcmh.com](mailto:kgray@vbcmh.com)*

### *Terms and Instructions:*

Timeline	
Process	Deadline
Issue RFP	07/10/2020
Written Questions Due	07/24/2020
Responses to Questions Posted	08/5/2020
RFP Responses Due	8/10/2020
Vendor Demos Complete	8/25/2020
Reference Follow Up	8/25/2020
Committee Deliberation	8/5/2020-9/16/2020
VBCMh Board	9/16/2020
Vendor Choice Selected	9/30/2020

### *Deadline for Response*

Interested vendors must submit an electronic copy of their proposed solution to [kgray@vbcmh.com](mailto:kgray@vbcmh.com) by 08/15/2020. Submissions will be confirmed by reply email. **Late proposals will not be evaluated.**

### *Submission Process and Requirements*

Responses shall be submitted in PDF format and sent using electronic mail. Send your response to: [kgray@vbcmh.com](mailto:kgray@vbcmh.com) by the date and time specified above. Receipt of proposal will be acknowledged via email. Please include the words "**VBCMh RFP: Vendor Response**" in the subject line.

Vendors should organize their proposals as defined below to ensure consistency and to facilitate the evaluation of all responses. All the sections listed below must be included in the proposal, in the order presented, with the Section Number listed. The responses shall be submitted in the following format:

- **Section 1** – Executive Summary (provide a concise summary of the products and services proposed)
- **Section 2** – Vendor Profile (provide answers using the template and instructions below)
- **Section 3** – Technical (provide answers using the template and instructions below)
- **Section 4** – Front Office (provide answers using the template and instructions below)
- **Section 5** – Back Office (provide answers using the template and instructions below)
- **Section 6** – Clinical (provide answers using the template and instructions below)
- **Section 7** – Provider Management (provide answers using the template and instructions below)
- **Section 8** – PIHP/State Requirements (provide answers using the template and instructions below)
- **Section 9** – Data Exporting/Reporting (provide answers using the template and instructions below)
- **Section 10** – Data Migration (provide answers using the template and instructions below)
- **Section 11** – Cost Estimate (provide answers using the template and instructions below)
- **Section 12** – Customer References (provide answers using the template and instructions below)

### *General Conditions*

VBCMh is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by VBCMh to award any contract.

VBCMh is not responsible for any costs incurred by any vendor or their partners in the RFP

response preparation or presentation.

Information submitted in response to this RFP will become the property of VBCMh.

VBCMh reserves the right to modify this RFP at any time and reserves the right to reject any and all responses to this RFP, in whole or in part, at any time.

Since VBCMh must participate in the Freedom of Information Act, all RFP responses will be subject to public request and review. (*Freedom of Information Act (FOIA), 5 U.S.C. § 552*).

### Section 1: Executive Summary

Please provide a brief description of the EMR/Managed Care system.

### Section 2: Vendor Profile

Using the template below, please provide the requested information on your organization. Your response to a specific item may be attached to this section as an additional page if necessary.

General	
Name	Click here to enter text.
Address (Headquarters)	Click here to enter text.
Address Continued	Click here to enter text.
Main Telephone Number	Click here to enter text.
Website	Click here to enter text.
Publicly Traded or Privately Held	Click here to enter text.
Parent Company (if applicable)	
Name	Click here to enter text.
Address	Click here to enter text.
Address Continued	Click here to enter text.
Telephone Number	Click here to enter text.
Main Contact	
Name	Click here to enter text.
Title	Click here to enter text.

Address	Click here to enter text.
Address Continued	Click here to enter text.
Telephone Number	Click here to enter text.
Fax Number	Click here to enter text.
Email Address	Click here to enter text.
<b>Market Data</b>	
Does the product have a Michigan presence?	Yes/No.
What is the current implementation timeframe when using only vendor-supplied resources?	Click here to enter text

### Section 3: Technical

Product Information	
Single Database for scheduling, billing, and EHR?	Yes/No.
Is the client web based or a local application?	Yes/No.
Does product include a patient portal?	Yes/No.
Was the product (or any of its significant functionality) acquired from another company?	Yes/No.
Is the product modular?	Yes/No.
– Are additional or multiple modules required to meet post-2017 meaningful use guidelines?	Yes/No.
Will there ever be a charge to copy, move, or retrieve patient data from the product should a customer decide to change vendors or a provider leave the customer?	Yes/No.
Meaningful Use	
Are the modules necessary to meet each of the menu set objectives included in the attached pricing, or are they sold separately at an additional cost?	Yes/No.
Do you have a guarantee the product will meet the current standards and future standards?	Yes/No.
What is the date Meaningful Use Stage 2 certification was achieved?	Click here to enter text
Additional Information	
Is a demo copy available prior to purchasing?	Yes/No.
Onsite implementation or remote?	Yes/No.
Has your company acquired, been acquired, merged with other organizations, or had any "change in control" events within the last five (5) years?	Yes/No.
Is your company planning to acquire, be acquired, merge with other organizations, or have any "change in control" events within the next five (5) years?	Yes/No.
Please provide information on any outstanding lawsuits or judgments within the last five (5) years. Please indicate any cases that you cannot respond to as they were settled with a non-disclosure clause.	Click here to enter text.

<b>Security and Security Features</b>	
Does the product meet all HIPAA, HITECH, and other security requirements?	Yes/No.
Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings?	Yes/No.
Does the product provide different levels of security based on type of patient (Employee vs. VIP)?	Yes/No.
Is there a security audit process within the product?	Yes/No.
Are there any remote tools you offer the provider to access patient data (e.g. iPhone)?	Yes/No.
Can mobile devices/data be secured if the provider loses their device or a breach is suspected?	Yes/No.
Describe the product's ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected.	Click here to enter text.
Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc).	Click here to enter text.
<b>Data Protection</b>	
Describe how the patient's data is secured at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion).	Click here to enter text.
Describe how the patient's data is secured when accessed via handheld devices (e.g., secured through SSL websites, iPhone apps, etc).	Click here to enter text.
What is your process for data back-ups and restorations.	
<b>Licensing</b>	
How is the product licensed?	Click here to enter text.
Are licenses purchased per user?	Yes/No.
Define 'user' if it relates to the licensing model (i.e., FTE MD, all clinical staff, etc).	Click here to enter text.
<ul style="list-style-type: none"> <li>- How does the system licensing account for residents, part time clinicians, and midlevel providers?</li> </ul>	Click here to enter text.
<ul style="list-style-type: none"> <li>- Can user licenses be reassigned when a workforce member leaves?</li> </ul>	Yes/No.
If licensing is determined per workstation, do handheld devices count towards this licensing?	Yes/No.
Is system access based on individual licensing, concurrent, or both?	Click here to enter text.
For modular systems, does each module require a unique license?	Yes/No.
In concurrent licensing systems, when are licenses released by the system (i.e., when the workstation is idle, locked, or only when user logs off)?	Click here to enter text.
<b>Vendor Support</b>	
Do you offer multiple support programs? Please provide a detailed list of each with your standard SLA for each support program.	Click here to enter text.
Define the Support Structure (Tiered Approach, Client assigned 1 point of contact, etc.)	Click here to enter text.



<p>When is customer support available?</p> <ul style="list-style-type: none"> <li>● Preferred method of contact (Phone call, e-mail, etc.)?</li> <li>● Where is your customer support staff located? Are they 'off-shore'?</li> <li>● What are your normal hours of support?</li> <li>● How is after-hours support handled?</li> <li>● Will someone be on-call at all times?</li> </ul>	<p>Click here to enter text.</p>
<p>Problem/Resolution Process</p> <ul style="list-style-type: none"> <li>● Response time expectations for all levels of severity</li> <li>● Average time to close tickets by severity level</li> <li>● Escalation Process</li> <li>● Severity Level System</li> <li>● Issue/Resolution Tracking System</li> <li>● Test System vs. Live System</li> </ul>	<p>Click here to enter text.</p>
<p>Who has ownership of the following:</p> <ul style="list-style-type: none"> <li>● Data</li> <li>● Software</li> <li>● Enhancements or Customizations Paid for by Customer</li> <li>● Hardware</li> <li>● Servers</li> <li>● Workstations</li> </ul>	<p>Click here to enter text.</p>
<p>Do you have online support (Knowledgebase, InfoCenter, etc.)?</p>	<p>Yes/No.</p>
<p>Is your support staff certified (i.e., HDI, SCP)?</p>	
<p>Is remote assistance an option for workstation and server issues?</p>	<p>Yes/No.</p>
<p>Do you have a user forum for practices to seek help from peers and share ideas?</p>	<p>Yes/No.</p>
<p>Upgrade Process</p> <ul style="list-style-type: none"> <li>● Will customer get to choose which upgrades they want?</li> <li>● Frequency of Upgrades?</li> <li>● How long can a customer delay an upgrade without losing support?</li> <li>● Will training be provided for new functionality?</li> </ul>	<p>Click here to enter text.</p>
<p>Testing</p> <ul style="list-style-type: none"> <li>● Will customer get a chance to test the product in a test environment?</li> <li>● Will customer get access to test scripts from vendor?</li> <li>● Will customer have an opportunity to parallel test with vendor or conduct Acceptance Testing?</li> <li>● End to End Testing?</li> </ul>	<p>Yes/No.</p> <p>Click here to enter text.</p>
<p>Product Enhancement Requests</p> <ul style="list-style-type: none"> <li>● If customer wants to add an enhancement, what is the process?</li> <li>● Are there additional costs for an enhancement?</li> <li>● How soon will customer be able to view, test, and use enhancement?</li> <li>● How will upgrades work with new enhancement?</li> <li>● Will all other customers get the enhancement one company has paid for?</li> <li>● How will the company stay up-to-date on required meaningful use definition changes?</li> <li>● Will the product be able to be customized to meet the requirements of the changing Mental Health environment in Michigan?</li> </ul>	<p>Click here to enter text.</p>

Development/Training Environment	Yes/No.
Specify if this will be provided before or after a contract is signed.	Click here to enter text.
Will access be granted to development/training environment for testing during upgrades and during training processes?	Yes/No.
What types of online training are available?	
Videos <ul style="list-style-type: none"> <li>Recorded Modules/Workflow Training Courses</li> <li>Recorded Interactive "Many-to-One" Training Sessions</li> <li>Quick Reference or Tips &amp; Tricks Videos</li> <li>Trial Demonstration of EHR</li> </ul>	Yes/No.
Web Based Training <ul style="list-style-type: none"> <li>Interactive training activity with screenshots &amp; instructions to give clinic exposure of EHR selected before core training</li> </ul>	Yes/No.
Facilitator/Consultant Led Training Sessions <ul style="list-style-type: none"> <li>Module Training Sessions</li> <li>Workflow Training Sessions (Nurse, Provider, Front Office, etc.)</li> <li>One-on-One Training Sessions with Consultant</li> <li>Describe your training personnel (i.e., background, position, medical credentials).</li> <li>Vendor-Directed Demo (i.e., Web Ex Training, On-Site, etc.)</li> </ul>	Yes/No.
Training Documents (Identify format of documentation) <ul style="list-style-type: none"> <li>Training Manuals</li> <li>Quick reference guides that focus on specific tasks</li> <li>On-line Printable Training Documentation</li> <li>Upgraded Training Guide</li> <li>Describe when these documents are modified and how quickly they are made available to the customer after product changes occur.</li> </ul>	Yes/No.
Is Practice/Specialty Specific Training Offered?	Yes/No.
What is created by vendor vs. customer? <ul style="list-style-type: none"> <li>Creating specialized templates for efficient documentation</li> <li>Does the product have customizable preferences?</li> </ul>	Yes/No.
Will a workflow assessment be completed by the vendor? <ul style="list-style-type: none"> <li>Will a document be sent to be completed by clinic?</li> <li>Will vendor complete on-site workflow assessment?</li> <li>Is there an additional cost for workflow assessment?</li> </ul>	Yes/No.
Will recommendations be provided for abstracting or bulk loading data from paper charts into the EHR?	Yes/No.
Contractually, can users access the live EMR system prior to Go-Live for build or 'pilot' purposes?	Yes/No.
<b>Super User Training</b> <ul style="list-style-type: none"> <li>Will super users be trained by vendor?</li> <li>Remote or on-site training provided?</li> </ul>	Yes/No.
<b>Cost of Training</b> <ul style="list-style-type: none"> <li>Will additional costs be incurred on clinic for training?</li> </ul>	Yes/No.
How many days does EHR vendor provide for on-site training?	Click here to enter text
Will trainers complete a readiness assessment of staff before Go-Live?	Yes/No.
<b>Go-Live</b>	

Will vendor staff be on-site during 'Go Live' timeframe?	Yes/No.
<b>Contract Terms and Vendor Guarantees</b>	
Will you sign a Business Associate Agreement provided by VBCMh?	Yes/No.
Will the customer be allowed to perform acceptance testing of this product prior to "Go-Live"?	Yes/No.
<b>What is the vendor's responsibility when:</b> <ul style="list-style-type: none"> <li>- Problem resolution is not met by a certain time based on severity level of the problem or issue?</li> <li>- Meaningful use criteria are not met as promised?</li> <li>- Upgrades cause problems (causes meaningful use criteria to no longer be met or critical workflows to break)?</li> <li>- Training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables?</li> <li>- Implementation is not completed by vendor in the agreed upon timeframe due to issues related to the vendor (staffing conflicts, software problems, etc.)?</li> <li>- Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software?</li> <li>- Promised product functionality does not exist at time of implementation?</li> <li>- Damages to hardware during transport if purchased through vendor or while vendor is on-site during installation?</li> <li>- Data is corrupted during the course of normal use and operation of the product?</li> <li>- SLAs are not met?</li> </ul>	Click here to enter text.
Will you allow the representations made in your response to this RFI to be incorporated into the contract?	Yes/No.
Will you agree to a cap on price increases?	Yes/No.
Is there a guarantee to provide maintenance (or other support) on this product?	Yes/No.
Are regulatory changes to the application included in the annual maintenance?	Yes/No.
If not please include/describe how costs are incurred for those changes.	Click here to enter text.

#### Section 4: Front Office

<b>Scheduling</b>	
Check-In/Check-Out/Duration	Yes/No.
Calendar Screen	Yes/No.
Reception/Today's Services Screen	Yes/No.
Daily Schedule	Yes/No.
Appointment Reminders	Yes/No.
Client Lookup History	Yes/No.
Client Check-in Kiosk	Yes/No.
<b>Financial</b>	

Patient Balance	Yes/No.
Patient Co-pays	Yes/No.
Patient Eligibility/Coverage	Yes/No.
Automated/Manual Eligibility Verification(270/271/834)	Yes/No.
<b>Client Information</b>	
Client Search	Yes/No.
Client Information	Yes/No.
Demographics	Yes/No.
QI/BHTEDS Data Elements	Yes/No.
Contacts	Yes/No.
Insurance	Yes/No.
Referrals	Yes/No.
Releases	Yes/No.
General Notes	Yes/No.
Patient Picture/ID	Yes/No.
<b>Miscellaneous</b>	
Client insurance card scanning	Yes/No.
Client Letters	Yes/No.
Customer Information Sheet	Yes/No.
Insurance Card Scanning	Yes/No.
Client Portal	Yes/No.

### **Section 5: Back Office**

<b>Records</b>	
Scanning Cards and Documents	Yes/No.
Hide/Block clients from All Staff but allow for specific clinicians	Yes/No.
Track Disclosures	Yes/No.
Print Documentation for Releases	Yes/No.
CCR/CCD Records Import/Export	Yes/No.
Record Review	Yes/No.
Release Management System	Yes/No.
<b>Billing</b>	
Duplicate claim detection	Yes/No.
837 Claims generation	Yes/No.
835 Remittance	Yes/No.
834 State Eligibility	Yes/No.
COFR electronic exchange	Yes/No.
Customer Statements	Yes/No.
1500 Claim Form Printing	Yes/No.
Client AR	Yes/No.

Posting Payments	Yes/No.
Financial Spenddowns	Yes/No.
Child Waivers	Yes/No.
Ability to Pay documentation	Yes/No.
Coding and Rates	Yes/No.
Clearing House (current BCBS)	Yes/No.
Check Processing	Yes/No.
Denial Letters	Yes/No.
Productivity Reports	Yes/No.
Claims and Adjudication processing	Yes/No.
Authorization/Utilization Management System	Yes/No.

### Section 6: Clinical

Global Features	
Dashboard showing why services are not completing	Yes/No.
Internal Messaging System	Yes/No.
Internal Alerting System	Yes/No.
Customer Signature Pad/ Other signature solution	Yes/No Provide other signature solution details if there are any
Visit Summary	Yes/No.
Outcomes Data collection(Custom Fields)	Yes/No.
External Interface Creation Supported	Yes/No.
Is there a cost for External Interfaces?	Yes/No.
Templates for Telephone Encounters and Notes	Yes/No.
Documents	
Assessments	Yes/No.
Authorization	Yes/No.
Miscellaneous Note	Yes/No.
Peer Support Service	Yes/No.
Service Note	Yes/No.
Group Service Note	Yes/No.
Treatment Plan	Yes/No.
Periodic Reviews	Yes/No.
Ability to Pay	Yes/No.
RN Assessment	Yes/No.
Eligibility Screen	Yes/No.
Crisis Screen	Yes/No.
DD State Report	Yes/No.
Discharge Summary	Yes/No.
Consent to Treat	Yes/No.
Transfers/Brokers	Yes/No.
Medication Administration Record	Yes/No.

Outpatient Note	Yes/No.
Crisis Plan	Yes/No.
<b>Custom Documents</b>	
Health History Screen	Yes/No.
SA Documents (Assessment, etc.)	Yes/No.
Wraparound Treatment Plan	Yes/No.
Vocational Profiles	Yes/No.
<b>Med Services</b>	
Labs/Orders(External Interface)	Yes/No.
Batch Signing	Yes/No.
PCP Letters	Yes/No.
Verbal Order, Readback	Yes/No.
Medication Reconciliation	Yes/No.
Vitals/Flowsheet	Yes/No.
MAR (Medication Administration Record)	Yes/No.
Dragon Naturally Speaking Support	Yes/No.
E-Prescribing	Yes/No.
Refill request management	Yes/No.
EPCS Support	Yes/No.

### **Section 7: Provider Management**

<b>External Provider Requirements</b>	
External Provider Portal	Yes/No.
Claims Submission(Manual and 837)	Yes/No.
Claims Adjudication	Yes/No.
Authorization/Utilization Management for Services	Yes/No.
Credentialing/Licensing Management of Providers	Yes/No.
Contract Management of Providers	Yes/No.

### **Section 8: PIHP/Local/State/Payor Requirements**

<b>PIHP Requirements</b>	
PIHP Data Submission	Yes/No.
837 File Submission	Yes/No.
834 Eligibility Response	Yes/No.
BHTEDS Data Submission	Yes/No.
State Required Data Submission(s)	Yes/No.
MMBPIS Report Data	Yes/No.
Release Submission	Yes/No.

Authorization Management	Yes/No.
278 File Submission	Yes/No.
CMT Data Integration	Yes/No.
CareConnect 360 Integration	Yes/No.
<b>Michigan Requirements</b>	
837 File Submission	Yes/No.
BHTEDS Data Submission	Yes/No.
CAFAS/PECFAS	Yes/No.
MMBPIS Report Data	Yes/No.
LOCUS Assessment	Yes/No.
OBRA Interface	Yes/No.
MiHIN Data Exchange Integration	Yes/No.
<b>Regulatory Changes</b>	
How are changes required by Payors handled?	Click here to enter text or attach
Is there a cost?	Yes/No.
How are changes required by the State handled?	Click here to enter text or attach
Is there a cost?	Yes/No.
How are changes required by the PIHP handled?	Click here to enter text or attach
Is there a cost?	Yes/No.
How are changes required by local cities handled?	Click here to enter text or attach
Is there a cost?	Yes/No.

### Section 9: Data Exporting/Reporting

<b>Data Exporting</b>	
Is there any data that is not allowed to be copied locally	Please List All.
What formats can data be exported as?	Please List All.
If Hosted, can full database backups be provided locally?	Yes/No.
Do you allow access to (LIVE) data?	Yes/No.
Can stored procedure data logic be accessed and reviewed?	Yes/No.
Sharing data with other providers through the EHR securely?	Yes/No.
<b>Reporting</b>	
Do you allow the customer to build custom reports against (LIVE) data?	Yes/No.
What technologies are used to build reports in the system?	Please List All.
Ad hoc reporting by users an option?	Please Describe
Do you have all requirements for Meaningful Use and PQRS reporting?	Yes/No.

**Section 10: Data Migration**

Migration	
Do you have an established methodology for data migration projects?	Yes/No.
What will be migrated?	<List>
What data won't be migrated?	<List>
Do you allow for additional custom data migration?	Yes/No.
Is there additional cost for data migration?	Yes/No.
Do you have a limit to the number of times data can be refreshed during the project?	Yes/No.

**Section 11: Cost Estimate Template**

VBCMh is seeking cost estimates for three (3) potential situations. Please provide a quote on single system, for VBCMh. Please provide a separate quote as a shared platform with VBCMh and a second CMHSP. Additionally, provide a quote as a shared platform with two additional CMHSPs.

For each proposed product, please provide cost estimates based upon a typical installation. To allow us to be able to compare responses, please assume that the product is going to be used at number of site(s) with number of providers. Also, any additional details regarding cost or pricing that may be helpful in our analysis should be included as well.

Please use the following template, if possible—or attach a cost estimate proposal that includes answers to each question below — **and provide it as a separate document within the RFP response.**

One time fees	
One time implementation fees:	Click here to enter text.
Training fees:	Click here to enter text.
Consulting fees:	Click here to enter text.
Initial year costs (include all fees for license, use, access, etc.)	
For x Users :	Click here to enter text.
For each additional User:	Click here to enter text.
Please provide the pricing algorithm used to calculate this cost.	Click here to enter text.
Do you charge for Support?	Yes/No.
Ongoing annual costs (include all fees for maintenance, support, use, access, etc.)	
For x Users:	Click here to enter text.
For each additional User:	Click here to enter text.
Please provide the pricing algorithm used to calculate this cost. Also, please provide your policy regarding price increases.	Click here to enter text.
Is there an ongoing charge for Support?	Yes/No.
Is there a charge for maintenance and bugs?	Yes/No.
Is there a charge for State/Federal requirements?	Yes/No.



Is there a charge for out of scope request?	Yes/No.
Is there a charge for delays or extended time tables?	Yes/No.
<b>Five (5) year cost of ownership</b>	
Please indicate the estimated TCO ("total cost of ownership") for the product over a 5 year period.	Click here to enter text.
Training fees:	Click here to enter text.

## Section 12: References

Customer References	
Name	Phone Number/Email/Address
1) Click here to enter text.	Click here to enter text.
2) Click here to enter text.	Click here to enter text.
3) Click here to enter text.	Click here to enter text.
4) Click here to enter text.	Click here to enter text.
5) Click here to enter text.	Click here to enter text.

### Proposal Retention

VBCMh will retain all proposals submitted and all proposals become the property of VBCMh upon submission.

### Acceptance of Proposal Content

RFP responses of selected vendor may become contractual obligations. Failure to accept these obligations may result in cancellation of the selection, and the Vendor may be required to reimburse VBCMh for damages incurred.

### Non-Discrimination

VBCMh shall not discriminate against a vendor /provider with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight or marital status, or disability that is unrelated to the provider's ability to perform the duties of a particular job or position. The vendor/ provider shall observe and comply with all applicable federal, state and local laws, ordinances, rules and regulations which shall be deemed to include, but not be limited to, the Elliott-Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act.

### Non-Collusion

The vendor certifies that this proposal has not been made or prepared in collusion with any other vendor and the prices, terms or conditions thereof have not been communicated by or on behalf of the vendor to any other firm and will not be so communicated prior to the official receipt of this proposal. This certification may be treated for all purposes as if it were a sworn statement made under oath, subject to the penalties for perjury. Moreover, it is made subject to the provisions of 18 U.S. C. Section 1001, relating to the making of false statements.